
Effective December 2017
# Health and Safety Policies and Procedures

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Health & Safety Committee
Chapter 1: Health & Safety Committee

Section 1-1: Introduction

A Health & Safety Committee shall be established. The committee shall be charged with the duty and responsibility of formulating health & safety issues and procedures. The committee will assist management to provide a safe workplace for employees, and the persons served. Recommendations will be made to the Executive Director for approval and action taken.

The Scope of Activities:

1. Recommend to management changes to procedures, programs, and equipment to promote safety.
2. Promote and publicize safety.
3. Monitor the safety program effectiveness.
4. Review job and training procedures and recommend improvements.
5. Accept and evaluate employee safety suggestions and complaints.
6. Review accident reports determining means of reducing the frequency or eliminating problems.
7. Assist in incident/accident investigations to uncover trends.

Section 1-2: Program Health & Safety Representatives

The Health & Safety Representatives are volunteered from each program and shall not exceed one representative for each program, except for selected alternates.

The Health & Safety Representative shall be responsible for identifying, collecting, and assisting in resolving Health & Safety issues.

The Health & Safety Representative shall act as the point of contact for their specific programs, and assist in accident and incident interviews. When possible, the program director or supervisor will respond and be responsible for this duty.

Section 1-3: Scheduling of Meetings

The Health & Safety Committee will meet at a time and place mutually agreed upon by its members. If rescheduling is needed, the committee will mutually agree upon the time and location.

Health & Safety meetings will convene once a month, and the date, time, and location will be specified and published in advance.
Emergency meetings will convene at the concurrence of the Health & Safety Coordinator, Health & Safety Committee, and the Executive Director at any time conditions may warrant such a meeting.

Section 1-4: Meeting Agenda

Meeting agendas will be prepared in advance and made available to all committee members on the meeting day. Records of meetings, members present, incidents and recommendations made will be documented. The records will be kept a minimum of (5) years with the current Health & Safety Coordinator.

Section 1-5: Records

Fairbanks Native Association shall establish a data collection system and maintain permanent records of all accidents, injuries, illnesses or deaths that are or might be job-related.

The data collection system for accidents, injuries, illnesses, exposures, and deaths should provide incident specific information for future reference and information that can be processed in studies of morbidity, mortality, and causation.

The data collection system shall also maintain individual records of any occupational exposure to known or suspected toxic products, infectious or contagious diseases.


The Health & Safety Policies and Procedures Manual will be the supervisor’s guide to all FNA Health & Safety policies. By reference, this manual will give the personnel specified in Section 2-4, and their employees access to all Fairbanks Native Association’s Safety policies and procedures.

General workplace safety is covered, while specific or specialized operational procedures are referenced. The manual’s intended purpose is to be a directory for a topic related to safety, health, equipment or operational procedures in the workplace.

The manual is divided into (10) sections on safety, health, equipment, or operational procedures. They are:

1. Health & Safety Committee  
2. Health & Safety Program  
3. Health & Safety Procedures  
4. Disaster Plan  
5. Emergency Action Plans  
6. Workplace Violence  
7. Hazard Communication  
8. Bloodborne Pathogens  
9. Bloodborne Pathogens Attachments  
10. Health & Safety Forms

More specific or specialized operations or procedures can be found in the proper section.
Section 1-6: Health & Safety Meetings

The stated goal of the Health & Safety meetings will be to detect and eliminate any unsafe equipment, work condition or procedure.

The committee shall meet once a month, or otherwise previously discussed for a minimum of (1) hour per month.

The committee shall discuss safe work practices, and shall not be influenced by the monetary significance of the subject.

Accidents, which are determined by the Health & Safety Committee to be preventable, will be recommended to progressive disciplinary action by FNA Personnel Policies and Procedures.

All suggestions submitted by FNA staff members shall be forwarded to the Health & Safety Committee for review and recommendations. Oral or written presentation of the subject of recommendation shall be allowed upon request.

Committee representatives may also bring safety items, equipment, and recommendations to the meetings.

Representatives may submit motions to the Health & Safety Coordinator for voting. The majoring shall rule with one vote for each member. The results of all motions shall be sent to the Program Director(s) and Executive Director in writing as a recommendation.

The Executive Director or Program Director(s) shall return written answers to the Health & Safety Coordinator and the Health & Safety Committee for each recommendation and when appropriate, to Program Representatives and Member(s) submitting the suggestions.

The Executive Director or Program Director(s) shall submit a response/decision within (30) days unless more time is needed for research or unless immediate attention is required.

The Health & Safety Committee shall be allowed to investigate and research possible safety problems that may exist, as long as they do not interfere with the routine and productivity of the incident in question.

Any safety correspondence either by management or employees will be circulated to the Health & Safety Committee Members.

The committee will promote Fairbanks Native Association’s Health & Safety Policies and Procedures.

The committee shall promote and adhere to all Occupational Safety and Health Administration (OSHA) rules and regulations, State Occupational Safety and Health (ASKOSH),
Section 1-7: Committee Member Development

Each Health & Safety representative shall be responsible for preparing him or herself to undertake the responsibilities and carry out the duties in their programs.

1. Each representative will acquire the level of knowledge necessary to enable him or her to perform the duties of the office in an informal and competent manner and to meet his or her fiduciary obligations.

2. The Committee will maintain memberships, corporate or individual, in those organizations and groups determined by the Executive Director.

3. The Health & Safety Coordinator will conduct orientation for any new member which shall include a thorough review and briefing of the policy-making role of the Committee and its role.

FNA will develop an in-house training program and maintain a continuous review of outside educational programs available for Committee members and recommend particular programs for its members.

Health & Safety Coordinator

The Health & Safety Coordinator may not transfer his/her authority or duties to another. The primary duties of the Health & Safety Coordinator are to ensure the integrity of the Committee process and preside over the Committee’s activities to make certain they are consistent with the policies of FNA and within other restraints that may be imposed by other sources. The Coordinator shall be the spokesperson for the Committee, except when the Executive Director specifically provides otherwise. The Coordinator has the authority to make decisions for the Committee when compelled to do so but only within the parameters of the policies of the Committee, for the governance of and the conduct of its affairs.

The Coordinator will guide the discussion and deliberations of the Committee so that they are consistent with the levels of policy development and issue resolutions, which the Committee has kept to itself. The Coordinator will guide the business of the Health & Safety Committee to avoid those issues which are clearly within the authority of the Executive Director. In conducting Committee meetings, the Coordinator must allow for fair, timely and thorough discussion while being mindful of the time constraints on the Committee and must direct the discussion to retain focus.

The Coordinator’s duties include convening meetings of the Committee; certifying Committee action, as required; and performing any other duties required. The Coordinator shall speak for the Committee unless the Committee has made other provisions. The Coordinator shall
make interpretations of the Committee policy, which shall be stated and described, and fully reasoned.

**Section 1-8: Code of Conduct**

Representatives of the Health & Safety Committee must avoid any conflict of interest to their fiduciary responsibilities to FNA and its members. They shall not engage in any action that is or appears to be, influenced by considerations of personal gain or benefit rather than motivated by the interests of its members, including but not limited to participation in any self-dealing, receipt of any improprieties.

Committee members shall adhere to a code of ethics that will assure:

1. The confidentiality of member and benefit recipient personal history records;
2. There are no conflicts of interest, or appearances thereof, to Committee Members’ fiduciary responsibilities;
3. No solicitation of gifts, favors, or other items of value from persons with whom the personnel transacts or anticipates transacting business or companies in which FNA may invest;
4. No acceptance of unsolicited items of value that are of such a character as to manifest or appear to manifest influence upon such Committee Member in carrying out his or her fiduciary responsibilities.

Committee members may not attempt to exercise individual authority over FNA employees, the Executive Director, or Human Resources Staff. Committee members must recognize the lack of authority in any Committee member or group of Committee members and understand that the authority of the Committee rests with the Committee as a whole and that only the Executive Director may authorize the delegation of its authority.

Committee members may represent the policy or position, which have been adopted and approved by formal FNA Board action to members of the public, the press and other entities. Committee members may not commit the Committee or policy or positions unless authorized to do so by action taken in an official meeting. The Health & Safety Committee recognizes the need for its members to communicate with their constituencies and represent their positions. When expressing an opinion or position that dissents from or is at variance with the formal Personnel Committee opinion or position, a Committee member must be careful to represent it in such a way that is not construed as the position or policy of the Committee or FNA.
Chapter 2

Health & Safety Program
Chapter 2: Health & Safety Program

Section 2-1: Health & Safety Policy

It is the Policy of FNA to strive to establish and maintain a safe and healthful work environment for its employees. The organization believes in the importance of contributions of each member and recognizes the obligations to train and practice safety in the workplace so that an employee’s contribution is not lost to a preventable accident or illness.

FNA has established and requires adherence to this Health & Safety Policy and Procedures Manual to achieve the goals named above. It is the duty of each representative to become familiar with this policy and abide by its requirements so that a safe work environment can be created through cooperation and awareness.

The Health & Safety Policy is intended as an accident prevention program. It is used to achieve the lowest possible accident rates through the cooperative effort of the Executive Director, Administration, Program Directors, and employees. Each will seek to ensure that new employees receive timely and appropriate training, and all employees have sufficient knowledge of their job requirements to perform them safely. The Health & Safety Committee will conduct regular Health & Safety meetings and inspections, and make full use of safe practices, proper mechanical guards, and personal protective equipment. To reduce the hazards inherent in the provision of services to the Fairbanks area, by accepting mutual responsibility to operate safely we will all contribute to the well-being of our personnel, and subsequently the organization, and consumers served.

Section 2-2: Procedures for Risk Management

Fairbanks Native Association’s procedures are an integral part of the Health and Safety Program. The risk management procedure addresses all Fairbanks Native Association’s operations and other related activities.

The procedures shall cover administration, facilities, training, vehicle operations, protective clothing and equipment, operations at emergency incidents, and other related activities.

For daily operations concerning administration, facilities, training, vehicle operations at non-emergency incidents, and other related activities; there is no task or assignment where the risk of death or serious injury is considered acceptable.

The Executive Director, through his/her program directors and supervisors, is responsible for establishing safe working practices, safety, training, and providing proper protective equipment to all personnel.
Program Directors and Supervisors are responsible for prevention of accidents within their supervisory scope. They will enforce all applicable Federal Occupational Safety and Health Administration (OSHA), State Occupational Safety and Health (AKOSH) standards, Commission on Accreditation of Rehabilitation Facilities (CARF) standards and FNA’s Health & Safety Policy and Procedures. It shall be their responsibility to initiate an investigation into each accident and to take whatever action they deem necessary to prevent similar accidents whenever possible.

The Health & Safety Coordinator shall be responsible for conducting internal safety inspections of all programs unless the Health & Safety Representative for a particular program chooses to conduct the internal inspection for their program. Any safety violations shall be reported immediately to the Program Director, Health & Safety Coordinator, the Health & Safety Representative, or the Facilities Department if applicable. All internal or external inspection reports will be filed at the facility and filed with the Health & Safety Coordinator.

Section 2-3: Risk Management During Business Operations

One of the most difficult aspects of managing safety for a social services agency is understanding the concept of acceptable risk. Most situations involve some degree of risk of serious injury. As a social service agency that specializes in performing tasks that are considered dangerous for ordinary people to do, the risk is an inherent component of the work environment.

The Program Director and the Health & Safety Representative must be the ultimate risk evaluator at every incident; the responsibility is fixed at that level; the Program Director or Health & Safety Representative is the individual ultimately accountable for whatever happens. Everyone involved in FNA activities has a part in the risk evaluation. Safety is everyone’s responsibility. Risk Evaluation and Risk Management must become an inherent part of each employee’s value system. Individual employees have to make personal decisions and take responsibility for their departments, and supervisors have to apply the same risk/benefit analysis to situations that may involve all of the individuals under their span of control.

The Program Director or designee shall integrate risk management into the regular functions of the incident. The concept of risk management shall be utilized by the following principles:

1. Activities that present a significant risk to the safety of the Fairbanks Native Association’s employee and consumers shall be limited to situations where there is a potential to save endangered lives.
2. Activities that are routinely employed to protect property shall be recognized as an inherent risk to the safety of members, and actions shall be taken to reduce or avoid these risks.
3. No risk to the safety of the members shall be acceptable when there is no possibility to save lives or property.

The following sets of factors play an important role in evaluating the level of risk and making critical risk management decisions:

1. Routine evaluations of the risk in all situations
2. Well-defined strategic options
3. Effective training
4. Full protective clothing and equipment
5. Effective incident management and communications
6. Safety procedures
7. Adequate resources
8. Rest and rehabilitation
9. Regular re-evaluation of conditions
10. Pessimistic evaluation of changing conditions
11. Experience based on previous incidents and critiques

**Section 2-4: Roles and Responsibilities**

Injury accidents create a no-win situation for everyone involved. Employees experience pain, suffering, and incapacitation while Programs or Departments suffer the loss of the injured person’s contributions. This document is designed to help assure that such situations will not develop at Fairbanks Native Association. It provides information and guidance for the establishment and maintenance of an accident-free work environment.

This manual contains guidance materials for the health & safety procedures to be followed and forms to be used. Supervisors are expected to integrate the procedures into the appropriate work activity, and employees are expected to apply them on the job. The forms are used if they apply to the Program or particular job. Specific health & safety responsibilities for Department or Program personnel are as follows:

A. **Program or Projects Directors**
   Active participation in and support of the health & safety programs are essential. Supervisors must display their interest in health & safety matters at every opportunity. At least one program employee will participate in the Health & Safety Committee. The Health & Safety Committee, in conjunction with supervisors, will establish realistic goals for implementing instructions for meeting the goals. Goals and implementing instructions shall be within the framework established by this document.

B. **Supervisors**
   A primary responsibility of the Supervisor is ensuring the health & safety of the employees they work with and the consumers that utilize our services. To accomplish this obligation Supervisor’s will:
   a. Assure that all health & safety rules, regulations, policies, and procedures, are understood and observed.
   b. Require the proper care and use of all required protective equipment.
c. Receive and take action on employee suggestions, awards or disciplinary measures.
d. Conduct periodic program safety meetings to discuss health & safety matters.
e. Train employees during program orientation (new and experienced) in safe and efficient methods of accomplishing each job task as necessary.
f. Feel free to attend program health & safety meetings and participate in the proceedings.
g. Promote employee participation in the health & safety program.
h. Participate in the safety inspections of the facility and equipment.
i. Assist the Health & Safety Committee in identifying and eliminating job hazards quickly through job safety analysis procedures.
j. Inform and train employees on hazardous chemicals and procedures they may encounter under normal working conditions or during an emergency.
k. Assist in review of accidents, identify trends and establish prevention measures.
l. Actively follow the progress of injured workers and display an interest in their rapid recovery and return to duty.

C. Employees
   Observe and comply with the items of responsibility established in this manual’s policies and procedures.
Chapter 3: Health & Safety Procedures

Section 3-1: FNA Workplace Safety Rules

Your safety is the constant concern of this organization. Every precaution has been taken to provide a safe workplace. Common sense and personal interest in safety are still the greatest guarantees of your safety at work, on the road, and at home. We take your safety seriously, and any willful or habitual violation of safety rules will be considered cause for dismissal.

The cooperation of every employee is necessary to make this company a safe place in which to work. Help yourself and others by reporting unsafe conditions or hazards immediately to your supervisor or a member of the health and safety committee. Give earnest consideration to the rules of safety presented to you by signs, discussions with your supervisor posted department rules, and regulations published in the health and safety manual.

Section 3-2: Health & Safety Orientation Checklist

Employee Safety Orientation

The Employee Safety Orientation is intended to assure that all employees and volunteers receive a minimum level of documented safety training before beginning work. The employee will receive training regarding the most commonly encountered work related injuries and safe work practices to prevent them.

1. Introduction
   a. The purpose of the Employee Safety Orientation is to ensure that all volunteers, interns, temporary/on-call and regular employees receive safety training related to the work they will be doing.
   b. This program familiarizes the employee with the program safety standards, the provisions of the Health & Safety Orientation, safe work practices, employer and employee’s responsibilities and additional training opportunities.
   c. Part of FNA’s policy of providing a safe work environment. All employees, interns, and volunteers will be informed of potential hazards or hazardous conditions that may exist within their area of work.

2. Responsibilities
   a. The Health & Safety Coordinator or the Human Resources Department will provide training and support to the Programs and their supervisors in implementing the program.
   b. Program Supervisors will ensure that employees are informed of the chemical and physical hazards in their workplaces. Program Supervisors with support from the Health & Safety Committee will implement an informative orientation program at the program level using the safety orientation checklist. Program Supervisors are
responsible for identifying the training requirements for each employee and to develop training content to provide basic awareness of potential hazards during program orientation.

c. Employees are responsible for adhering to OSHA standards, the requirements of the Health & Safety program and using the information provided to work safely.

3. Definitions
   a. *Hazardous Chemicals:* Examples include paints, spray adhesives, battery acid, industrial-strength cleaners, and solvents.
   b. *Physical Agent:* Heat stress, cold stress, hand-arm (segmental) vibration, ionizing radiation, lasers, noise, radio frequency, and microwave radiation, or UV radiation that exceeds the threshold.
   c. *SDS:* Safety Data Sheet. The manufacturer of a hazardous chemical produces this document. It provides information on the hazards associated with a product, how to use that product safely, and what actions are appropriate in emergency situations using the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) standard.

4. Procedures
   a. Before each employee, intern, or volunteer begins work; they must participate in the Health & Safety New Hire Orientation Training. While certain subjects will always be covered during orientation, the Program Supervisor will determine specialized training requiring additional emphasis on particular workplace topics.
   b. On completion of the orientation, the new employee and Supervisor, or the Program’s Health & Safety Representative will sign and date the orientation checklist.
   c. The orientation checklist will be stored in the employee’s file at the program location.
   d. Employees will be encouraged to seek out additional training opportunities and to share incurred information with other employees.

5. Training
   a. At a minimum, each employee will be provided the Health & Safety New Hire Orientation Training, which includes:
      i. Introduction to OSHA standards, the Health & Safety Program, and safety-related policy and procedures.
      ii. Employee’s responsibilities under the Health & Safety Program.
      iii. How to fill out incident reports, worker’s compensation paperwork, and vehicle accident reports.
      iv. The employee’s job description and responsibilities may require specialized training beyond the scope of the safety orientation.
      v. Awareness training in the following areas:
1. Ergonomics
2. Prevention of Slips, Trips, and Falls
3. Electrical Safety
4. Emergency Exits
5. Location of fire extinguishers and first aid kits
6. Workplace Violence
7. Personal Protective Equipment
8. Bloodborne Pathogens
9. HAZCOM

6. Contractors
Once a contract has been awarded, the Human Resources Director will inform the contractor of FNA’s expectation for the minimum training of contractor employees.

7. Record Keeping
The Human Resources Department maintains the employee training records including the Health & Safety New Hire Orientation Training for each employee. The training record will include the date of the training, instructor’s name, a brief description of topics covered and the employee’s signed acknowledgment of receipt of training.

8. Program Review
The Health & Safety Committee will conduct an annual review of the Employee Safety Orientation Program. The Health & Safety Committee will work with Program Supervisors to ensure that each program is in compliance with the program and that the program is working as intended.

Section 3-3: External Inspections

Each FNA property will have an annual external inspection conducted by a certified compliance officer, safety officer or another qualified person. An emphasis will be placed on obtaining consistent inspection and documented reports covering all areas of safety concern.

To provide for a broad range of inspections, FNA will attempt to alternate the particular specialty of the compliance officer or safety officer or another qualified person yearly, or as allowed under licensing standards, if any.

Copies of all external inspection reports will be held by the Health & Safety Coordinator and the Facilities Manager. These inspections include Fire Marshal Inspections, Boiler Inspections, Elevator Inspections, Sprinkler System Reports, and any report conducted by an outside source for an FNA property.

Procedure
FNA’s Facilities Manager or Health & Safety Coordinator are responsible for scheduling and maintaining documentation of external inspections for those programs that do not have a facilities manager. If a program has a facilities manager, then the facilities manager for that program is responsible for scheduling and maintaining documentation of external inspections for that program. FNA’s Facilities Manager or Health & Safety Coordinator will make
recommendations to programs and assist with planning, scheduling, and completing needed corrective action.

Reports will be maintained by FNA’s Facilities Manager or Health & Safety Coordinator of each external inspection. The reports will document the above activities. Special note will be made of safety concerns identified but not yet corrected, along with a plan and timeline for completion.

Section 3-4: Internal Inspections

Each FNA property will have an internal inspection conducted monthly by the Health & Safety Coordinator, or the Health & Safety Representative for a specific program. An emphasis will be placed on identification of access issues and safety concerns.

Procedure

The Health & Safety Coordinator is responsible for scheduling and maintaining documentation of internal or self-inspections for those programs that do not have a Health & Safety Representative or Facilities Manager to conduct an internal inspection.

Reports will be maintained by the Health & Safety Coordinator of each internal inspection or self-inspection. The reports will document the above activities. Special note will be made of safety concerns identified but not yet corrected, along with a plan and timeline for completion. If a program’s Health & Safety Representative or facilities manager conducts an internal inspection of their program, then a copy needs to be forwarded to the Health & Safety Coordinator. Copies of all internal inspection reports will be held by the Health & Safety Coordinator.

FNA’s Facilities Manager or Health & Safety Coordinator will make recommendations to Programs and assist with planning, scheduling, and completing needed corrective action.

Section 3-5: Specific Safety Rules and Guidelines

To ensure your safety, and that of your co-workers, please observe and obey the following rules and guidelines:

- Observe and practice the safety procedures established for the job.
- A case of sickness or injury, report it at once to your supervisor. In no case should an employee treat his/her own or someone else’s injuries, seek medical attention.
- A case of injury resulting in a possible fracture or broken bones, or any accident resulting in an unconscious condition, or a severe head injury, the employee is not to be moved until medical personnel arrives. If the employee is in an unsafe
location which can result in further injury, then the employee should be moved carefully and only by staff with First Aid training.

- Do not wear loose clothing or jewelry around machinery.
- Never distract the attention of another employee, as you might cause him/her to be injured.
- Where required, you must wear personal protective equipment, such as goggles, safety glasses, masks, gloves, hair nets, etc.
- Safety equipment such as restraints, pullbacks, and two-hand devices are designed for your protection. Be sure such equipment is adjusted for you.
- Pile materials, bins, boxes, or other equipment so as not to block aisles, exits, firefighting equipment, electric lighting or power panels, valves, etc. FIRE DOORS AND EXITS MUST BE KEPT CLEAR.

- Keep your work area clean.
- Use compressed air only for the job for which it is intended.
- Observe smoking regulations.
- Shut down your machine before cleaning, repairing, or leaving.
- Do not tamper with electric controls or switches.
- Do not operate machines or equipment until you have been properly instructed and authorized to do so by your supervisor.
- Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.
- Report any unsafe condition or acts to your supervisor.
- Lift properly – use your legs, not your back. For heavier loads, ask for assistance.
- Do not adjust, clean, or oil office equipment while in use.
- Keep machine guards in their intended place.
- Clean up spilled liquid, oil, or grease immediately.
- Wear hard sole shoes and appropriate clothing.
- Place trash and paper in proper containers.
- Place needles and other related objects into proper sharps containers.

### Section 3-6: Safety Checklist

It is every employee’s responsibility to be on the lookout for possible hazards. If you spot one of the conditions from the following list – or any other possible hazardous situation – report it to your supervisor, Health & Safety Representative, or Health & Safety Coordinator immediately.

- Slippery floors and walkways
- Tripping hazards
- Missing (or inoperative) entrance/exits signs or lighting
• Poorly lighted stairs
• Loose handrails or guard rails
• Dangerously piled supplies or equipment
• Broken windows
• Unlocked doors or gates
• Electrical equipment left operating
• Open electrical panels
• Leaks of steam, water, fuel, etc.
• Blocked aisles
• Blocked fire extinguishers, or sprinkler heads
• Blocked fire doors
• Equipment that may be overheating
• Evidence of smoking in non-smoking areas
• Roof leaks
• Directional or warning signs not in place
• Safety devices not operating properly
• Machine, power transmission, or drive guards missing, damaged, loose, or improperly placed

Certain labor job duties may require using:

• **Safety Equipment:** Your supervisor will see that you receive the protective clothing and equipment required for your job. Use them as instructed and take care of them. You will be charged for loss or destruction of these articles only when it occurs through negligence.

• **Safety Shoes:** The organization will designate which jobs and work areas require safety shoes. **Under no circumstances will an employee be permitted to work in sandals or open-toe shoes.**

• **Safety Glasses:** The wearing of safety glasses by all facilities employees is mandatory for certain job tasks. Strict adherence to this policy can significantly reduce the risk of eye injuries.

• **Seat Belts:** All employees must use seat belts and shoulder restraints (if available) whenever they operate a vehicle on company business. The driver is responsible for seeing that all passengers are buckled up.

**Good Housekeeping**

Your work location should be kept clean and orderly. Keep machines and other objects out of the center of hallways and walkways. Clean up spills, drips, and leaks immediately to avoid slips and falls. Place trash in proper receptacles, and stock shelves to prevent anything from falling and causing injury.

| Section 3-7: Incident Reporting |
All staff and contracted providers who provide a service to individuals of the Fairbanks Native Association must report any occurrence of extraordinary events involving consumers, staff, or the public according to the procedures below:

Steps:

1. The staff member will first assure the health and safety of the individual receiving services by assessing if there is a need to contact 911 due to the severity of the injury, illness, or behavior, if there is victimization of the individual or if there is a fire. If 911 must be contacted, continue to step 2, if not, skip to step 4.

2. If the incident requires a call to 911, the direct service provider will first assure immediate safety, second, make the 911 call, and third, when the individual is safe and medically/behaviorally stable, then begin notification of appropriate parties including your supervisor.

3. If necessary, the supervisor will provide additional instruction as it pertains to the situation.

4. If the incident is not so severe as to warrant contacting 911, verbal notification to the supervisor within an hour is needed. Such incidents might include a person who receives a mild burn on the hand, or a minor skin abrasion. Such incidents may require further immediate action, so contact with your supervisor is essential. Contact supervisor or their designee and take note of, and follow directions immediately.

5. When the situation is resolved to the point that the individual receiving services and all others involved in the critical incident are physically safe and medically/behaviorally stable, all appropriate notifications have been made, and instructions followed, the incident report form must be completed as soon as possible.

6. The incident report form has space available for the description of the incident.
   a. A brief description of the circumstances just before the incident including, where the individual receiving services was, what the individual was doing, who else was there, etc.
   b. A description of the incident including how it began, what happened, who was involved, and how was it resolved?
   c. What happened as an immediate follow-up to the incident including follow-through instructions given by the supervisor?
   d. To ensure the consumer’s confidentiality the consumer’s I.D. number will be used on the form and in the investigation.

7. Section II is for the supervisor to describe his/her instructions to the direct service provider and if applicable provide information regarding program follow-up. The supervisor should complete this section in a timely matter so that the incident report form can be delivered to the program health & safety representative.
8. When the incident report form is received by the program health & safety representative, the representative will review the contents and determine if immediate follow-up is necessary and will complete Section III. Reasons for an immediate reply may include:
   a. To ask for a more readable or legible copy of the form.
   b. To ask for a complete description of the incident or the follow-up provided.
   c. To provide instructions for further notification (e.g., to make an appointment with the individual’s primary care physician.)
   d. To ask for an update on the condition of the individual.
   e. To offer consultation to the provider agency.
   f. To inquire if the behavior/treatment plans were appropriately implemented.

9. The program health & safety representative determines if there is a pattern that must be addressed or if any other notifications or actions are needed and then assures that the appropriate action is taken. Such action may include scheduling a health & safety committee meeting for the purpose of developing a plan with timelines to address the issue.

10. The program health & safety representative completes the Review/Follow-up section of the form, signs it, and forwards it to the Program Director for review and their signature. Once the Program Director has signed it, the entire incident report form is then forwarded to the Health & Safety Coordinator.

11. The Health & Safety Coordinator will enter the information from the incident report into a database and sign the form, and then forward it to the Executive Director for signature.

12. After review and signature from the Executive Director, the form will be forwarded back to the Health & Safety Coordinator for recordkeeping.

13. Annually, the Health & Safety Coordinator will analyze the quarterly reports and provide results and recommendations.

Examples of (But not limited to) an Incident:

a. Medical – Illness, physical changes, marks, bruises, or skin changes, falls or seizures. When an individual has an illness or injury that needs medical attention or consultation.

b. Social – Behavioral events, or when a person known for always being happy, lively, and talkative, spends much of a day quiet and withdrawn, or an even-tempered person becoming loud and threatening.

c. Legal – The individual’s rights were violated, such as when a direct service provider violates the privacy or confidentiality of the person receiving services.
d. **Victim** – The individual was the victim of theft, abuse, other crimes or was in a car accident.

e. **Medication Errors** – An error occurred by staff or by the consumer while managing medication.

f. **Communicable/Infectious Diseases** – A situation occurred concerning a contagious virus or ailment.

g. **Violence or Aggression** – Acting with uncontrollable destructive/injurious force, unjust and unwarranted in its physical exertion of power. Examples include; assaults with firearms, sharp weapons, physical beatings, suffocation, poisoning or other acts of assault.

h. **Emergency Event** – Includes but limited to fire emergency; missing person; police involvement; hospitalization; serious illness; serious bodily harm or injury; imminent death or death; injury to others; or serious destruction of property.

i. **Non-Emergency Event** – Staff/providers observing an extraordinary event similar to those listed in #1 above, but the event does not constitute an emergency or imminent crisis; the notification process will be the same as #1 except that verbal notification of an after-hours event can be delayed until normal business hours. Written documentation is required to be sent within 24 hours of the event to the Human Resources Department.

j. **Behavioral Event** – Incidents/behaviors that are documented or addressed as part of a structured behavior plan shall be recorded on data sheets and progress notes and shall be reported and reviewed. An incident report documenting the event does not need to be submitted as well unless specified in the Behavior Plan. The exception to the procedure would be if the behavioral event met the criterion for emergency or imminent crisis, as noted above. In such an eventuality, procedure #1 shall be followed.

k. **Positive Event** – Staff/providers who witness a positive event with an individual are encouraged to document this event on an Incident Report Form. Examples could be someone displaying critical growth, someone reaching a goal, a decrease of target behaviors; or someone speaking spontaneously for the first time. These positive events should be treated like a non-emergency event except that verbal communication is not necessary. Communication can occur via email or voicemail, but written documentation on an incident report form is requested.

l. **Sexual Assault** – Situations involving sexual assault should always be reported immediately to the police as well as FNA leadership whether the act of violence is committed by a stranger or an acquaintance. FNA personnel will assist in the reporting process. The procedures outlined below are designed to protect the individual who has been hurt by these behaviors and to stop the offensive behavior. The due process rights of alleged offenders are protected, as well as the rights of the victim. Time is essential.
1. Women should NOT change clothes, shower, bathe, or douche. If possible, do not go to the toilet. Save all clothing, linens, or other items that may have been touched by the assailant for the police officers who will be responsible for evidence. Do not wash clothing, linens or other items that may have been touched by the assailant. All physical evidence, including seminal fluids, hair, blood types and scrapings of flesh from the victim’s fingernails are used in court.

2. Go to a safe location as soon as possible. If there is a trusted staff member available to accompany you, that would be even safer. From the safe location, call 911 immediately.

3. Alternatively, you may go directly to Fairbanks Memorial Hospital Emergency Room (open 24 hours a day, seven days a week).

4. You may request that the police investigation is conducted by a police officer of your gender if available. As a victim of sexual assault, your name should not be released to the news media.

5. If you have not already done so be prepared to go to the Fairbanks Memorial Hospital Emergency Room and request a medical examination by the Emergency Room physician using the Sexual Assault Kit required for evidence in cases of sexual assault. This is done free of charge to the victim. You should get to the hospital as soon as it is safe and possible. The Fairbanks Police Department or Alaska State Troopers will be able to arrange transportation to the hospital as soon as an assault that has taken place is reported.

6. Staff members need to complete and submit an FNA Incident Report as soon as possible.

m. **Critical Incidents/Sentinel Events** – Events of this nature include, but not limited to, suicide or attempt; medication errors; biohazardous accidents; hospitalization, serious illness; serious bodily harm or injury; imminent death or death; injury to others; serious destruction of property; or the risk of those above. Such events are called “sentinel” because they signal the need for immediate investigation and response. Upon receipt of an incident report reflecting such an event, the Health & Safety Committee will be convened as soon as possible to review the event. The appropriate response by the Committee includes conducting a timely, thorough, and credible cause analysis; developing an action plan designed to implement improvements to reduce risk; implementing the improvements; and monitoring the effectiveness of those improvements.

n. **Possession of Weapons** – FNA does not tolerate and will prevent, any workplace violence committed by, or against, its employees, consumers, or visitors, including, but not limited to the possession of a weapon (including a concealed weapon) while on FNA premises or while on FNA business. Any employee
determined to have possessed a weapon on FNA premises or while on FNA business or committed an act of violence will be subject to disciplinary action up to and including termination. Non-employees, including consumers engaged in violent acts on FNA premises, will be immediately reported to the police. Any consumer found with a weapon after admission will, upon investigation and confirmation of that fact by a supervisor, will be subject to clinical intervention. If it appears that a criminal threat or act occurred then the police are to be called. (For more on this policy, please refer to I-20 of the Fairbanks Native Association’s Personnel Policies and Procedures Manual.)

o. Possession of Licit/Illicit Substances – If alcohol or an unknown or illegal substance is found, they are to be confiscated and handled in the following manner:

1. Contact immediate supervisor
2. Any alcohol will be disposed of. A member of the staff, with another staff member who will serve as a witness, and will empty the alcohol from its container into the drain of a sink. The staff members will note this action in the Log Book, and fill out an incident report.
3. Handle the substance only while wearing personal protective equipment.
4. Staff members should only handle substances with another staff member as a witness.
5. Place confiscated items into a Ziploc bag or evidence bag, and seal the bag with medical tape.
6. Both staff members present should write their initials and the date and time on the tape sealing the bag.
7. Secure the confiscated item(s) in a locked cabinet if they cannot be immediately collected.
8. The staff members will note this action in the Log Book, and fill out an incident report.
9. In the event of confiscation of an unknown or illegal substance, the supervisor will take appropriate action which may include contacting Law Enforcement to assist in disposing of the substance. To ensure patient confidentiality, no further information should be disclosed about the source of the confiscated items to law enforcement.

Section 3-8: Accident Investigation and Reporting

Fairbanks Native Association shall be responsible for developing and implementing an accident investigation procedure.

Accidents, injuries, fatalities, illnesses, and exposure involving FNA members shall be investigated.
Accidents involving company vehicles, equipment, or facilities shall be investigated.

Fairbanks Native Association shall take whatever appropriate corrective action is necessary to avoid repetitive occurrences of accidents or injuries.

If an employee is involved in a vehicle accident while on FNA business during or after business hours, the following must be done:

1. Make sure the scene is safe; provide CPR or First Aid if necessary.
2. Notify police and emergency medical personnel.
3. Avoid admitting guilt or offering settlements.
4. Cooperate with police; obtain identification/insurance from all parties. Gather information from any witnesses.
5. Notify your Supervisor & Human Resources. Alcohol testing has to be arranged immediately. The employee has to complete the testing within 4 hours of the accident.
6. Fill out a Vehicle Accident Report (Accounting) and fill out an Incident Report (Health & Safety Coordinator) as soon as possible.
7. If the employee is injured, call Alaska National Medcor as soon as possible (1-800-553-8041).
8. For after-hours testing, notify your Supervisor. The Supervisor is to contact AAT at (907-451-3784). If there is no response, the Supervisor has to leave a message, and call every 15 minutes for an hour and keep a call log to monitor the effort made to contact AAT.

(For more information on this policy, please refer to FNA’s Policies & Procedures Manual Policy I-18.)

Section 3-9: Lifting Loads Safely

Your body is not designed to lift heavy weights. The way you carry a heavy object can subject your back to pressures two to ten times the object’s actual weight. The pressure is increased more as you hold the load away from the body.

Safe lifting is a function of both the amount of weight being lifted and the lifting technique used. Always test the weight of unfamiliar loads before lifting. If a load is too heavy or awkward, have a co-worker help, or use equipment such as a cart or dolly. Lifting loads safely is important because:

- These injuries result in costs & aggravation for the injured person.
- They also create problems for the organization with lost time, productivity impacts, and higher insurance costs.
Prevention of Lifting Injuries

- Ensure that the load is a safe weight
- Ensure it is safe and not hazardous
- Keep the feet apart and staggered
- Squat to lift and lower
- Minimize bending at the waist
- Keep the back bowed in while bending
- Get a good grip
- Keep the weight close to the body
- Keep load centered near the waist
- Turn with the feet and not the body
- Do not twist or jerk suddenly

Section 3-10: Preventing Slips, Trips, and Falls

**Slips** occur when there is too little friction between a person’s feet and the walking surface. Many factors can cause a slip; ice, oil, water, cleaning fluids, and other slippery substances. To prevent slips, avoid walking in areas which pose slipping hazards if at all possible. Always promptly clean up spills. If an area is a chronic problem, re-route traffic to avoid it. If flooring is a problem, replace it or coat it with a non-slip material. Always follow FNA’s Dress and Appearance Policy I-5.

**Trips** occur when a person’s foot contacts an object and they are thrown off balance. Prevention of trips is simple but does require diligence. Keep objects that could cause someone to trip out of the way. Repair uneven flooring and install proper lighting if required.

**Falls** can be caused by a number of things. Slips and trips frequently result in a fall. Improper use of ladders and scaffolding can result in a fall, usually a serious one. Falls also happen when people climb objects without using fall protection equipment. If you are working on a ladder, scaffold, or an elevated platform, make sure you know the requirements for using them safely. Always use fall protection equipment when it is required.

Slips, trips, and falls cause numerous injuries every day. Take the time to look around your work site for these hazards and work to prevent them. Take care not to cause any slip, trip, or fall hazards as you go about your daily activities.

Section 3-11: Indoor & Outdoor Air Quality

**Indoor Air Quality**

The most common origins of Indoor Air Quality (IAQ) problems arise from a variety of sources inside and outside the building. Airborne chemicals, bacteria, fungi, pollen, dust, and vehicle exhaust can all contribute to the problem, as well as non-air quality factors such as temperature, humidity, lighting, noise, personal and work-related stress, and pre-existing health
conditions. Other episodic problems include sewer odors entering buildings or dry traps in floor drains, and a vomit-like odor associated with leaks from the chilled water system.

Maintenance can investigate indoor quality complaints and remedy straightforward issues such as incorrectly set or inoperative thermostats, malfunctioning fans, odors from dry floor drains, transient odors from maintenance activities. If the problem is caused by a more complex situation, such as inadequate ventilation or excessive mold, then the problem may require a more detailed investigation.

Sometimes the remedy involves an extensive project and may be delayed by the need for non-routine sources of funding. Some actions building occupants can take to help maintain good indoor quality are as follows:

- Report water intrusion into buildings as soon as possible. The longer building materials remain damp, the more likely the potential for excessive microbial growth.
- Limit the use of products that produce odors or volatile solvents to specifically designed rooms, preferably with local exhaust ventilation. This also applies to equipment that generates excessive heat or produces odors.
- Have carpeting in office and work areas vacuumed and cleaned frequently.
- Minimize generation of aerosols in the work area.
- Add water to floor and other drains not frequently used to prevent sewer odors from entering the building.
- Maintain good housekeeping in work areas and break areas. Throw away garbage and old food, and clean up spills promptly.

Outdoor Air Quality

There is clear evidence that smoking is directly related to serious health problems. Evidence also reveals that those who don't smoke, but inhale smoke from the environment, are at risk. In keeping with FNA's intent to provide a safe and healthy work environment, especially for our consumers, smoking in the workplace is prohibited, except in designated outdoor locations. This policy applies to FNA employees, consumers, and visitors.

Smoking or tobacco use, including smokeless tobacco such as electronic cigarettes (e-cigs), snuff, or chewing tobacco, is not allowed at any time within 25 feet of any FNA facility, program, or function, and is prohibited in any FNA owned or operated vehicle. Smokers must use designated areas outside FNA facilities. Smoking outside an FNA facility, program, or function will be permitted only where smoke contaminated air cannot enter the FNA facility, program, or function.
Section 3-12: Mail Handling Procedures

Fairbanks Native Association has mandated that the following procedures will be implemented through all FNA programs:

1. All initial mail handling will be centralized and open to the extent practical.
2. All mail will be open by the addressee only.
3. Mail handlers will not eat or drink while handling mail/packages.
4. Mail handlers will wash their hands after handling the mail/packages.

Suspicious Mail

Use common sense when evaluating mail/package items. Mail handlers are in a position to recognize suspicious packaging as well as suspicious contents. Mail handlers are closely connected to the business operations of their program and have the advantage of recognizing a parcel or a letter that is not from an expected source. Mail handlers know what type of mail is normal for their program.

For Reported Suspicious Envelopes or Packages That Are Unopened

In the event an item is deemed suspicious, the following procedures shall be followed:

1. Mail handler notifies their supervisor
2. Addressee notifies their supervisor
3. Supervisor notifies Police/Fire Dispatch

The Following Response Will Be Used

Evaluate the letter or parcel, if the item does not appear to be suspicious, contact the addressee and ask if they would like to take possession of the item. If they do not want to take possession of the item, advise them that FNA, Law Enforcement, or the Fire Department will secure and destroy the item. Do NOT open letters or parcels for the addressee. FNA will not destroy any mail unless the addressee is notified and they do not want to take possession of said item.

If the envelope or package is suspicious but is unopened, and there are no visible signs of leakage, seize the item and secure the package. Before leaving the scene, identify anyone who may have had contact with the package and obtain their basic information. Advise everyone who had contact with the letter or parcel to wash their hands, arms, and face thoroughly with hot soapy water and take a shower as soon as possible.

Immediately contact your supervisor, and they will notify the Police/Fire/EMS.

Note: If the package is unopened and there is no reason to believe there has been an exposure, there is no rush in opening the item. Secure the item appropriately and store in the designated receptacle (outside of the FNA building, if possible).
If the item has been opened and there are visible signs of an unknown substance, you will treat your initial response in the same manner as you would to any crime scene. Once on the scene, you will avoid entering the contaminated area. Once the extent of the problem is known, contact your supervisor for notification of the Police/Fire/EMS. It is imperative that you keep the scene contained and employees calm while waiting for assistance.

In the event you are exposed to a substance, notify your supervisor and secure the scene. Keep a calm and professional bearing. Let the staff and consumers who are with you know that help is on the way and it is imperative they stay with you to receive treatment and reduce further spread of any potential hazard.

1. For an incident occurring in the Administrative Offices, evacuate personnel to the back offices. Any person directly exposed should go to the restroom to wash their hands, face, and arms. Close doors, turn off fans, portable heaters, and other equipment that may create air currents in the incident area.
2. For an incident occurring in an FNA facility, nearby personnel should gather in one room. Any person directly exposed should go to the employee restroom to wash their hands, face, and arms. Close doors, turn off fans, portable heaters, and other equipment that may create air currents in the incident area.
3. Contact Facilities and instruct him/her to shut down the air ventilation system.
   - If possible, package suspicious items in self-locking bags and seal with tape.
   - Do not use staples or other puncturing/piercing devices to seal the bags.
   - Do not attempt to clean up suspicious mail or packaging.

Decontamination

Personnel will work with local agencies to determine decontamination measures of the premises affected. For personal decontamination immediately wash your hands with soap and water for three minutes, rinse for one minute and take a shower as soon as possible. Gloves, disposable masks, and clothing should be treated as a biohazard and handled appropriately.

Decontamination of exposed personnel will occur on-site. If a dust or other product is splashed onto an individual’s clothing or skin, they will need to take a shower immediately. This may be delayed until the scene can be secured and the appropriate response personnel is on the scene. All contaminated clothing and articles shall be placed in a biohazard bag for later decontamination or disposal.

Anthrax

Anthrax is an acute bacterial infection of the skin, lungs, or gastrointestinal tract. Infection occurs most commonly via the skin route and only very rarely via the others. Anthrax is not contagious; therefore quarantine and decontamination of an entire building or office may not be necessary. Thorough cleaning is necessary for any area where the spores may have been released.

After an incubation period of 1-7 days, the onset of inhalation anthrax is gradual. Possible symptoms include:
- Fever
- Fatigue
- Malaise
- Cough
- Mild chest discomfort, followed by severe respiratory distress

A mild illness can progress rapidly to respiratory distress and shock in 2-4 days. A range of more severe symptoms including difficulty breathing, exhaustion, tachycardia and cyanosis follows this. Shock and death can occur within 24-36 hours after the onset of severe symptoms.

Medical treatment should be sought immediately after an exposure incident. Treatment can include antibiotics, penicillin, and a vaccine, depending on the type of anthrax exposure. If left untreated, the inhalation of anthrax is fatal.

**Section 3-13: Non-Toxic Plants**

All plants must be labeled with the name of the plant. Toxic plants are prohibited in residential settings and childcare facilities. Plants can have poisonous compounds that will sicken small children or youth in varying degrees. Some plants can cause skin reactions, called dermatitis. Remember that there are always special cases where one may be allergic to a plant and have an unusual reaction. To be safe, keep plants out of reach of children at all times.

The following is a list of plants that will provide you with the identification of Non-Toxic and Toxic plants:

<table>
<thead>
<tr>
<th>Non-Toxic Plants</th>
<th>Toxic Plants</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Violet – Saintpaulia species</td>
<td>Acorn</td>
</tr>
<tr>
<td>Aluminum Plant – Pilea cadierei</td>
<td>Anemone</td>
</tr>
<tr>
<td>Air Plant – Tillandsia species</td>
<td>Angel Trumpet Tree</td>
</tr>
<tr>
<td>Airplane Plant – Chlorophytum comosum (a.k.a. Spider Plant)</td>
<td>Apple Seeds</td>
</tr>
<tr>
<td>Aralia – Aralia japonica (a.k.a. Fatsia)</td>
<td>Apricot Pit (Kernels)</td>
</tr>
<tr>
<td>Artillery Plant – Pilea microphylla</td>
<td>Arrowhead</td>
</tr>
<tr>
<td>Baby Tears – Soleirolia soleirolii</td>
<td>Avocado (Leaves)</td>
</tr>
<tr>
<td>Banana Tree- Musa species</td>
<td>Azaleas</td>
</tr>
<tr>
<td>Bear’s Paw – Cotyledon tomentosa</td>
<td>Betel Nut Palm</td>
</tr>
<tr>
<td>Begonia – Begonia species</td>
<td>Bittersweet</td>
</tr>
<tr>
<td>Boston Fern – Nephrolepis exaltata (a.k.a. Sword Fern)</td>
<td>Buckeye</td>
</tr>
<tr>
<td>Bridal Veil – Gibasis geniculata</td>
<td>Buttercups</td>
</tr>
<tr>
<td>Bromeliads – Guzmania species</td>
<td>Caladium</td>
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<tr>
<td>Cabbage Palm – Cordyline species</td>
<td>Calla Lily</td>
</tr>
<tr>
<td>Calathea – Calathea zebrina (a.k.a. Zebra Plant)</td>
<td>Castor Bean</td>
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<tr>
<td>Cast Iron Plant – Aspidistra elatior</td>
<td>Chinese Lantern</td>
</tr>
<tr>
<td>Cat Grass – Avena sativa (a.k.a. Common Oat)</td>
<td>Creeping Charlie - Ground Ivy (glechoma hederacea)</td>
</tr>
<tr>
<td>Catnip – Nepeta cataria (a.k.a. Catmint)</td>
<td>Crocus, Autumn</td>
</tr>
<tr>
<td>Cattleya orchid – Cattleya species and cultivars</td>
<td>Daffodil</td>
</tr>
<tr>
<td>Christmas Cactus – Schlumbergera species</td>
<td>Daphne</td>
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<tr>
<td>Delphinium</td>
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<tr>
<td>Devil's Ivy</td>
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<tr>
<td>Plant Name</td>
<td>Common Name</td>
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<td>----------------------------</td>
<td>------------------------------------------</td>
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<tr>
<td>Coleus – Coleus species</td>
<td></td>
</tr>
<tr>
<td>Cordyline – Cordyline species (a.k.a. Spike Plant)</td>
<td></td>
</tr>
<tr>
<td>Creeping Jenny – Lysimachia nummularia (a.k.a. Gold Moneywort)</td>
<td></td>
</tr>
<tr>
<td>Cymbidium orchid – Cymbidium species and cultivars</td>
<td></td>
</tr>
<tr>
<td>Donkey’s Tail – Sedum morganianum</td>
<td></td>
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<tr>
<td>False Aralias – Schefflera elegantissima</td>
<td></td>
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<tr>
<td>False Banana Tree – Ensete species</td>
<td></td>
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<tr>
<td>Fatsia – Aralia japonica</td>
<td></td>
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<tr>
<td>Ferns – All houseplant types</td>
<td></td>
</tr>
<tr>
<td>Friendship Plant – Billbergia nutans (a.k.a. Queen’s Tears)</td>
<td></td>
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<tr>
<td>Gardenia – Gardenia jasminoides</td>
<td></td>
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<tr>
<td>Gloxinia – Gloxinia slyvatica</td>
<td></td>
</tr>
<tr>
<td>Goldfish Plant – Nematanthus gregarious (Handling plant may irritate skin)</td>
<td></td>
</tr>
<tr>
<td>Hens and Chicks – Sempervivum tectorum</td>
<td></td>
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<tr>
<td>Hindu Rope Plant – Hoya species</td>
<td></td>
</tr>
<tr>
<td>Hoya – Hoya species (a.k.a. Wax Plant, Hindu Rope Plant)</td>
<td></td>
</tr>
<tr>
<td>Irish Moss – Sagina subulata</td>
<td></td>
</tr>
<tr>
<td>Jade Plant – Crassula ovata</td>
<td></td>
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<tr>
<td>Lipstick Plant – Aeschynanthus species</td>
<td></td>
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<tr>
<td>Living Stones – Lithops aucampiae</td>
<td></td>
</tr>
<tr>
<td>Moneywort – Lysimachia nummularia (a.k.a. Creeping Jenny)</td>
<td></td>
</tr>
<tr>
<td>Money Tree – Pachira aquatica</td>
<td></td>
</tr>
<tr>
<td>Mother-Of- Thousands – Tolmiea menziesii</td>
<td></td>
</tr>
<tr>
<td>Moth Orchid – Phalaenopsis species and cultivars</td>
<td></td>
</tr>
<tr>
<td>Odontoglossum orchid – Odontoglossum species and cultivars</td>
<td></td>
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<tr>
<td>Orchid Cactus – Epiphyllum species</td>
<td></td>
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<tr>
<td>Peperomia – Peperomia species</td>
<td></td>
</tr>
<tr>
<td>Phalaenopsis orchid – Phalaenopsis species and cultivars</td>
<td></td>
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<tr>
<td>Persian Shield - Strobilanthes dyerianus</td>
<td></td>
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<tr>
<td>Piggyback Plant – Tolmiea menziesii (a.k.a. Mother-Of- Thousands)</td>
<td></td>
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<tr>
<td>Poinsettia – Euphorbia pulcherrima</td>
<td></td>
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<tr>
<td>Ponytail Palm – Beaucarnea recurvata (a.k.a. Bottle Palm)</td>
<td></td>
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<tr>
<td>Prayer Plant – Maranta leuconeura</td>
<td></td>
</tr>
<tr>
<td>Purple Heart – Tradescantia pallida (Handling Dieffenbachia (Dumb Cane))</td>
<td></td>
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<tr>
<td>Deadly Plants</td>
<td></td>
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<tr>
<td>Elderberry</td>
<td></td>
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<tr>
<td>Elephant Ear</td>
<td></td>
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<tr>
<td>English Ivy</td>
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<tr>
<td>Four O’Clock</td>
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<tr>
<td>Foxglove</td>
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<tr>
<td>Hemlock, Poison</td>
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<tr>
<td>Holly Berries</td>
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<tr>
<td>Horsetail Reed</td>
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<tr>
<td>Hyacinth (bulbs)</td>
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<tr>
<td>Hydrangea</td>
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<tr>
<td>Iris</td>
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<tr>
<td>Ivy (Boston, English)</td>
<td></td>
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<tr>
<td>Jack-in-the-Pulpit</td>
<td></td>
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<tr>
<td>Jequirity Bean or Pea</td>
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<tr>
<td>Jerusalem Cherry</td>
<td></td>
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<tr>
<td>Jessamine (Jasmine)</td>
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<tr>
<td>Jimson Weed (Thorn Apple)</td>
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<tr>
<td>Jonquil</td>
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<tr>
<td>Lantana Camara</td>
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<tr>
<td>Larkspur</td>
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<tr>
<td>Laurels</td>
<td></td>
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<tr>
<td>Lily-of-the-Valley</td>
<td></td>
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<tr>
<td>Lobelia</td>
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<tr>
<td>Marijuana</td>
<td></td>
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<tr>
<td>Mayapple</td>
<td></td>
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<tr>
<td>Mescal (Peyote)</td>
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<tr>
<td>Mistletoe</td>
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<td>Moonseed</td>
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<tr>
<td>Monkshood</td>
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<tr>
<td>Morning Glory</td>
<td></td>
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<tr>
<td>Mushroom</td>
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<tr>
<td>Narcissus</td>
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<td>Nephthytis</td>
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<tr>
<td>Nightshade</td>
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<tr>
<td>Oleander</td>
<td></td>
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<tr>
<td>Peach Seeds</td>
<td></td>
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<tr>
<td>Periwinkle</td>
<td></td>
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<tr>
<td>Philodendron</td>
<td></td>
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<tr>
<td>Poison Ivy</td>
<td></td>
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<tr>
<td>Poison Oak</td>
<td></td>
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<tr>
<td>Poppy (California Poppy excepted)</td>
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<tr>
<td>Pokeweed</td>
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<tr>
<td>Potato (Sprouts)</td>
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<tr>
<td>Primrose</td>
<td></td>
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<tr>
<td>Ranunculus</td>
<td></td>
</tr>
<tr>
<td>Plant Name</td>
<td>Common Names</td>
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<tr>
<td>---------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Purple Passion Plant - Gynura aurantiaca</td>
<td>Rhododendron</td>
</tr>
<tr>
<td>Spider Plant – Chlorophytum comosum</td>
<td>Rhubarb (Blade)</td>
</tr>
<tr>
<td>Swedish Ivy – Plectranthus coleoides</td>
<td>Rosary Pea</td>
</tr>
<tr>
<td>Tahitian Bridal Veil – Gibasis geniculata</td>
<td>Star-of-Bethlehem</td>
</tr>
<tr>
<td>Ti Plant – Cordyline species</td>
<td>Sweet Pea</td>
</tr>
<tr>
<td>Wandering Jew – Tradescantia species</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Wax Plant – Hoya species</td>
<td>Tomato (Vines)</td>
</tr>
<tr>
<td>Zebra Plant – Calathea zebrine</td>
<td>Tulip</td>
</tr>
<tr>
<td>Zygocactus – Schlumbergera species</td>
<td>Water Hemlock</td>
</tr>
<tr>
<td></td>
<td>Wisteria</td>
</tr>
<tr>
<td></td>
<td>Yew</td>
</tr>
</tbody>
</table>

(These plants contain a wide variety of poisons, and symptoms may vary from a mild stomachache, skin rash, swelling of the mouth and throat to involvement of the heart, kidneys, or other organs.)

Some plants may not be listed because it is not known with certainty how toxic the plant is. Plants with conflicting opinions have been omitted. For further information, contact the United States Department of Agriculture (USDA) at www.usda.gov

### How to Prevent Plant Poisoning

- Teach children never to put plants, plant parts, berries or mushrooms in their mouths.
- Know the names of your house and garden plants and which ones are poisonous.
- Put houseplants, bulbs, and seeds up high where children cannot reach them.
- Do not think a plant is not poisonous because birds and other animals eat it.
- Cooking plants do not always kill poisons in the plant.

### First Aid for Poisoning

Seek immediate medical help. For poisoning by swallowing:

1. Check and monitor the person’s airway, breathing, and pulse. If necessary, begin CPR.
2. Try to make sure that the person has indeed been poisoned. It may be hard to tell. Some signs include chemical-smelling breath, burns around the mouth, difficulty breathing, vomiting, or unusual odors on the person. If possible, identify the poison.
3. DO NOT make a person throw up unless told to do so by poison control or a health care professional.
4. If the person vomits, clear the person’s airway. Wrap a cloth around your fingers before cleaning out the mouth and throat. If the person has been sick from a plant part, save the vomit. It may help experts identify what medicine can be used to help reverse the poisoning.
5. If the person starts having convulsions (seizures), give first aid.
6. Keep the person comfortable. The person should be rolled onto the left side, and remain there while getting or waiting for medical help.
DO NOT

- Do NOT give an unconscious person anything by mouth.
- Do NOT induce vomiting unless you are told to do so by the Poison Control Center or a health care professional. A strong poison that burns on the way down the throat will also do damage on the way back up.
- Do NOT try to neutralize the poison with lemon juice or vinegar, or any other substance, unless you are told to do so by Poison Control Center or a health care professional.
- Do NOT use any “cure-all” type of antidote.
- Do NOT wait for symptoms to develop if you suspect that someone has been poisoned.

National Poison Control Center

The National Poison Control Center (1-800-222-1222) can be called from anywhere in the United States. This number will let you talk to experts in poisoning, and will give you further instructions. You should call if you have any questions about poisoning or poison prevention. It does NOT need to be an emergency; you can call for any reason 24 hours a day, seven days week.

Section 3-14: Crisis Intervention

When FNA consumers begin to exhibit violent or self-destructive behavior, a staff member trained in de-escalation and emergency management will be called to the location. The staff member will assess the need for de-escalation procedures to protect the consumer, another person, or the facility.

Key program staff receives de-escalation training in non-violent crisis intervention (verbal de-escalation) and how to manage self and others. Supervisors will assure that at least one person trained in de-escalation is scheduled for each shift.

In situations of threats, violence or aggressive behavior, program staff is instructed to withdraw from the individual and call 911. Such threats from consumers will be treated as crimes committed in the program and against program staff (see Code of Federal Regulations, 42 CFR, Part 2) and dealt with accordingly.

In situations of threats or acts to harm self, program staff will call 911.

As soon as possible, complete documentation of the event will occur and shall be placed in the consumer chart and provided to emergency responders as appropriate. An incident report will also be completed by the individual performing the emergency intervention.

Section 3-15: Pandemic Influenza

What You Need to Know

Influenza (flu) pandemic is a worldwide outbreak of flu disease that occurs when a new type of influenza virus appears that people have not been exposed to before (or have not been exposed to in a long time). Pandemics are different from seasonal outbreaks of influenza that we
see every year. Seasonal influenza is caused by influenza virus types to which people have already been exposed. Its impact on society is less severe than a pandemic, and influenza vaccines (flu shots and nasal spray vaccine) are available to help prevent widespread illness from the seasonal flu.

Influenza pandemics are different from many of the other major public health and healthcare threats facing our country and the world. A pandemic will last much longer than most flu outbreaks and may include “waves” of influenza activity that last 6-8 weeks separated by months. The number of healthcare workers and first responders able to work may be reduced. Public health officials will not know how severe a pandemic will be until it begins.

**Importance and Benefits of Being Prepared**

The effects of a pandemic can be lessened if you prepare ahead of time. Preparing for a disaster will help bring peace of mind and confidence to deal with a pandemic. As you begin your individual or family planning, you may want to review your state’s planning efforts and those of your local public health and emergency preparedness officials. State plans and other planning information can be found at https://www.cdc.gov/flu/pandemic-resources/index.htm.

**Essential Services May Be Disrupted**

- Plan for the possibility that services may be disrupted. These could include services provided by hospitals and other healthcare facilities, banks, restaurants, government offices, telephone and cellular phone companies, and post offices.
- Stores may close or have limited supplies. The planning checklists can help you determine what items you should stockpile to help you manage without these services.
- Transportation services may be disrupted, and you may not be able to rely on public transportation. Plan to take fewer trips and store essential supplies.
- Public gatherings, such as volunteer meetings and worship services, may be canceled. Prepare contact lists including conference calls, telephone chains, and email distribution lists, to access or distribute necessary information.
- Consider that the ability to travel, even by car may be limited due to fuel shortages.
- You should also talk to your family about where family members and loved ones will go in an emergency and how they will receive care, in case you cannot communicate with them.
- In a pandemic, there may be a widespread illness that could result in the shutdown of local ATMs and banks. Keep cash or traveler’s checks in small denominations for easy use.

**Food and Water Supplies May Be Interrupted and Limited**

Food and water supplies may be interrupted so temporary shortages could occur. You may also be unable to get to a store. To prepare for this possibility, you should store at least one to two weeks supply of non-perishable food and fresh water for emergencies.

**Food**
• Store two weeks of non-perishable food.
• Select foods that do not require refrigeration, preparation (including the use of water), or cooking.
• Ensure that formula for infants and any child’s or older person’s special nutritional needs are a part of your planning.

Water

• Store two weeks of water, 1 gallon of water per person per day. (2 quarts for drinking, 2 quarts for food preparation/sanitation), in clean plastic containers. Avoid using containers that will decompose or break, such as milk containers or glass bottles.

Being Able to Work May Be Difficult or Impossible

• Ask your employer how operations will continue during a pandemic.
• Plan for possible loss of income if you are unable to work or the company you work for closes temporarily.

Schools and Daycare Centers May be Closed for an Extended Period

Schools, and potentially public and private preschool, childcare, trade schools, and colleges and universities may be closed to limit the spread of flu in the community and to help prevent children from becoming sick. Other school-related activities and services could also be disrupted or canceled including clubs, sports/sporting events, music activities, and school meals. School closings would likely happen very early in a pandemic and could occur on short notice.

Medical Care for People with Chronic Illness Could be Disrupted

In a severe pandemic, hospitals and doctor’s offices may be overwhelmed.

• If you have a chronic disease, such as heart disease, high blood pressure, diabetes, asthma, or depression, you should continue taking medication as prescribed by your doctor.
• Make sure you have the necessary medical supplies and medications.
• Talk to your healthcare provider to ensure adequate access to your medications.

Pandemic Influenza – Prevention and Treatment

Stay Healthy: These steps may help prevent the spread of respiratory illnesses such as the flu:

• Cover your nose and mouth with a tissue when you cough or sneeze – throw the tissue away immediately after you use it.
• Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based (60-95%) hand sanitizer.
• Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
• If you get the flu, stay home from work, school, and social gatherings. This way you will help prevent others from catching your illness.
• Try not to touch your eyes, nose, or mouth. Germs often spread this way.

Vaccination

Vaccines are used to protect people from contracting a virus once a particular threat is identified. After an individual has been infected by a virus, a vaccine generally cannot help to combat it. Because viruses change over time, a specific pandemic influenza vaccine cannot be produced until a pandemic influenza virus emerges and is identified. Once a pandemic influenza virus has been identified, it will likely take 4-6 months to develop, test, and begin producing a vaccine.

Antivirals

Some antiviral drugs are approved by the U.S. Food and Drug Administration to treat and prevent seasonal influenza. Some of these antiviral medications may be effective in treating pandemic influenza. These drugs may help prevent infection in people at risk and shorten the duration of symptoms in those infected with pandemic influenza. However, it is unlikely that antiviral medications alone would effectively contain the spread of pandemic influenza. These drugs are available by prescription only.

Stay Informed

Knowing the facts is the best preparation. Identify sources you can count on for reliable information. If a pandemic occurs, having accurate and reliable information will be critical.

• Reliable, accurate, and timely information is available at https://www.cdc.gov/flu/pandemic-resources/index.htm.
• Look for information on your local and state government websites.
• Listen to local and national radio, watch news reports on television and online, and read your newspaper and other sources of printed and web-based information.
• Talk to your health care providers and public health officials.

Section 3-16: Tuberculosis

What You Need to Know

Tuberculosis (TB) is a bacteria that usually attacks the lungs, but can affect the brain, lymph nodes, bones, and other organs. If properly treated TB can be curable, but if not treated, people can die from the disease or form a drug-resistant strain of TB.

TB is spread through the air from person to person, by coughing, sneezing, talking, or singing. The particles can remain in the air for several hours after the area is exposed. If another person inhales any particles in the air after an exposed person coughs in the area, they may become exposed. However, not everyone that is exposed to TB will become infected.
Furthermore, people who do become infected do not always get sick immediately, and instead may develop latent TB infection, where the disease will develop later on.

There are some individuals who are more prone to get TB than others, such as:

- Individuals with HIV
- Individuals with weakened immune systems
- Individuals with diabetes, chronic renal failure, and certain cancers
- People who abuse drugs and alcohol

**Symptoms of TB**

| General Symptoms:          | • Weight loss  
|                           | • Fatigue  
|                           | • Fever  
|                           | • Chills  
| Symptoms of Pulmonary TB: | • A cough lasting more than three weeks  
|                           | • Chest pain  
|                           | • Coughing up blood or sputum (phlegm)  
| Symptoms of Extrapulmonary TB: | • Back pain if the disease is in the spine  
|                           | • TB in the kidneys if there is blood in the urine  
|                           | • Swelling in the neck if the disease is in the lymph nodes  

**Steps to Take for Undocumented or Suspected TB**

- Keep the consumer in an enclosed area, and away from other consumers;
- Call 911 for emergency personnel to pick up the consumer for further medical care;
- Staff that is in direct contact with the consumer are to don the N95 respirators and disposable gloves;
- Staff are to provide the consumer with a disposable surgical mask;
- Staff are to notify their supervisor of the incident;
- After the consumer has been transported by emergency personnel to the hospital, the area(s) where the consumer was evaluated is to be decontaminated;
- Staff are to continue to wear their respirators and gloves while they clean the area(s) with the Virex TB Disinfectant and to ensure that all areas that could have been exposed are thoroughly cleaned;
- An incident report needs to be filled out as soon as staff is available to do so.

**Respiratory Procedures**
<table>
<thead>
<tr>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Supervisors Shall:</strong></td>
</tr>
<tr>
<td>• Supervisors shall ensure that all respirator wearers comply with the requirements of this program.</td>
</tr>
<tr>
<td>• Supervisors are responsible for ensuring that personnel who may need to wear respirators receive the training outlined in this section.</td>
</tr>
<tr>
<td><strong>Health &amp; Safety Coordinator Shall:</strong></td>
</tr>
<tr>
<td>• The Health &amp; Safety Coordinator has the authority and responsibility for preparing, maintaining and administering the program’s Respiratory Protection Program.</td>
</tr>
<tr>
<td>• The Health &amp; Safety Coordinator has the authority for review and approval of internal procedures involving the use of respiratory protection equipment.</td>
</tr>
<tr>
<td>• An annual evaluation of the Respiratory Protection Program shall be completed by the Health &amp; Safety Coordinator.</td>
</tr>
<tr>
<td>• The Health &amp; Safety Coordinator shall evaluate each job with a potential for overexposure to airborne contaminants and determine appropriate control measures.</td>
</tr>
<tr>
<td>• The Health &amp; Safety Coordinator is responsible for the administration of the Respiratory Protection training program.</td>
</tr>
<tr>
<td><strong>Employees Shall:</strong></td>
</tr>
<tr>
<td>• Employees are responsible for using respiratory protection equipment properly.</td>
</tr>
<tr>
<td>• Each respirator wearer is responsible for performing inspections of respirators before and after each use by the manufacturer’s recommendations.</td>
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</tbody>
</table>

**Respirator Mask Training**
- Employees will only be issued and allowed to wear respirator types, sizes, and brands for which an acceptable fit has been achieved.
• Each respirator user shall attend annual training on the safe and proper use of respiratory protection equipment.

• Each respirator user shall be trained on the following:
  o The reason and the need for respiratory protection.
  o The nature and extent of potential effects of the respiratory hazards to which the wearer may be exposed.
  o Why a particular type of respiratory protection is selected for a specific respiratory hazard.
  o The operation, capabilities, and limitations of respiratory protection devices and their components.
  o Instructions to inspect, assemble, don, check proper fit and wear by the requirements of this program.
  o How maintenance and repair of respirators will be done.
  o The proper care and field sanitation of various types of respiratory protection equipment.

• Each respirator user shall have the opportunity to handle the respirator, learn how to don it and wear it properly, check its fit, wear it in a safe atmosphere and wear it in a test atmosphere.

• Fit testing shall not be performed, and respirators shall not be issued to any employee whose facial hair may interfere with the proper seal of the respirator.

• The following conditions prohibit the issue or use of a respirator:
  o Hair (mustache, beard) that interferes with the function of the respirator.
  o Glasses having temple bars or straps that pass between the sealing surface of a respirator face piece and the face.
  o Any head covering that passes between the sealing surface of a respirator face piece and the face.
  o Spectacles, goggles, face shield, welding helmet or other eye and face protective device that interferes with the seal of the respirator to the face.

**Periodic Evaluation of Program Effectiveness**

• The respiratory protection program shall be evaluated at least annually to ensure compliance with applicable regulations, standards and recognized best management practices.

• Any changes incorporated in the program as a result of program evaluation shall be
communicated to respirator users through the training program.

**Approved Respirators**
- Only respiratory equipment, components and replacement parts having NIOSH (National Institute for Occupational Safety and Health) approval will be purchased and used.
- No respirators other than those purchased by FNA and issued or approved by the Health & Safety Coordinator may be used at this facility.

**Use of Respirators**
- Respirators may be used only by employees who have been provided with training.
- Respirators may be used only for the specific situation and contaminants for which the respirator was issued.
- An inspection of each respirator shall be performed by the user before each use.
- Where respirators are required, each worker shall be issued a separate respirator. Respirators are not to be shared.
- Respirators shall be donned before entering the contaminated area and shall not be removed until after leaving the contaminated area.

**Maintenance of Respirators**
- Employees to whom respirators are issued shall store them in a location that is sanitary and protected against extreme cold, excessive moisture, exposure to damaging chemicals and mechanical damage.
- When defects are observed during use, the device shall be returned as soon as possible to the Health & Safety Coordinator for replacement.
- A respirator known to be defective shall not be used or allowed to remain in the program under any circumstances.

**Resources**

For more information on TB in the workplace, please refer to the following:

**Section 3-17: MRSA**
What is MRSA?

MRSA is a type of staph bacteria that is resistant to several antibiotics. For the general community, it mostly causes skin infection, and in other cases it can cause pneumonia as well as other issues. If left untreated, MRSA infections can become severe and cause sepsis.

It is safe to work with an individual who has MRSA, but it is important that the individual with the infection keeps their wound clean, dry, and covered.

How is MRSA Spread?

MRSA is contagious, and can be spread by coming into contact with an individual’s wound or source of infection. It can also be spread by sharing personal items that have touched an infected individual’s skin. MRSA infection risk can be increased when a person is in activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies.

What are MRSA Symptoms?

Sometimes a MRSA skin infection is mistaken for an insect bite, such as a spider. Most staph skin infections, including MRSA appear as a bump or infected area on the skin that might be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

How to Prevent MRSA

- Maintain good hand and body hygiene. Wash hands often, and clean your body regularly.
- Keep cuts, scrapes and wounds clean and covered until healed.
- Avoid sharing personal items such as towels and razors.
- Get care early if you think you might have an infection.

How to Prevent Spreading MRSA

- Cover your wounds. Keep wounds covered with clean, dry bandages until healed. Do not try to treat the infection yourself, seek medical attention.
- Clean your hands often. Wash your hands with soap and water, or use an alcohol-based hand sanitizer.
- Do not share personal items.

Cleaning & Disinfecting

MRSA is not only spread by skin-to-skin contact, it can also be spread by touching materials or surfaces that have come into contact with an individual with MRSA. To prevent
further spreading of MRSA, it is critical that surfaces are decontaminated with a disinfectant that fights against “Staph” or “Staphylococcus aureus”.

Before decontaminating with a disinfectant, always read the instructions of the product to ensure that you use it correctly. Focus on areas that people touch with their bare skin on a daily basis that could come into contact with uncovered infections.

For laundry, always wear gloves when handling potentially contaminated items, and wash your hands after removing gloves. MRSA can spread on clothing, uniforms, sheets, and towels.

- Launder items in a washing machine with laundry detergent. Use the warmest water recommended on clothing labels.
- Do not pack items tightly in the washing machine.
- Machine dry completely, a dryer helps kill MRSA.

Resources

For more information on MRSA, please refer to:

- https://www.cdc.gov/mrsa/index.html

Section 3-18: Medication Management

FNA staff, when engaged in the administration, or observing self-administration, of consumer prescription medications must ensure these activities are done so in a manner that safeguards consumer health and safety.

A. Self-Administration of Medications

An FNA staff member, unless he or she is a licensed healthcare professional or has been authorized and trained to perform a specifically delegated nursing task, may only observe and assist consumers in taking medications. The staff member can perform the following actions:

a. Communicate the prescriber’s order to the consumer in such a manner that they self-administer their medication properly.
b. Remind or coach the consumer when it is time to take a medication.
c. Open the consumer’s medication container.
d. Hand the consumer the medication container.
e. Transfer medication from one container to another for an individual dose (e.g. pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices).
f. Alter a medication by crushing, mixing, etc., as long as the consumer is aware that the medication is being altered or added to food or beverage. A pharmacist or other qualified practitioner must determine that it is safe to alter
a medication and this must be documented on the prescription container or in the client record.
g. Guide or assist the consumer to apply or instill skin, nose, eye, and ear preparations.

B. Staff Administration of Medications
   a. An FNA staff member may administer the consumer’s medication if the staff member is a licensed healthcare professional. Medications may only be administered under the order of a physician or a healthcare professional with prescriptive authority.
   b. If a consumer requires assistance with the use of medication beyond that described above under self-administration of medications the assistance must be provided either by a licensed healthcare professional or a registered nurse.
   c. For the purpose of providing first aid, particularly in the assistance or delivery of epinephrine injections, FNA staff members who are qualified in first aid may render assistance within the scope of their training.

C. Consumer Consent
   a. All new prescription medications or prescribed changes in dosages of current medications require consumer consent to take the medication(s).
   b. Written consent for ongoing medication management may be obtained during consumer intake proceedings. If written consent is not documented in the client record, verbal consent must be obtained and followed up with written consent within 90 days of intake.
   c. FNA staff members are not decision-makers for consent. Staff members may, therefore, need to clarify their role if it appears that a prescriber believes that the staff member can give consent for medications.
   d. If a consumer’s legal representative is unwilling to provide consent for a medication and FNA staff believes this decision is not in the consumer’s best interest, FNA staff should bring the matter to the attention of their respective director immediately.

D. Storage of Medications
   a. FNA staff members must:
      i. Keep a consumer’s medications, so they are not readily available to others. Medications stored in a consumer’s room must have provisions for adequate segregation and security.
      ii. Store medications under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals.
      iii. Store medications in the original medication containers with pharmacist-prepared or manufacturer’s label, or in medication organizers which are labeled with the:
           1. Name of the person for whom the medication is prescribed;
           2. Medications included; and
           3. Dosage frequency.

E. Documentation
a. FNA staff members must maintain a written record of all medications administered to, monitored, or refused by the consumer.
b. FNA programs must have a system to account for and verify all medications for which they are responsible, including a specific procedure for counting controlled substances (i.e., narcotics).

F. Disposal of Medications
FNA will properly dispose of all medications that are discontinued, superseded by another, or left behind by a consumer. Sharps Compliance Takeaway Medication Envelopes are to be used to dispose of medications.

a. Place all unused medication into the envelope, including legally held controlled drugs and narcotics.
b. Medications should be in their original containers when placed into the envelope.
c. Liquids (no more than 4 ounces) must be placed in a sealed plastic bag before being placed into the envelope.
d. Seal the envelope, but do not overfill it. Then take the sealed envelope to a Post Office or Postal Service drop box.
e. DO NOT mail needles, syringes, lancets, injection pens, hazardous waste, or any substance or material that could affect the safety of the postal carriers during transport.
f. DO NOT mail illicit drugs, such as marijuana, cocaine, heroin, or methamphetamine.
g. DO NOT take the filled envelope to a pharmacy.

Before the medication is disposed of, a record of the disposal needs to be documented. In the waste log, list the name of the medication(s), the amount disposed of, the date of disposal, and two witness signatures. A record of this disposal will be kept for three (3) years within the programs.

Section 3-19: NARCAN Nasal Spray

FNA Behavioral Health Programs now utilize NARCAN Nasal Spray for the emergency treatment of a known or suspected opioid overdose.

NARCAN Information

- NARCAN is the only FDA approved nasal form of naloxone.
- NARCAN counteracts the life-threatening effects of an opioid overdose.
- NARCAN is used for a known OR suspected opioid overdose.
- For use in the nose only.

To Administer NARCAN

- Identify Opioid overdose and check for response: Ask the person if he/she is okay, shake their shoulders, check for signs of an opioid overdose (will not wake up, breathing is
slow or has stopped, pupils are small). Lay the person on their back to administer NARCAN.

- Give NARCAN Nasal Spray: Remove NARCAN from the box/container. Hold the NARCAN spray and gently insert the tip of the nozzle into either nostril. Press the plunger firmly to give the dose of NARCAN and remove from the nostril after administration.
- Call for help: Call 911 immediately. Move the person on their side after providing NARCAN. Watch the person closely. If the person does not respond, a second dose of NARCAN can be given every 2-3 minutes.

### Section 3-20: Maintenance and Facilities Procedures

To protect the employees that fall under the maintenance and facilities department, the following policies have been placed.

**Hazardous Energy**

*OSHA Standard 1910.147.*

**What is Hazardous Energy?**

Energy sources including electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other sources in machines and equipment can be hazardous to workers. During the servicing and maintenance of machines and equipment, the unexpected startup or release of stored energy can result in serious injury or death to workers.

**What are the Harmful Effects of Hazardous Energy?**

Workers servicing or maintaining machines or equipment may be seriously injured or killed if hazardous energy is not properly controlled. Injuries resulting from the failure to control hazardous energy during maintenance activities can be serious or fatal. Injuries may include electrocution, burns, crushing, cutting, lacerating, amputating, or fracturing body parts, and others.

**Control of Hazardous Energy (Lockout/Tag Out)**

All equipment with a potential for unexpected start-up during routine adjustment or maintenance is subject to the requirements of this program, which is called Lockout/Tag Out or LOTO. LOTO involves all sources of hazardous energy including electrical, hydraulic, pneumatic, chemical, thermal, etc.

- Notify your supervisor when a piece of equipment needs repair or adjustment.
- Leave all lockout or tag out devices in place while the equipment is being repaired or adjusted.
- Be sure the equipment is safe for use following repair or adjustment.
- Follow all rules for the safe operation of equipment during use.
- Follow the LOTO procedures in the equipment’s safety manual when you perform adjustments or maintenance on a piece of equipment.
## Responsibilities

### Supervisors Shall:
- Ensure that employees de-energize equipment before working on it when the potential for unexpected release of energy which may cause injury exists.
- Ensure that employees are aware of the lockout/tag out procedures for equipment on which they are working.
- Inform employees in their area of responsibility when equipment is being locked out/tagged out for repair.
- Ensure that no employees attempt to restart equipment until it is verified that it is safe to do so following repair of the equipment using lockout/tag out procedures.
- Verify that all qualified persons in their area have had the lockout/tag out training.
- Administer appropriate disciplinary action for employees who violate the lockout/tag out procedures.

### Health & Safety Coordinator Shall:
- Ensure that all employees involved in the lockout/tag out program have had appropriate training.
- Review the lockout/tag out program for compliance on an annual basis as a minimum.
- Maintain and revise the LOTO program as required.
- Direct the LOTO training program.
- Revise the written LOTO program as required.

### Facilities Manager (Qualified Person) Shall:
- Repair or service equipment as needed.
- Ensure, where feasible, that all energy sources are locked out on a piece of equipment during repair or service.
- Test equipment to verify that no residual energy exists following the lockout and before working on the subject equipment.
- Place a “Danger—Do Not Operate” tag on the energy source or control panel before working on the subject.
De-Energizing Equipment

- Safe procedures that address de-energizing circuits and equipment must be used in LOTO.
- The electricians performing LOTO will use the appropriate testing devices on the circuits according to the voltage level.
  - “STOP” buttons, interlocks or other devices on equipment are not acceptable LOTO devices.
- Stored electrical energy will be dissipated to ensure workers are not endangered.

Application of Locks and Tags

- Locks and tags will be placed on equipment used to de-energize circuits and equipment on which the work is to be performed.
- The lock will be attached to assure that unauthorized personnel cannot re-open the circuit.
  - The tag (“DANGER—DO NOT OPERATE”) must state that unauthorized use is forbidden and the tag cannot be removed.
- Only the person who applied the lock(s) and tag(s) may remove the LOTO devices. The only instance in which a LOTO device may be removed exists when:
  - The employee is not at work to remove it and the “qualified person” contacts the employee to assure it is all right to remove his or her LOTO device.
  - The qualified person then must verify that all employees are clear of the circuits and equipment when it is re-energized.
- Equipment that was not designed to accept locks must be tagged out of service.
  - This can only be done when you can demonstrate that tagging will provide an equivalent means of safety.
  - Equivalent measures of safety can be the removal of an isolating circuit element, opening an extra disconnecting device or blocking a controlling switch.
- “Locks Only” can be used under the following conditions:
  - When one circuit or piece of equipment is de-energized;
  - When the work does not extend beyond the work shift; and
  - When employees working around the circuit are familiar with the procedure.
Verifying De-Energized Conditions

- The qualified person must verify that the equipment or controls cannot be restarted by testing the equipment, controls or circuits with appropriate testing devices.
- Testing procedures shall also verify that equipment that is back fed or has induced voltages has indeed been de-energized.

Re-Energizing Equipment

- The qualified person must perform tests and visual inspections that assure that the re-energization can take place.

Training

- Qualified personnel shall be trained initially and at least annually after that on LOTO per the requirements of 29 CFR 1910.147.
- Qualified personnel will receive retraining whenever changes are made to their job classification or a change in job, machines, assignments and energy control procedures occur.
- Additional retraining will also be conducted when a periodic inspection reveals deviations from or inadequacies in the employee’s knowledge of energy control procedures.

Personal Protective Equipment

*OSHA Standard 1910.132(a)*

The Occupational Safety and Health Administration (OSHA) requires that employers protect their employees from workplace hazards that can cause injury. Controlling a hazard at its source is the best way to protect employees. Depending on the hazard or workplace conditions, OSHA recommends the use of engineering or work practice controls to manage or eliminate hazards to the greatest extent possible. When engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, employers must provide personal protective equipment (PPE) to their employees and ensure its use. Personal protective equipment, commonly referred to as “PPE,” is equipment worn to minimize exposure to a variety of hazards. Examples of PPE include such items as gloves, foot and eye protection, protective hearing devices, hard hats, respirators and full body suits.

FNA will provide personal protective equipment, except for the following; prescription safety eyewear, safety footwear you are allowed to take home, everyday clothing and weather-related gear.

Job Hazard Analysis
A Job Hazard Analysis must be conducted to identify any potential hazards of a specific task or worksite. While assessing a worksite or task for a job hazard analysis, the following hazard categories need to be kept in mind while creating a list of hazards:

- Impact
- Penetration
- Compression
- Chemical (cleaning products, vapors, fumes, solvents)
- Heat/cold
- Harmful dust (dust from sawing, drilling, etc.)
- Light (optical) radiation
- Biologic (mold, blood, OPIM, bacteria)

When walking through to determine hazards, the following examples are hazards that could be found: Sources of motion: machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects; sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.; types of chemical exposures; sources of harmful dust; sources of light radiation: welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.; Sources of falling objects or potential for dropping objects; Sources of sharp objects which might pierce the feet or cut the hands; sources of rolling or pinching objects which could crush the feet; and any electrical hazards.

Once a hazards list has been created, an assessment of each hazard needs to be done to 1) identify the task, 2) the type of hazard, 3) the consequence of the hazard, and 4) what can be done to correct or protect an employee from that hazard. (A Job Hazard Analysis Form can be found in the Health & Safety Attachments).

Once the assessment is complete, it will help identify the type of personal protective equipment needed to ensure the protection of the employee. When choosing the proper PPE, make sure the following guidelines have been met:

- The PPE is designed for the hazard identified
- PPE fits and is comfortable for the employee
- If more than one PPE is required, make sure they are compatible with one another

Training

When PPE is required for a task, the employees must be trained on the following:

- When PPE is necessary
- What types of PPE is necessary
- Limitations of PPE
- Proper care, maintenance, useful life, and disposal of PPE
Employees will be retrained when:

- There is evidence that the employee is not using the PPE appropriately
- When the required PPE has changed due to operational changes
- When the required PPE has changed

An annual review of the workplace hazard situation and PPE will be conducted annually by the facilities staff and health and safety coordinator; by identifying and evaluating new equipment, reviewing accident records, and reevaluating the current PPE.

PPE should be maintained to be effective. If a PPE shows signs of damage or wear and tear, notify your supervisor so that new equipment can be obtained. PPE should be kept in the vicinity of the hazard that requires PPE.

**Section 3.21: Electrical Safety**

**Electrical Shock & Fire**

Electrical shock is received when the current passes through the body, and the severity of the shock depends on:

- Path of the current
- Amount of current
- And length of time the body is in the circuit

Electrical shock-related injuries can include burns, internal injuries, and injuries from involuntary muscle contractions. The most common shock-related injury is an electrical burn. The different types of electrical burns include:

- Electrical Burns: can cause tissue damage and are the result of heat generated by the flow of electric current through the body.
- Arc or Flash Burns: are caused by high temperatures produced by an electric arc or explosion.
- Thermal Contact Burns: occurs when the skin comes into contact with overheated electrical equipment or when clothing has been ignited by an electrical fire.

**Causes of Electrical Shock & Fire**

To avoid electrical shock, it is important to know some of the common hazards that can electrical hazards and fires, including:

- **Inadequate Wiring**: Such as not having the proper extension cord. Always make sure that you are using a 3 prong extension cord, meaning it has the ground pin built into it.
• **Overload Hazards:** Such as having too many devices plugged into a circuit. Never plug a surge protector into another; they have to be plugged directly into a wall outlet. Never plug large appliances into a surge protector, always ensure they are also plugged directly into a wall outlet.

• **Damaged Cords:** If a cord is damaged, broken, or frayed on equipment, surge protectors or extension cords, they are not to be used.

• **Fans & Space Heaters:** Domestic fans and space heaters are not allowed at any FNA facility, meaning they are not UL stamped. Domestic fans and space heaters that are used in a commercial setting are prone to overheating and can cause electrical shock, burns, fires, and electrocution. Only UL stamped devices or 3 pronged devices are allowed to be used in all FNA facilities.

If you encounter any electrical hazards, contact your Supervisor or the Facilities Department immediately.
Chapter 4

Disaster Plan
Chapter 4: Disaster Plan

The purpose of the disaster plan is to promote safety in an emergency situation by providing procedures/actions to be taken for the event.

Section 4-1: FNA Emergency Instructions

Follow these rules in an emergency:
- Stop work and leave the building IMMEDIATELY when the fire alarm sounds or when you are instructed to do so.
- Follow instructions, avoid panic, and cooperate with those responding to the emergency.
- Proceed to the designated or nearest exit.
- If possible, turn off computers, equipment, fans, lights, etc., and close desk drawers and doors.
- DO NOT delay your exit from the building by looking for belongings or other people.
- When leaving the building, go to a clear area away from the building. DO NOT obstruct fire hydrants or the responding fire/rescue workers and their equipment.
- DO NOT re-enter the building until instructed to do so by your supervisor or fire/rescue worker.
- The above rules will be enforced.

Emergency Plan

OSHA Standard 1910.38

This Organization has the responsibility for minimizing the danger to life, property, and job security arising from the effects of fire, riots, civil commotion, and natural and human-made disasters. To accomplish this purpose, a Quick Reaction Team should be developed by each program to respond to emergencies. Their responsibilities include the following:

- Arrange for evacuation of employees and consumers.
- Render first aid.
- Salvage and restore company operations.

If you ever discover a fire:

- Remain calm. DO NOT shout “Fire!”
- Pull the nearest fire alarm.
- Dial 911 on the telephone and give the operator the location of the fire, the floor, wing, and room number, if possible.

Supplies and Equipment
Departments will need basic emergency supplies and equipment to be as self-sufficient as possible after an emergency. Department emergency kits will vary in size and composition according to an organization’s structure and function, but all departments should have the following essentials in an accessible location:

- First aid supplies, with instructions
- Flashlights/batteries, power strips, and extension cords
- Portable AM/FM Radios/Batteries
- Bloodborne Pathogens spill kits
- Potable water
- Non-perishable food
- Employee, guests, and consumer rosters (if applicable)
- Automated External Defibrillator (AED)

Every FNA supervisor should encourage employees to keep a personal emergency kit in their work area. These kits should contain the employee’s flashlight, backup eyeglasses, medications, sturdy shoes, a sweater, a wrapped snack, water packet, and personal emergency contact numbers.

**Establishing Emergency Communications Systems**

The FNA Emergency Plan explains that during an emergency, Supervisors need to:

- Ensure that life-safety emergencies are reported to emergency responders
- Account for the safety of staff and consumers
- Contact appropriate emergency response departments for safety or repairs assistance
- Deliver critical information and instructions to staff and consumers

Be certain that your Emergency Plan includes procedures for making critical notifications during business hours and after-hours emergencies.

Establish “telephone trees” and “distribution” voicemail and email lists to initiate rapid emergency notifications. (Be ready to use FNA’s website and social media for updates during extended incidents.)

**Section 4-2: Fire Emergencies**

Fire, on structural buildings, claims lives and causes an extensive amount of property damage. Using common sense in a fire emergency can save most lives. FNA urges you to follow these practical steps to protect yourself while working at your program.

**IF THERE IS A FIRE:**

1. **SOUND THE ALARM**
   If you discover or suspect a fire, sound the building alarm by activating the nearest pull station. If the building is not equipped with a fire alarm system, warn
the other occupants by knocking on doors and shouting a warning as you leave.

2. **LEAVE THE BUILDING**
   Try to help others only if you can do so safely. After exiting the building, remain at least 100 feet away from it. DO NOT go back into the building until emergency responders say that it is safe to do so.

3. **CALL PUBLIC SAFETY**
   Give as much information as possible to the communications officer.
   - 911
   - Fairbanks Police Department: (907) 450-6500
   - Fairbanks Fire Department: (907) 450-6600
   - Alaska State Troopers: (907) 451-5100
   - University Fire Department: (907) 474-5770

**TO SURVIVE A BUILDING FIRE, CRAWL IF THERE IS SMOKE**

If you get caught in smoke, get down on the floor and crawl on your hands and knees. Cleaner, cooler air will be near the floor.

**FEEL DOORS BEFORE OPENING**

Before opening any doors, feel the doorknob. If it is HOT, do not open the door. If it is cool, brace yourself against the door, open it slightly, and if heat or heavy smoke is present, do not enter and immediately close the door.

**GO TO THE NEAREST EXIT OR STAIRWAY**

If fire, heat, or smoke blocks the nearest building exit, go to another exit. DO NOT USE ELEVATORS. Elevator shafts may fill with smoke, or the power may fail, leaving you trapped. Most elevators have features that deactivate the elevator during an alarm. Standing and waiting for an elevator wastes valuable time. Stairway fire doors will keep out the fire and smoke it they are closed and will protect you until you get outside. Close as many doors and windows as possible as you leave, this helps to confine the fire. Also, try to turn out lights as you leave a room.

**IF YOU GET TRAPPED, KEEP THE DOORS CLOSED**

If you are trapped in a room, open the windows from the top to let out the heat and smoke and from the bottom to let in fresh air. If the window only opens from the bottom, open the window and stay on the floor, away from the window. Seal cracks and vents so smoke cannot enter the room.

**SIGNAL FOR HELP**

Hang an object out the window (bed sheet, jacket, etc.) to attract attention. If there is a phone in the room, call 911 and report you are trapped. Be sure to give your room number and location. DO NOT JUMP FROM THE ROOM. Any rescue attempts will be made by the Fire Department.
IF YOU ARE ON FIRE: STOP DROP AND ROLL

If your clothes catch on fire, Stop, Drop, and Roll, wherever you are. Rolling smotheres the fire.

COOL BURNS

Use cool water on burns immediately. Do not use ointments, butter or lard. If you are burned, call 911 or the fire department, and they will dispatch an ambulance.

FIRE EXTINGUISHERS

Fire extinguishers are provided for employees throughout all FNA programs. Portable fire extinguishers should only be used by employees who have attended FNA’s Fire Extinguisher Training. The use of fire extinguishers should not delay the evacuation of the facility.


Section 4-3: Earthquake

1. KEEP CALM. Do not run or panic. Stay where you are. If outdoors, stay outdoors. If indoors, stay indoors. Most injuries occur as people are entering or leaving buildings.

2. If the earthquake strikes when you are indoors. Take cover under a desk, table, bench, or against inside walls or doorways. Stay away from glass, windows, and outside doors.

3. Do not use elevators because power may fail. Do not be surprised if fire alarms or sprinkler systems turn on. If you must evacuate the building choose your exit carefully.

4. If you are in a moving car, stop as quickly as safety permits, but stay in the vehicle. A car may shake violently on its springs during an earthquake, but it is a good place to stay until the shaking stops. Avoid stopping near or under buildings, overpasses, and utility wires.

5. If an earthquake catches you outside, move away from buildings and utility wires, once in the open, stay there until the shaking stops.

6. When the shaking stops, look around. If there is a clear path to safety, leave the building and go to an open space away from damaged areas.

7. After an earthquake check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.

8. Do not re-enter buildings until utility officials or emergency personnel advise it is safe.

10. If you are trapped, do no move about or kick up dust. If you have a cell phone with you, use it to call or text for help. Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you.

11. Once safe, monitor local news via battery operated radio, TV, social media, and cell phone text alerts for emergency information and instructions.

12. Be prepared to “Drop, Cover, and Hold on” in the likely event of aftershocks.

### Section 4-4: Bomb Threats

**Purpose:** This FNA wide policy provides information for proper employee response to a bomb threat.

**Policy:** In the unlikely event of a bomb threat, FNA staff shall be prepared to respond in a way which minimizes risk to the building and its occupants.

**Procedure**

The Person in Charge: The highest level of personnel on duty assumes the role of the person in charge and indicates when to activate the alarm system.

If law enforcement, the fire department or other authority arrives on the scene, a Response Team may be established. This team may include emergency personnel, maintenance or facility workers and any persons that are extremely familiar with all facets of the facility.

**Receipt of Threat**

Any person receiving a bomb threat should attempt to remain calm and obtain as much information as possible from the caller by using the Recording Bomb Threats Form to record bomb threats. This form is to be available at each business telephone.

Ask the questions and record the responses as listed on the form, making every effort to write down the exact words, if possible.

Complete the entire form such while listening for any possible background noises; e.g., music, train, machinery, or other identifiable sounds and also for anything that might help to identify the caller, e.g., sex, age, accent.

The person receiving the bomb threat is to notify their immediate supervisor of the threat as soon as possible. If at all possible, the person receiving the call is to ask someone else to notify the supervisor by writing a note while remaining on the telephone with the bomb threat caller.

**Notification of a Bomb Threat**
The person in charge is to initiate the evacuation process. All staff and persons served will exit the facility according to the emergency evacuation process and meet at the designated location.

The person in charge will call 911 to report the bomb threat and provide a current status report. The person in charge is to remain on the line until the dispatcher advises that it is OK to hang up.

**Staff Response to a Bomb Threat Notification**

Upon notification of a bomb threat, all staff is to follow these procedures:

- **DO NOT TURN ON/OFF** lights or other electrical equipment (use flashlights if necessary).
- **DO NOT USE** two-way radios, cell phones, other cellular/transmitting equipment.
- **DO NOT TOUCH OR MOVE** anything unusual or suspicious.
- **LOOK FOR ANYTHING YOU CANNOT IMMEDIATELY IDENTIFY** or anything that appears to be unusual or out of place. The device may be labeled “bomb” or “explosive” or “danger.”

If the caller mentioned a location for the device, the response team designee would be instructed to search that specific location first.

If a bomb or anything unusual or out-of-place is discovered, staff are to contact the person in charge and clear the area immediately of all consumers and staff and wait for further instructions.

A staff member may be assigned to meet the responding agency at a specific location (example: front entrance), so the responding agency personnel can be directed to the person in charge.

**All Clear**

The responding agency will provide direction to the facility person in charge dependent on the scenario:

- A bomb has been found.
- A bomb has not been found, but the threat remains credible.
- The threat is declared to be unfounded.
- Only the responding agency can declare an “All Clear.”

Based on directives from the responding agency, the person in charge or his/her designee will then communicate the appropriate message(s) to staff.

**Section 4-5: Utility Failures**

Emergency procedures for utility failures are developed to ensure provisions are in place in the event of power outages, gas leaks, loss of water access, or communication failure.
Definition of a Utility Failure

Emergency utility failure plan shall include provisions for any serious shortage or complete failure of utilities. Utility failure is defined as a utility occurrence which presents or will present unsafe conditions in security, health, and welfare of staff, visitors, and consumers.

Notification

In the event of a utility failure, the program staff will contact the appropriate facilities coordinator, facilities manager or utility company and may request additional manpower or equipment. Such requests will specify the needs required to maintain security, order, care and treatment for staff, visitors and consumers. Plans will include notification procedures for affected facility personnel and notification to the appropriate utility company.

Immediate Actions:

Gas Leak (Natural Gas)

- Evacuate the building using evacuation routes
- Do not turn “on/off” switches on lights or electrical equipment
- If working with high heat, open flame, or a hazardous experiment or procedures, complete safety shutdown procedures if it is safe to do so, and then evacuate the building
- Stay to the right of hallways and stairs; do not use elevators
- Assist people with disabilities if needed
- Once outside, call 911
- Go to the building’s Emergency Assembly Area (EAA) and notify emergency staff that you have evacuated safely

Electricity (Power Failure)

- Evacuate the darkened areas with caution
- If working with high heat, open flame, or a hazardous experiment or procedures, complete safety shutdown procedures if it is safe to do so, and then evacuate the building
- Call Golden Valley Electric (GVEA) Emergency/Outages (907) 452-1151
- Report the location and hazards of machinery or operations that were interrupted, additional information and follow-up activities
- Report emergencies to 911

Elevator (Failure)

- Report elevator failures to the facility coordinator
- If anyone is trapped inside the elevator, call 911
- If outside the elevator, try to communicate to trapped elevator occupants that help is on the way
• If trapped in the elevator, use the elevator phone to request help, or activate the emergency alarm within the elevator (The elevator phone has no dial tone so do not hang up after picking up the receiver).

Flooding (Plumbing Failure)

• Do not touch any electrical appliances
• Call the facility coordinator or facility manager, or 911 if needed
• If it is safe to do so, lift valuable, or critical, items above the reach of the water

Steam Line Failure

• Leave the immediate area
• Call the facility coordinator or facility manager, or 911 if needed

Ventilation Problem (Odors)

• Call the facility coordinator or facility manager

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**Section 4-6: Medical Emergencies**

**Policy**

FNA will provide careful, rapid, response to medical emergencies to consumer, visitors, and staff in our programs to minimize the threat to life and limb.

**Procedure**

In the event of an accident or injury, attending staff will identify the nature of the emergency and carry out the following:

• In the absence of a heartbeat, pulse or breathing, ensure the safety of the person and initiate CPR, and call or ensure 911 is called for an ambulance to transport the individual to the hospital.
• If there is heavy bleeding, control the bleeding and call or ensure 911 is called for an ambulance to transport the individual to the hospital.
• When emergency responders arrive, relate the necessary information and any action that employees have taken.

When the individual has been transferred to the care of Emergency Medical personnel, staff should:

1. Contact a family member as soon as possible (if applicable)
2. Contact immediate Supervisor regarding nature of the emergency
3. Debrief the event with the Supervisor
4. Complete an Incident Report Form
5. Forward the Incident Report to the Supervisor
If the individual is not on the premises (i.e., out for a recreational activity, transporting, etc.) and an accident or injury occurs; staff will do the following:

1. Provide emergency First Aid
2. If within range of ambulance services, call 911 for an ambulance
3. Transport the person to the hospital or medical facility as soon as possible

When the individual has been transferred to appropriate medical care, staff and consumers should return to the facility as soon as possible after the injured person is transported and cared for at a medical facility. Follow steps 1 through 5 above.

Section 4-7: Temporary Shelter

Policy

FNA maintains an organized health and safety program that includes management, personnel and the persons served.

Procedures

Immediate Emergency Shelters for Consumers and Staff of Residential Programs

In the event of a fire, power outage, mechanical failure, natural disaster or other situation requiring emergency shelter for consumer and staff of FNA Residential Programs, it is agreed that the Ralph Perdue Center at 3100 South Cushman Street, will be used as an emergency shelter.

As per previous agreements, consumers will be supervised by the relevant program staff. The key to the Ralph Perdue Center is secured with the residential aides to prevent misuse.

Long-Term Emergency Shelter for Consumers and Staff of Residential Programs

In the event of a fire, mechanical failure, natural disaster, or other situations requiring emergency shelters with beds for consumers and staff of FNA Residential Programs, the La Quinta Inn and Suites at 4920 Dale Road (907-328-6300) will be used for emergency shelter.

As per the agreement, consumers will be supervised by relevant program staff. This agreement will remain effective until written notification is given by La Quinta Inn and Suites or by direction of FNA.

How to Assist People with Disabilities During an Evacuation

To Alert Visually Impaired Persons

- Announce the type of emergency
- Offer your arm for guidance
- Tell person where you are going, and obstacles you encounter
- When you reach safety, ask if further help is needed

To Alert People with Hearing Limitations
• Turn lights on/off to gain person’s attention
• Indicate directions with gestures
• Write a note with evacuation directions

To Evacuate People Using Crutches, Canes, or Walkers

• Evacuate these individuals as injured persons
• Assist and accompany to evacuation site if possible
• Use a sturdy chair (or one with wheels) to move the individual
• Help carry the individual to safety

To Evacuate People Using Wheelchairs

• Non-ambulatory persons’ needs and preferences vary
• Individuals at ground floor locations may exit without help
• Others have minimal ability to move – lifting may be dangerous
• Some non-ambulatory persons have respiratory complications
• Remove them from smoke and vapors immediately
• Wheelchair users with electrical respirators get priority assistance
• Most wheelchairs are too heavy to take down the stairs
• Consult with person to determine the best carry options
• Reunite person with the chair as soon as it is safe to do so

Support Services and Assistance

After a major emergency or disaster, many people in our community will be distressed by personal and professional difficulties. It is likely that affected persons may need some scheduling flexibility or other temporary help to return to their activities.

Recovery

Documenting Emergency Outcomes

It will be important to begin a timely and comprehensive assessment of the emergency’s physical and operational effects. Plan for how you will collect this important impact information. Be aware that:

• Staff will need ongoing status reports from FNA during the emergency to estimate when programs can be fully operational and to identify special facility, equipment, and personnel issues or resources that will speed business resumption.
• FNA may need facilities data for the area to estimate temporary space, reallocation needs, and strategies.
• Most insurance and FEMA assistance claims will require extensive documentation of damaged facilities, lost equipment, resources, and special personnel expenses. Worker’s Compensation claims may rise if there are injuries in your program.
**Section 4-8: Cold Weather Exposure**

The severity of sub-arctic winter temperatures can result in serious injuries or death from even short exposures. Accidents occur with greater frequency in cold temperatures. In addition to the physical risk of freezing flesh, a person’s circulation, muscle responses, reactions, and mental capabilities are also reduced.

1. Factors
   a. Taking certain drugs or medications such as alcohol, nicotine, caffeine, and medication that inhibits the body’s response to the cold or impairs judgment.
   b. Having a cold or certain disease, such as diabetes, heart, vascular, and thyroid problems may make a person more susceptible to the winter elements.
   c. Becoming exhausted or immobilized, especially due to injury or entrapment, may speed up the effects of cold weather.
   d. Dampness has the most detrimental effect on the body in a cold environment regarding heat loss. An individual in wet conditions or clothing will lose more body heat than if they were dry.
   e. There is usually limited danger for a properly clothed, dry, and sufficiently hydrated person working in environments to -21 degrees Fahrenheit.

2. Clothing
   Appropriate clothing is the only real defense against cold weather injuries. Clothing should be “layered” and put on anytime there is the chance of extended exposure.

**Section 4-9: Intruders and Active Shooters**

In the event of an intruder or potential/active violence in the workplace, try to remain calm.

Fairbanks Native Association’s Silent Alarm Phrase is Red Folder. When a staff member is having a problem with an individual or intruder, they are to get the attention of another staff member by asking them to grab the “red folder.” In reality, no FNA program should have actual red folders in inventory to avoid any confusion.

**Intruders**

**If the threat is in the building:**

- The person engaged with the threatening individual should initiate the silent alarm by contacting another staff member and referencing the silent alarm phrase, “Red Folder.” (Example: “Jane, would you please get me the red folder?”)

- If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.

- The person who receives the “Red Folder” notice should:
  o Inconspicuously and immediately call 911.
  o Inconspicuously notify other staff members of the situation.
• Once notified of the situation staff members will:
  o Close and lock interior doors to offices and draw curtains.
  o Gather all other staff, consumers and visitors in the designated areas in
    your program. *(Please refer to your program’s Emergency Action Plan for
    further details).*

• All staff members will remain in this posture until notified by the Program Director or
  on-site authority that the scene is clear.

**If the threat is outside the building:**

• Immediately call 911.
• All staff and visitors are to gather in the designated areas in the program.
• All staff members will remain in this posture until notified by the Program Director or
  on-site authority that the scene is clear.

**For these measures to remain effective, staff members will not use the silent alarm phrase
unless there is a threat, and this information is to remain confidential.**

**Active Shooters**

• **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  • Have an escape route and plan in mind
  • Evacuate regardless of whether other agree to follow
  • Leave your belongings behind
  • Help others escape, if possible
  • Prevent individuals from entering an area where the active shooter may be
  • Keep your hands visible
  • Follow the instructions of any law enforcement
  • Do not attempt to move wounded people
  • Call 911 when you are safe

• **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less
  likely to find you.

  *Your hiding place should:*
  • Be out of the active shooter’s view
  • Provide protection if shots are fired in your direction (e.g., an office with a
    closed and locked door)
  • Not trap you or restrict your options for movement
To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone
- Turn off any source of noise (e.g., radios, televisions)
- Hide behind large items (e.g., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter’s location
- If you cannot speak, leave the line open and allow the dispatcher to listen

**FIGHT**

As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

**Section 4-10: Identification and Continuation of Essential Services**

The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors, and consumers meet at the rally point and to represent FNA once emergency responders arrive. The senior staff member on site at the rally point will gather the staff and visitor sign-in sheets and conduct a thorough headcount. Any discrepancies between rosters will be reported to emergency responders immediately. The senior staff member on the site will conduct a headcount of everyone, and appoint a staff member certified in First Aid and CPR to evaluate each person to see who needs immediate help. Senior staff members or Program Directors are to ensure that First Aid kits, emergency totes, AED (if applicable), and any other necessary program supplies are carried to the rally point by designated staff.

Staff members who are certified in First Aid/CPR may render immediate medical care to employees, consumers, and visitors, subject to the arrival of emergency medical services. If staff, consumers, or visitors are in need of First Aid or medical care and help has not arrived,
employees certified in First Aid/CPR may begin treating the individual to the best of their abilities until emergency responders arrive on the scene.

Once the senior staff member has completed the headcount and noted any discrepancies, and consumers, staff, or visitors have been evaluated, that senior staff member is to contact their immediate supervisor or FNA Administration for further instructions.

Community Disaster and Emergency Response

The Fairbanks Native Association (FNA) Behavioral Health Services is a team consisting of counselors, mental health clinicians, registered nurses, certified nurse’s assistants, and more, who will respond to the behavioral and mental health needs of the Fairbanks North Star Borough residents following disasters and emergencies. The team can provide services based on the needs of the community. Services may include:

- Behavioral health needs assessment following a disaster
- Brief crisis counseling and intervention
- Community outreach
- Critical incident stress debriefing
- Screening and referral for those affected by a disaster or critical event

Local authorities may request FNA Behavioral Health Services assistance in order to meet the behavioral health needs of the Fairbanks North Star Borough, which consists of Fairbanks, North Pole, College, Eielson Air Force Base, Ester, Fort Wainwright, Fox, Harding-Birch Lakes, Moose Creek, Pleasant Valley, Salcha, and Two Rivers.

In the event there is a disaster or emergency, local authorities are to contact the Executive Director and Behavioral Health Director of FNA if assistance is needed for the community. The Behavioral Health Director will then notify the Directors of the Behavioral Health programs to contact staff that would be essential in meeting the needs of the community. The Behavioral Health Director will notify the Division of Behavioral Health (DBH) of the local emergency, and how FNA Behavioral Health Services will respond. FNA Behavioral Health Program Directors are to report to their programs to assess the program, the consumers, and staff to address the internal needs of the program after a community disaster. As soon as it is possible, consumers may contact their family members to inform them of their well-being. If a consumer is unable to notify their family for an unforeseen reason, the staff is to notify their emergency contact to inform them of the situation.
Emergency Responder Contact Information

Give as much information as possible to the communications officer.

- 911
- Fairbanks Memorial Hospital: (907) 452-8181
- Fairbanks Memorial Hospital Emergency Room: (907) 458-5556
- Chief Andrew Isaac Health Center: (907) 451-6682
- Fairbanks Police Department: (907) 450-6500
- Fairbanks Fire Department: (907) 450-6600
- Alaska State Troopers: (907) 451-5100
- University Fire Department: (907) 474-5770
- Poison Control: 1 (800) 222-1222
Chapter 5: Emergency Action Plans

OSHA Standard 1910.38

Emergency Action Plan: The purpose of an Emergency Action Plan is to facilitate and organize employer and employee actions during workplace emergencies. An Emergency Action Plan is a written document that is required by OSHA Standard 1910.38. The elements of the plan shall include but are not limited to:

- Escape procedures and emergency escape route assignments.
- Procedures to be followed by employees who remain to operate critical plant operations before they evacuate.
- Procedures to account for all employees after emergency evacuation have been completed.
- Rescue and medical duties for those employees who are to perform them.
- Means of reporting fires and other emergencies.
- Names or job titles of persons who can be contacted for further information or explanation of duties under the plan.

Training

Training of Emergency Action Plans will be provided briefly in new hire orientation, extensively in program orientation, and practiced in Emergency Drills. Documentation of training needs to be recorded in employee’s personnel files in the Human Resources Department.

Annual Review

Emergency Action Plan reviews will be conducted annually to ensure the effectiveness of the current plans, as well as any updates that needed to be added to the plan, or when things change that affect the plan.

Section 5-1: Emergency Action Plan Drills

FNA programs will conduct drills of Emergency Action Plans in accordance with applicable laws, regulations, grant requirements or other standards. Drills include, but are not limited to the following:

- Fire
- Lockdown
  - Internal threat (someone in the building)
  - External threat (someone seeking entrance to the building)
  - Active Shooter
- Natural Disaster
  - Electrical Storm
  - Flood
  - High Winds
  - Earthquake
- Utility Failure
- Medical Emergency
- Bomb Threat

Drills will be conducted to maximize staff and consumer participation. Drills will be recorded using the FNA Emergency Evacuation Record (See Appendix). Records of drills will be kept on file for three (3) years for reporting purposes.

Following drills, program management will fill out the Review and Critique section of the Emergency Evacuation Record to report drill results and address shortcomings in Emergency Action Plan measures, staff training, and Health & Safety Policy and Procedure. Additionally a formal review of all program Emergency Action Plan’s will be conducted annually by the Health and Safety Coordinator and Health & Safety Committee, and as needed. Examples include:

- Following training events
- As risks increase
- After actual emergencies
- When responsibilities are reassigned
- When physical changes are made to facilities or their surroundings
- When policies and procedures are modified
- When briefing staff on Emergency Action Plan’s

Records of drills and any notes will be forwarded to the Health & Safety Coordinator for reporting purposes, and as a standing agenda item for discussion at Health & Safety Committee meetings.

### Section 5-2: Emergency Drill Requirements


For Behavioral Health Programs, drills are to be conducted one drill, per shift, per month, according to CARF Standard H.7.a (1) through H.7.d.

For Head Start programs, drills are to be conducted one drill, per shift, per month, according to Alaska Administrative Code 7AAC 10.1010.

For all other programs, drills are to be conducted once a year.

### Section 5-3: Actual Occurrences

In the event of an actual occurrence, the Emergency Evacuation Record needs to be filled out. Actual occurrences do count towards drill requirements for all programs.

Policy:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

Procedure:

1. Alert:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) employees will be alerted by the sounding of an alarm or verbal announcement.

2. Evacuation:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be the nearest available marked exit (see the “Evacuation Map” located in your office or area).

3. Chain of Authority:
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors, and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. Assembly:
All evacuees will meet at the rally point - Sunrise Bagel - on the north side of the building across from Hughes Avenue. Once at the rally point all occupants will remain there until released.
5. ACCOUNTABILITY:
Upon arrival and before leaving the facility staff members and visitors will sign-in on the roster located at the reception desk.

In the event of an evacuation, the receptionist will collect sign-in rosters from the reception desk to facilitate a thorough head count at the rally point. The head count will be conducted by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF ESSENTIAL SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive at the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on the scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff members are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, document their name and the time when they left the area.

- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter, an initial head count will be conducted at the rally point. All evacuees will then move to the Six Robblee’s warehouse (the key is maintained in the Ralph Perdue Center’s Residential Aide’s Office – 2nd Floor) and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

A. FIRE:
- Receptionist: Collect sign-in rosters
- Program Supervisors: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.).

B. LOCKDOWN:
In the case of an intruder or potential/active violence in the workplace situation take the following action:

**If the threat is in the building:**

- The person engaged with the threatening individual should initiate the silent alarm by contacting another staff member and referencing the silent alarm phrase, “**Red Folder**.” (Example: “Jane, would you please get me the red folder?”)

- If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.

- The person who receives the “Red Folder” notice should:
  - Inconspicuously and immediately call 911.
  - Inconspicuously notify other staff members of the situation.

- Once notified of the situation staff members will:
  - Close and lock interior doors to offices and draw curtains.
  - Gather all other staff and visitors in the Accounts Payable office or the JOM/THV conference room, lock doors, and remain quiet.

- All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

**If the threat is outside the building:**

- Immediately call 911.
- All staff and visitors are to gather in the Accounts Payable office or the JOM/THV conference room, then lock doors, and remain quiet.
- All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

_for these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff)._

**Active Shooters:**

- **RUN**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
    - Have an escape route and plan in mind
    - Evacuate regardless of whether other agree to follow
    - Leave your belongings behind
    - Help others escape, if possible
    - Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any law enforcement
• Do not attempt to move wounded people
• Call 911 when you are safe

• HIDE
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:
• Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:
• Lock the door
• Blockade the door with heavy furniture

If the active shooter is nearby:
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

If evacuation and hiding out are not possible:
• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your actions
(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. NATURAL DISASTERS:
- **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

- **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

- **Earthquake**:
  - If Indoors
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops, and it is safe to go outside. Do not exit a building during the shaking.
    - Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  - If Outdoors
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.
  - If in a Moving Vehicle
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
  - If Trapped Under Debris
    - Do not light a match.
    - Do not move about or kick up dust.
    - Cover your mouth with a handkerchief or clothing.
• Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

• Suspicious packages/notes:
  o Do not move or handle suspicious packages or letters threatening a bomb.
  o Leave these items where you find them and contact 911.

• By telephone:
  o Attempt to keep the caller on the phone for as long as possible.
  o Do not hang up the phone even if the caller hangs up.
  o If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  o Bomb threat documents will be posted next to each telephone.
  o The person receiving the threat will record as much information as possible on this document to include, but not limited to:

- Date and time of call
- Gender of caller
- Background noises
- What kind of threat?
- Why is the threat being made?
- When will a detonation occur?
- Who is the threat against?

E. Utility Failures:

• Utility failures include loss of electrical power, gas, potable water, and water.

• During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

• If the failure occurs between 5 PM – 8 AM, on the weekend, or a holiday, contact the necessary agency regarding the issue:
  o Power Failure – Golden Valley Electric: 452-1151
  o Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  o Water/Plumbing/Heating – Altrol: 452-8680
  o Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:

• In the absence of breathing or a pulse:
- Initiate CPR (if trained) or find a staff member who is trained.
- Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified, control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Community Services & Elder’s Program
Emergency Action Plan

Organization: Fairbanks Native Association (FNA): Community Services & Elder’s Program
Address: 315 Wendell Street; 317 Wendell Street
Fairbanks, Alaska 99701
Point of Contact: Karen Eddy, Program Director
(907) 452-5225


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) all staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
The on-site authority at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors, and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The on-site authority will make the determination and announcement of when the emergency has ended and/or whether additional actions need to take place.
4. ASSEMBLY:
All evacuees will meet at the Community Services rally point – the front parking lot of the Midnight Mine – and will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility staff members, volunteers, visitors, and consumers will sign in on the rosters located in reception areas.

In the event of an evacuation program assistants will collect sign-in rosters from their respective areas to facilitate a thorough head count at the rally point. The head count will be verified by the on-site authority. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF ESSENTIAL SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive at the rally point, each individual should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on the scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.

- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then move to the Morris Thompson Center and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

   A. FIRE:

   - Program Assistant: Collect sign-in rosters; assist those with disabilities in evacuating the building.
• **Driver(s):** Assist on-site authority and other staff as necessary.
• **On-Site Authority:** Will sweep facilities to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count at rally points.

**B. LOCKDOWN:**
In the case of an intruder or potential or active violence in the workplace situation take the following action:

• If the threat is in the building:
  • The person engaged with the threatening individual should initiate the silent alarm by contacting another staff member and referencing “**Red Folder.**” (Example: “Jane, would you please get me the red folder?”)
  • If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.
  • The person who receives the “Red Folder” notice should:
    • Inconspicuously and immediately call 911.
    • Inconspicuously notify other staff members of the situation.
  • Once aware of the situation staff members will:
    ▪ Close interior doors to their offices and draw the curtains.
    ▪ Gather all other staff and consumers in their locked area away from doors and windows and remain quiet.
    ▪ Remain in this posture until notified by the on-site authority that the scene is clear.

• If the threat is outside the building:
  • Immediately call 911.
  • All staff and consumers will gather in an interior area of the facility.
  • Close and lock doors and draw curtains.
  • Remain in this posture until notified by the on-site authority that the scene is clear.

**For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).**

**Active Shooters:**

• **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  • Have an escape route and plan in mind
  • Evacuate regardless of whether other agree to follow
• Leave your belongings behind
• Help others escape, if possible
• Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any law enforcement
• Do not attempt to move wounded people
• Call 911 when you are safe

• HIDE
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:
• Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:
• Lock the door
• Blockade the door with heavy furniture

If the active shooter is nearby:
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

If evacuation and hiding out are not possible:
• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

C. NATURAL DISASTERS:

• **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• **Earthquake**:
  
  o **If Indoors**
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    - Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  
  o **If Outdoors**
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.

  o **If in a Moving Vehicle**
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

  o **If Trapped Under Debris**
• Do not light a match.
• Do not move about or kick up dust.
• Cover your mouth with a handkerchief or clothing.
• Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort.

• **Flood:** In the event of flooding the On-Site Authority will determine a course of action—whether to remain in the building, or to suspend operations to have staff and consumers moved to another location.

**D. BOMB THREAT:**

• Suspicious packages/notes:
  o Do not move or handle suspicious packages or letters threatening a bomb.
  o Leave these items where you find them and contact 911.

• By telephone:
  o Attempt to keep the caller on the phone for as long as possible.
  o Do not hang up the phone even if the caller hangs up.
  o If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  o Bomb threat documents will be posted next to each telephone.
  o The person receiving the threat will record as much information as possible on this document to include, but not limited to:

    • Date and time of call
    • Gender of caller
    • Background noises
    • What kind of threat?
    • Why is the threat being made?
    • When will a detonation occur?
    • Who is the threat against?

**E. Utility Failures:**

• Utility failures include loss of electrical power, gas, potable water, and water.

• During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

• If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:

  o Power Failure – Golden Valley Electric: 452-1151
F. Medical Emergencies:

- In the absence of breathing or a pulse:
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Early Head Start
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA) Early Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>609 3rd Street, Fairbanks, Alaska 99701</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Deyone Shults, Site Coordinator (907) 451-8814</td>
</tr>
</tbody>
</table>


**POLICY:**
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientations for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

**PROCEDURE:**

1. **ALERT:**
   In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) all staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. **EVACUATION:**
   In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.
   
   Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. **CHAIN OF AUTHORITY:**
   The Program Director/on-site authority at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.
   
   The Program Director/on-site authority will make the determination and announcement of when the emergency has ended and/or whether additional actions need to take place.

4. **ASSEMBLY:**
   All evacuees will meet at the rally point — **the field behind the playground to the west of the building** — once at the rally point all evacuees will remain there until released.
5. ACCOUNTABILITY:
Upon arrival and before leaving the facility: teachers, consumer family members, and visitors will sign in and out on the roster located at the reception desk.

In the event of an evacuation the receptionist will collect sign-in rosters from the reception desk to facilitate a thorough head count at the rally point. The head count will be conducted by the Program Director/on-site authority. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then move to Jubilee Church (541 3rd Street) and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:
A. FIRE:
- Primary Teachers, Teacher’s Aides: Will evacuate children as follows:
  - Infants: Put up to four (4) non-mobile infants in an evacuation crib/sled and move children to the rally point. Take class backpack including roster and emergency contact information for each child.
- Toddlers: Gather children in a group and supervise an orderly evacuation to the rally point. Take class backpack including roster and emergency contact information for each child.

- **Receptionist:** Collect sign in-rosters; assist with evacuation of infant rooms.

- **Cook:** Assist Program Director/on-site authority and/or other staff as necessary.

- **Program Director/On-site authority:** Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with teachers.

**B. LOCKDOWN:**

In the case of an intruder or potential/active violence in the workplace situation take the following action:

- If the threat is in the building:
  
  - The person engaged with or observing the threatening individual will trigger the “doorbell”/chime.

  - If the “doorbell” chime is not operational attempt to use the code word “**Red Folder**” to notify all employees of the situation.

  - Upon hearing the chime or code word the Program Director/on-site authority will call 911.

  - Upon hearing the chime or code word staff members will:
    - Close interior doors to their offices or classrooms and draw the curtains.
    - Gather all other staff and consumers in their locked area away from doors and windows and remain quiet.

  - All staff members will remain in this posture until notified by the Program Director/on-site authority that the scene is clear with the all clear word “**Red Folder.**”

- If the threat is outside the building:
  
  - Immediately call 911.
  
  - All staff and consumers are to gather in the kitchen/reception area.
  
  - Close and lock doors and draw curtains.
  
  - All staff members will remain in this posture until notified by the Program Director/on-site authority that the scene is clear.

*For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).*
Active Shooters:

- **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  - Have an escape route and plan in mind
  - Evacuate regardless of whether other agree to follow
  - Leave your belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the active shooter may be
  - Keep your hands visible
  - Follow the instructions of any law enforcement
  - Do not attempt to move wounded people
  - Call 911 when you are safe

- **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

*Your hiding place should:*
  - Be out of the active shooter’s view
  - Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  - Not trap you or restrict your options for movement

*To prevent an active shooter from entering your hiding place:*
  - Lock the door
  - Blockade the door with heavy furniture

*If the active shooter is nearby:*
  - Lock the door
  - Silence your cell phone
  - Turn off any source of noise (e.g., radios, televisions)
  - Hide behind large items (e.g., cabinets, desks)
  - Remain quiet

*If evacuation and hiding out are not possible:*
  - Remain calm
  - Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• **FIGHT**
  As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
  • Acting as aggressively as possible against him/her
  • Throwing items and improvising weapons
  • Yelling
  • Committing to your actions

(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. **NATURAL DISASTERS:**

• **Severe Electrical Storm:** Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• **High Winds:** Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• **Earthquake:**
  
  o If Indoors
    • DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    • Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    • Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    • Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    • Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
    • When shaking has stopped, look outside. If there is a clear path leave the building and go to an open space away from damaged areas.
- Be aware of possible down wires during evacuation.

  o If Outdoors
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.

  o If in a Moving Vehicle
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

  o If Trapped Under Debris
    - Do not light a match.
    - Do not move about or kick up dust.
    - Cover your mouth with a handkerchief or clothing.
    - Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

- **Flood**: In the event of flooding the Program Director/on-site authority will determine a course of action, whether to remain in the building, or to suspend operations to have staff and consumers moved to another location.

**D. BOMB THREAT:**

- **Written**
  - Do not handle the paper or package any more than necessary
  - Do not disturb and liquid or power coming from a package
  - Contact 911

- **By Phone**
  - Bomb threat documents will be posted next to each telephone.
  - Keep the caller on the line as long as possible.
  - Do not hang up the phone even if the caller does.
  - Contact 911 from another line as soon as possible.

The person receiving the threat will record as much information as possible on this document to include, but not limited to:
- Date and time of call
- Gender of caller
- Background noises
- What kind of threat?
- Why is the threat being made?
- When will a detonation occur?
- Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  
  o Power Failure – Golden Valley Electric: 452-1151
  o Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  o Water/Plumbing/Heating – Altrol: 452-8680
  o Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:

- In the absence of breathing or a pulse:
  
  o Initiate CPR (if trained) or find a staff member who is trained.
  o Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  
  o If First Aid certified control the bleeding following Universal Precautions.
  o Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  
  o Contact a family member if possible.
  o Notify your supervisor.
  o Complete an Incident Report.
Gateway to Recovery (GTR):
Withdrawal Management Services (WMS)
Emergency Action Plan

| Organization:          | Fairbanks Native Association (FNA): Gateway to Recovery (GTR):
|                       | Withdrawal Management Services (WMS) |
| Address:              | 650 Yonker Ct., Fairbanks, Alaska 99701 |
| Point of Contact:     | Jody Tate, Program Director              |
|                       | (907) 452-1648 ext. 6617                 |


**POLICY:**
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

**PROCEDURE:**

1. **ALERT:**
   In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) employees will be alerted by the sounding of an alarm or verbal announcement.

2. **EVACUATION:**
   In the event of an emergency requiring the evacuation of the facility, all staff members, volunteers, visitors, and consumers are to evacuate immediately.

   Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office or area).

3. **CHAIN OF AUTHORITY:**
   The Program Director/on-site authority at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

   The Program Director/on-site authority will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. **ASSEMBLY:**
All evacuees will meet at the rally point – **Detox Parking Lot by the dumpsters** – will be transported to the Ralph Perdue Center. Once at the rally point, all evacuees will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility, staff and visitors will sign in on the sign in sheet located inside the nurse’s station.

In the event of an evacuation the program assistant will collect these sign-in rosters to facilitate a thorough head count at the rally point. The head count will be conducted by the Program Director/on-site authority. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each individual should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then move to La Quinta Inn and Suites on Dale Road and remain there until further instructions are given.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

   A. FIRE:
   - Sound the fire alarm at the nearest fire alarm pull.
   - Evacuate the facility using the closest exit. Feel all doors before opening, if a door is HOT do not open it, find another exit.
o **Staff**: Gather consumers in a group and supervise an orderly evacuation to the rally point.

o **Health and Safety Representative**: Collect sign-in sheets and current list of consumers; assist with evacuation if necessary.

o **Program Director/On-site Authority**: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with staff.

### B. LOCKDOWN:

In the case of an intruder or potential or active violence in the workplace situation take the following action:

- If the threat is in the building:
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “Red Folder.”
    (Example: “Jane, would you please get me the red folder?”
  - If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.
  - The person who receives the “Red Folder” notice should:
    - Inconspicuously and immediately call 911.
    - Inconspicuously notify other staff members of the situation.
  - Once notified of the situation staff members will:
    - Gather all other staff and consumers in the staff kitchen/breakroom, then lock the doors and remain quiet.
    - Notify consumers to remain in their rooms with their doors locked.
  - All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.
  - If a staff member(s) is in trouble in the reception area, they are to hit the alarm button just inside the window to the left side. Once this button has been pushed it will alert staff in other areas of the building that a staff member is in trouble and needs immediate assistance.

- If the threat is outside the building:
  - Immediately call 911.
  - All staff and consumers are to gather in the central dayroom/nurse’s station, then lock the doors and remain quiet.
  - All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

*For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).*

**Active Shooters:**
• **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  - Have an escape route and plan in mind
  - Evacuate regardless of whether other agree to follow
  - Leave your belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the active shooter may be
  - Keep your hands visible
  - Follow the instructions of any law enforcement
  - Do not attempt to move wounded people
  - Call 911 when you are safe

• **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

  *Your hiding place should:*
  - Be out of the active shooter’s view
  - Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  - Not trap you or restrict your options for movement

  *To prevent an active shooter from entering your hiding place:*
  - Lock the door
  - Blockade the door with heavy furniture

  *If the active shooter is nearby:*
  - Lock the door
  - Silence your cell phone
  - Turn off any source of noise (e.g., radios, televisions)
  - Hide behind large items (e.g., cabinets, desks)
  - Remain quiet

  *If evacuation and hiding out are not possible:*
  - Remain calm
  - Dial 911, if possible, to alert police to the active shooter’s location
  - If you cannot speak, leave the line open and allow the dispatcher to listen
• **FIGHT**

As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

**C. NATURAL DISASTERS:**

- **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

- **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

- **Earthquake**:
  - **If Indoors**
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    - Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  
  - **If Outdoors**
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.

  - **If in a Moving Vehicle**
Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.

Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

- If Trapped Under Debris
  - Do not light a match.
  - Do not move about or kick up dust.
  - Cover your mouth with a handkerchief or clothing.
  - Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

- Suspicious packages/notes:
  - Do not move or handle suspicious packages or letters threatening a bomb.
  - Leave these items where you find them and contact 911.

- By telephone:
  - Attempt to keep the caller on the phone for as long as possible.
  - Do not hang up the phone even if the caller hangs up.
  - If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  - Bomb threat documents will be posted next to each telephone.
  - The person receiving the threat will record as much information as possible on this document to include, but not limited to:

  - Date and time of call
  - Gender of caller
  - Background noises
  - What kind of threat?
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  - When will a detonation occur?
  - Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.
• If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  
  o Power Failure – Golden Valley Electric: 452-1151  
  o Fire Alarm & Electrical Problems – Amped Electric: 451-6971  
  o Water/Plumbing/Heating – Altrol: 452-8680  
  o Fuel – Alaska Petroleum: 488-2527  
  o ATS Alaska: (907) 374-2940, After Hours Support: (907) 868-5100

F. Medical Emergencies:

• In the absence of breathing or a pulse:
  o Initiate CPR (if trained) or find a staff member who is trained.  
  o Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

• If heavy bleeding occurs:
  o If First Aid certified control the bleeding following Universal Precautions.  
  o Call 911 for an ambulance to transport the individual to FMH.

• Once the individual has been transported:
  o Contact a family member if possible.  
  o Notify your supervisor.  
  o Complete an Incident Report.
Graf Rheeneerhaanjii
Emergency Action Plan

<table>
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<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA): Graf Rheeneerhaanjii Adolescent Treatment Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>2550 Lawlor Road</td>
</tr>
<tr>
<td></td>
<td>Fairbanks, Alaska 99709</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Ashley Williams, Program Director</td>
</tr>
<tr>
<td></td>
<td>(907) 455-4725</td>
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</table>


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
All evacuees will meet at the rally point – the parking lot in front of the building – once at the rally point all evacuees will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility staff and visitors will sign in on the rosters located at the reception desk.

In the event of an evacuation the program assistant, or on-site authority, will collect sign-in rosters from the reception desk and RAs will collect consumer rosters to facilitate a thorough head count at the rally point. The head count will be verified by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each individual should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care, and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.

- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then be moved to the La Quinta Inn and Suites on Dale Road and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

A. FIRE:
- Sound the fire alarm at the nearest fire alarm pull.
• Evacuate the facility using the closest exit. Feel all doors before opening, if a door is HOT do not open it, find another exit.

• **Counselors**: Supervise orderly evacuation of consumers. Assist as necessary.

• **RAs**: Collect consumer rosters and move disaster kits to the rally point.

• **Program Assistant**: Collect sign-in rosters; assist with evacuation.

• **Program Maintenance/Driver**: Assist with moving disaster kits, and be prepared to provide ground transportation of staff, consumers and other evacuees to extended shelter.

• **On-site Authority**: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with RAs and program assistant.

**B. LOCKDOWN:**

In the case of an intruder or potential or active violence in the workplace situation take the following action:

• If the threat is in the building:
  • The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing **“Red Folder.”** (Example: “Jane, would you please get me the red folder?”)

• If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.

• The person who receives the **“Red Folder”** notice should:
  ▪ Inconspicuously and immediately call 911.
  ▪ Inconspicuously notify other staff members of the situation.

• Once notified of the situation staff members will:
  ▪ Close and lock interior doors to offices, residential rooms and work areas.
  ▪ Draw the curtains.
  ▪ Gather in locked areas away from doors and windows and remain quiet.

• All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

• If the threat is outside the building:
  • Immediately call 911.
• All staff, consumers and children are to gather in the first floor common area.
• Close and lock doors and draw curtains.
• All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).

Active Shooters:

• **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  • Have an escape route and plan in mind
  • Evacuate regardless of whether other agree to follow
  • Leave your belongings behind
  • Help others escape, if possible
  • Prevent individuals from entering an area where the active shooter may be
  • Keep your hands visible
  • Follow the instructions of any law enforcement
  • Do not attempt to move wounded people
  • Call 911 when you are safe

• **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

*Your hiding place should:*
  • Be out of the active shooter’s view
  • Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  • Not trap you or restrict your options for movement

*To prevent an active shooter from entering your hiding place:*
  • Lock the door
  • Blockade the door with heavy furniture

*If the active shooter is nearby:*
  • Lock the door
  • Silence your cell phone
  • Turn off any source of noise (e.g., radios, televisions)
- Hide behind large items (e.g., cabinets, desks)
- Remain quiet

*If evacuation and hiding out are not possible:*

- Remain calm
- Dial 911, if possible, to alert police to the active shooter’s location
- If you cannot speak, leave the line open and allow the dispatcher to listen

- **FIGHT**
  As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
  - Acting as aggressively as possible against him/her
  - Throwing items and improvising weapons
  - Yelling
  - Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

**C. NATURAL DISASTERS:**

- **Severe Electrical Storm:** Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

- **High Winds:** Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

- **Earthquake:**
  - If Indoors
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  - If Outdoors
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.
  - If in a Moving Vehicle
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires. Do not get out of the vehicle until shaking has stopped.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
  - If Trapped Under Debris
    - Do not light a match.
    - Do not move about or kick up dust.
    - Cover your mouth with a handkerchief or clothing.
    - Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:
- Suspicious packages/notes:
  - Do not move or handle suspicious packages or letters threatening a bomb.
  - Leave these items where you find them and contact 911.

- By telephone:
  - Attempt to keep the caller on the phone for as long as possible.
  - Do not hang up the phone even if the caller hangs up.
  - If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  - Bomb threat documents will be posted next to each telephone.
  - The person receiving the threat will record as much information as possible on this document to include, but not limited to:
- Date and time of call
- Gender of caller
- Background noises
- What kind of threat?
- Why is the threat being made?
- When will a detonation occur?
- Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  
  - Power Failure – Golden Valley Electric: 452-1151
  - Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  - Water/Plumbing/Heating – Altrol: 452-8680
  - Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:

- In the absence of breathing or a pulse:
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
McKinley Head Start
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA) Extended Day Services – McKinley Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>526 Gaffney Road, Fairbanks, Alaska 99701</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Francisca Charriez-Miranda, McKinley Site Coordinator (907) 451-0982</td>
</tr>
</tbody>
</table>


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) employees will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
All evacuees will meet at the rally points – Classroom 1 ("Evergreen") to the east corner of the playground using ramp at front of the building for evacuation crib/sled; Classroom 2-4 and all other occupants to the west corner of the playground in the parking lot – occupants
of the playground will remain there. Once at the rally points all occupants will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility teachers and visitors will sign in on the roster located at the reception desk. Family members will sign in on the rosters located in individual classrooms.

In the event of an evacuation the receptionist will collect sign-in rosters from the reception desk and teachers will collect classroom rosters to facilitate a thorough head count at the rally points. The head count will be conducted by the senior staff member present.

To help in reporting accountability individual classrooms will utilize their emergency evacuation plan binder “green” or “red” sign, green meaning that everyone is accounted for and red that they are not.

Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:

- All staff and consumers are to remain at the rally points until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally points. All evacuees will then move to the Literacy Council (directly across the street from the playground outside the main entrance) and will remain there subject to further instructions.
10. EMERGENCY SPECIFIC CONSIDERATIONS:

A. FIRE:

- **Primary Teachers, Teacher’s Aides**: Will evacuate children as follows:
  - Infants: Put up to four (4) non-mobile infants in an evacuation crib/sled and move children to the rally point. Take class backpack including roster and emergency contact information for each child.
  - Toddlers: Gather children in a group and supervise an orderly evacuation to the rally point. Take class backpack including roster and emergency contact information for each child.

- **Teachers/Aides**: Will collect and retain staff, child, and visitor logs, as well as the files of all parent/guardian names and telephone numbers.

- **Receptionist**: Collect sign-in rosters; assist with evacuation of Classroom 1 (“Evergreen.”)

- **Cook**: Assist Site Coordinator and other staff as necessary.

- **Site Coordinator/On-site Authority**: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with teachers.

B. LOCKDOWN:

In the case of an intruder or potential or active violence in the workplace situation take the following action:

- If the threat is in the building:
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “Red Folder.” (Example: “Jane, would you please get me the red folder?”)

- If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.

- The person who receives the “Red Folder” notice should:
  - Inconspicuously and immediately call 911.
  - Inconspicuously notify other staff members of the situation.

- Once alarmed occupants will:
  - Close and lock interior doors to offices, residential rooms and work areas.
  - Draw the curtains.
  - Gather in locked areas away from doors and windows and remain quiet.

- All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

- If the threat is outside the building:
Immediately call 911.
All staff, consumers and children are to gather in the first floor common area.
Close and lock doors and draw curtains.
All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).

Active Shooters:

- **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  - Have an escape route and plan in mind
  - Evacuate regardless of whether other agree to follow
  - Leave your belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the active shooter may be
  - Keep your hands visible
  - Follow the instructions of any law enforcement
  - Do not attempt to move wounded people
  - Call 911 when you are safe

- **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

  Your hiding place should:
  - Be out of the active shooter’s view
  - Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  - Not trap you or restrict your options for movement

  To prevent an active shooter from entering your hiding place:
  - Lock the door
  - Blockade the door with heavy furniture

  If the active shooter is nearby:
  - Lock the door
  - Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

*If evacuation and hiding out are not possible:*

• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• **FIGHT**

As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:

• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

**C. NATURAL DISASTERS:**

• **Severe Electrical Storm:** Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• **High Winds:** Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• **Earthquake:**

  o If Indoors
    • DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    • Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
- Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

  o If Outdoors
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.

  o If in a Moving Vehicle
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

  o If Trapped Under Debris
    - Do not light a match.
    - Do not move about or kick up dust.
    - Cover your mouth with a handkerchief or clothing.
    - Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

- Suspicious packages/notes:
  - Do not move or handle suspicious packages or letters threatening a bomb.
  - Leave these items where you find them and contact 911.

- By telephone:
  - Attempt to keep the caller on the phone for as long as possible.
  - Do not hang up the phone even if the caller hangs up.
  - If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  - Bomb threat documents will be posted next to each telephone.
  - The person receiving the threat will record as much information as possible on this document to include, but not limited to:
- Date and time of call
- Gender of caller
- Background noises
- What kind of threat?

- Why is the threat being made?
- When will a detonation occur?
- Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  - Power Failure – Golden Valley Electric: 452-1151
  - Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  - Water/Plumbing/Heating – Altrol: 452-8680
  - Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:

- In the absence of breathing or a pulse:
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Poldine Carlo Head Start
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA) Head Start – Poldine Carlo Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>320 2nd Avenue</td>
</tr>
<tr>
<td></td>
<td>Fairbanks, Alaska 99701</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Mary Willey, Site Coordinator</td>
</tr>
<tr>
<td></td>
<td>(907) 456-4989</td>
</tr>
</tbody>
</table>


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
   In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) all staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
   In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

   Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
   The Program Director/On-site authority at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

   The Program Director/On-site authority will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
   All evacuees will meet at the rally points – Parent/visitor parking lot at north end of the building or on sidewalk against fence line at rear of playground for south end of the
building – once at the rally points all evacuees will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility teachers and visitors will sign in on the roster located outside of the teacher resource room.

In the event of an evacuation the program assistant will collect these sign-in rosters to facilitate a thorough head count at the rally point. The head count will be conducted by the Program Director/On-site authority. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally points until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally points. All evacuees will then move to the Al Ketzler Building (201 1st Avenue) and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

A. FIRE:
- Primary Teachers, Teacher’s Aides: Gather children in a group and supervise an orderly evacuation to the rally point. Take class backpack including roster and emergency contact information for each child.
- Program Assistant: Collect sign-in rosters; assist with evacuation of north classroom.
- **Cook**: Assist Program Director/On-site authority and other staff as necessary.

- **Program Director/On-site Authority**: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with teachers.

**B. LOCKDOWN:**

In the case of an intruder or potential/active violence in the workplace situation take the following action:

- If the threat is in the building:
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “**Red Folder.**” (Example: “Jane, would you please get me the red folder?”)

  - The person who receives the “Red Folder” notice should:
    - Inconspicuously and immediately call 911.
    - Inconspicuously notify other staff members of the situation.

  - Once notified of the situation staff members will:
    - Gather all other staff and children in the central bathroom/office area, lock doors and remain quiet.

  - All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

- If the threat is outside the building:
  - Immediately call 911.
  - All staff and consumers are to gather in the central bathroom/office area, lock doors and remain quiet.
  - All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

**For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).**

**Active Shooters:**

- **RUN**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
    - Have an escape route and plan in mind
    - Evacuate regardless of whether other agree to follow
    - Leave your belongings behind
• Help others escape, if possible
• Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any law enforcement
• Do not attempt to move wounded people
• Call 911 when you are safe

• HIDE
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

*Your hiding place should:*
• Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

*To prevent an active shooter from entering your hiding place:*
• Lock the door
• Blockade the door with heavy furniture

*If the active shooter is nearby:*
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

*If evacuation and hiding out are not possible:*
• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
Committing to your actions

(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. NATURAL DISASTERS:

- **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

- **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

- **Earthquake**:
  - If indoors
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    - Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  - If outdoors
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.
  - If in a Moving Vehicle
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
  - If trapped under debris

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- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

- Suspicious packages/notes:
  - Do not move or handle suspicious packages or letters threatening a bomb.
  - Leave these items where you find them and contact 911.

- By telephone:
  - Attempt to keep the caller on the phone for as long as possible.
  - Do not hang up the phone even if the caller hangs up.
  - If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  - Bomb threat documents will be posted next to each telephone.
  - The person receiving the threat will record as much information as possible on this document to include, but not limited to:
    - Date and time of call
    - Gender of caller
    - Background noises
    - What kind of threat?
    - Why is the threat being made?
    - When will a detonation occur?
    - Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  - Power Failure – Golden Valley Electric: 452-1151
  - Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  - Water/Plumbing/Heating – Altrol: 452-8680
- Fuel – Alaska Petroleum: 488-2527

**F. Medical Emergencies:**

- **In the absence of breathing or a pulse:**
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- **If heavy bleeding occurs:**
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- **Once the individual has been transported:**
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Ralph Perdue Center
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA): Ralph Perdue Center (RPC) Residential Treatment Program</th>
</tr>
</thead>
</table>
| Address:      | 3100 South Cushman Street
                Fairbanks, Alaska 99701                                                               |
| Point of Contact: | Audrey Saganna, BHS Adult Services Deputy Director  
(907) 452-6251 ext. 6025 |


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
   In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) employees will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
   In the event of an emergency requiring the evacuation of the facility, all staff members, volunteers, visitors, and consumers are to evacuate immediately.

   Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office or area).

3. CHAIN OF AUTHORITY:
   The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

   The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
   All evacuees will meet at the rally point – **Sunrise Bagel** – on the north side of the building across Hughes Avenue. Once at the rally point all occupants will remain there until released.
5. ACCOUNTABILITY:
Upon arrival and before leaving the facility staff members and visitors will sign in on the roster located at the reception desk. Residential program staff maintains a list of current consumers.

In the event of an evacuation the receptionist will collect sign-in rosters from the reception desk and residential aides will collect consumer rosters to facilitate a thorough head count at the rally point. The head count will be conducted by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then move to the Six Robblee’s warehouse (the key is maintained in the Residential Aide’s Office – 2nd Floor) and will remain there subject to further instructions.
- In the event extended shelter is needed for consumers, they are to be moved to La Quinta Inn and Suites on Dale Road and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:
A. FIRE:
- Residential Aides: Escort residential consumers from the building
• **Receptionists**: Collect sign-in rosters
• **Program Supervisors**: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.).

**B. LOCKDOWN:**

In the case of an intruder or potential or active violence in the workplace situation take the following action:

• **If the threat is in the building:**
  
  • The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing **“Red Folder.”**
  
  (Example: “Jane, would you please get me the red folder?”)

  • If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.

  • The person who receives the **“Red Folder”** notice should:
    
    ▪ Inconspicuously and immediately call 911.
    
    ▪ Inconspicuously notify other staff members of the situation.

  • Once notified of the situation staff members will:
    
    ▪ Close and lock interior doors to offices and draw curtains.
    
    ▪ Gather all other staff and consumers in RPC conference room, RPC kitchen, BHS Data office, or the residential group room, then lock the doors and remain silent.

  • All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

• **If the threat is outside the building:**

  • Immediately call 911.
  
  • All staff and consumers are to gather in the RPC conference room, RPC kitchen, the BHS Data office, or the residential group room, then lock the doors and remain silent.
  
  • Close and lock doors and draw curtains.
  
  • All staff members will remain in this posture until notified by the Site Coordinator or on-site authority that the scene is clear.

**For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).**
Active Shooter:

- **RUN**
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  - Have an escape route and plan in mind
  - Evacuate regardless of whether other agree to follow
  - Leave your belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the active shooter may be
  - Keep your hands visible
  - Follow the instructions of any law enforcement
  - Do not attempt to move wounded people
  - Call 911 when you are safe

- **HIDE**
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

  *Your hiding place should:*
  - Be out of the active shooter’s view
  - Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  - Not trap you or restrict your options for movement

  *To prevent an active shooter from entering your hiding place:*
  - Lock the door
  - Blockade the door with heavy furniture

  *If the active shooter is nearby:*
  - Lock the door
  - Silence your cell phone
  - Turn off any source of noise (e.g., radios, televisions)
  - Hide behind large items (e.g., cabinets, desks)
  - Remain quiet

  *If evacuation and hiding out are not possible:*
  - Remain calm
  - Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• **FIGHT**
  As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
  • Acting as aggressively as possible against him/her
  • Throwing items and improvising weapons
  • Yelling
  • Committing to your actions

*(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)*

**C. NATURAL DISASTERS:**

• **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• **Earthquake**:
  o If Indoors
    ▪ DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    ▪ Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    ▪ Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    ▪ Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    ▪ Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  o If Outdoors
    ▪ Stay there.
    ▪ Move away from buildings, streetlights, and utility wires.
    ▪ Once in the open, stay there until the shaking stops.
o If in a Moving Vehicle
  ▪ Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
  ▪ Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

o If Trapped Under Debris
  ▪ Do not light a match.
  ▪ Do not move about or kick up dust.
  ▪ Cover your mouth with a handkerchief or clothing.
  ▪ Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

- Suspicious packages/notes:
  o Do not move or handle suspicious packages or letters threatening a bomb.
  o Leave these items where you find them and contact 911.

- By telephone:
  o Attempt to keep the caller on the phone for as long as possible.
  o Do not hang up the phone even if the caller hangs up.
  o If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  o Bomb threat documents will be posted next to each telephone.
  o The person receiving the threat will record as much information as possible on this document to include, but not limited to:
• Date and time of call
• Gender of caller
• Background noises
• What kind of threat?

• Why is the threat being made?
• When will a detonation occur?
• Who is the threat against?

E. Utility Failures:
• Utility failures include loss of electrical power, gas, potable water, and water.

• During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

• If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  o Power Failure – Golden Valley Electric: 452-1151
  o Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  o Water/Plumbing/Heating – Altrol: 452-8680
  o Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:
• In the absence of breathing or a pulse:
  o Initiate CPR (if trained) or find a staff member who is trained.
  o Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

• If heavy bleeding occurs:
  o If First Aid certified control the bleeding following Universal Precautions.
  o Call 911 for an ambulance to transport the individual to FMH.

• Once the individual has been transported:
  o Contact a family member if possible.
  o Notify your supervisor.
  o Complete an Incident Report.
Street Outreach & Advocacy Program (SOAP)
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA): Street Outreach &amp; Advocacy Program (SOAP)</th>
</tr>
</thead>
</table>
| Address:     | 530 7th Avenue
               Fairbanks, Alaska 99701                                               |
| Point of Contact: | Rebecca Buckles, Program Director
                        (907) 374-9913                                                        |


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

   Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

   The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
All evacuees will meet at the rally point – the dumpster in the parking lot – once at the rally point all evacuees will remain there until released.

5. ACCOUNTABILITY:
Upon arrival and before leaving the facility staff and visitors will sign-in on the rosters located at the reception desk.

In the event of an evacuation the Program Director, or on-site authority, will collect sign-in rosters and will collect rosters to facilitate a thorough head count at the rally point. The head count will be verified by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on the scene.

9. ADDITIONAL INSTRUCTIONS:
- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.

10. EMERGENCY SPECIFIC CONSIDERATIONS:
A. FIRE:
- Sound the fire alarm.
- Evacuate the facility using the closest exit. Feel all doors before opening, if a door is HOT do not open it, find another exit.
- Counselors: Supervise orderly evacuation of consumers and children. Assist as necessary.
• **On-site Authority:** Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with RAs and program assistant.

**B. LOCKDOWN:**

In the case of an intruder or potential or active violence in the workplace situation take the following action:

- If the threat is in the building:
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “Red Folder.” (Example: “Jane, would you please get me the red folder?”)
  - If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.
  - The person who receives the “Red Folder” notice should:
    - Inconspicuously and immediately call 911.
    - Inconspicuously notify other staff members of the situation.
  - Once notified of the situation staff members will:
    - Close and lock interior doors to offices, residential rooms and work areas.
    - Draw the curtains.
    - Gather in locked areas away from doors and windows and remain quiet.
  - All occupants will remain in this posture until notified by the on-site authority that the scene is clear.
- If the threat is outside the building:
  - Immediately call 911.
  - All staff, consumers and children are to gather in the first floor common area.
  - Close and lock doors and draw curtains.
  - All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

*For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).*

**Active Shooters:**

- **RUN**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
• Have an escape route and plan in mind
• Evacuate regardless of whether other agree to follow
• Leave your belongings behind
• Help others escape, if possible
• Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any law enforcement
• Do not attempt to move wounded people
• Call 911 when you are safe

• HIDE
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

*Your hiding place should:*
• Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

*To prevent an active shooter from entering your hiding place:*
• Lock the door
• Blockade the door with heavy furniture

*If the active shooter is nearby:*
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

*If evacuation and hiding out are not possible:*
• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your actions

(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. NATURAL DISASTERS:

• **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• **Earthquake**:
  o **If Indoors**
    ▪ DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    ▪ Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    ▪ Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    ▪ Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    ▪ Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  o **If Outdoors**
    ▪ Stay there.
    ▪ Move away from buildings, streetlights, and utility wires.
    ▪ Once in the open, stay there until the shaking stops.
  o **If in a Moving Vehicle**
    ▪ Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires. Do not get out of the vehicle until shaking has stopped.
    ▪ Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
If Trapped Under Debris

- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

- Suspicious packages/notes:
  - Do not move or handle suspicious packages or letters threatening a bomb.
  - Leave these items where you find them and contact 911.

- By telephone:
  - Attempt to keep the caller on the phone for as long as possible.
  - Do not hang up the phone even if the caller hangs up.
  - If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  - Bomb threat documents will be posted next to each telephone.
  - The person receiving the threat will record as much information as possible on this document to include, but not limited to:
    - Date and time of call
    - Gender of caller
    - Background noises
    - What kind of threat?
    - Why is the threat being made?
    - When will a detonation occur?
    - Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  - Power Failure – Golden Valley Electric: 452-1151
  - Landlord or Property Maintenance
F. Medical Emergencies:

- In the absence of breathing or a pulse:
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Women and Children’s Center for Inner Healing (WCCIH)
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA): Women and Children’s Center for Inner Healing (WCCIH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1027 Evergreen Street</td>
</tr>
<tr>
<td></td>
<td>Fairbanks, Alaska 99709</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Jackie Sunnyboy, Program Director</td>
</tr>
<tr>
<td></td>
<td>(907) 451-8164</td>
</tr>
</tbody>
</table>


POLICY:
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

PROCEDURE:

1. ALERT:
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) staff members, volunteers, visitors, and consumers will be alerted by the sounding of an alarm or verbal announcement.

2. EVACUATION:
In the event of an emergency requiring the evacuation of the facility all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office).

3. CHAIN OF AUTHORITY:
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

4. ASSEMBLY:
All evacuees will meet at the rally point – **the parking lot in front of the building** – once at the rally point all evacuees will remain there until released.

5. **ACCOUNTABILITY:**
Upon arrival and before leaving the facility staff and visitors will sign-in on the rosters located at the reception desk.

In the event of an evacuation the program assistant, or on-site authority, will collect sign-in rosters from the reception desk and RAs will collect consumer rosters to facilitate a thorough head count at the rally point. The head count will be verified by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. **FIRE-extinguishers:**
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. **CRITICAL OPERATIONS:**
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. **IMMEDIATE MEDICAL CARE:**
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive to the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on the scene.

9. **ADDITIONAL INSTRUCTIONS:**
   - All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.
   - Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then be moved to the La Quinta Inn and Suites on Dale Road and will remain there subject to further instructions.

10. **EMERGENCY SPECIFIC CONSIDERATIONS:**
   A. **FIRE:**
   - Sound the fire alarm at the nearest fire alarm pull.
Evacuate the facility using the closest exit. Feel all doors before opening, if a door is HOT do not open it, find another exit.

Counselors: Supervise orderly evacuation of consumers and children. Assist as necessary.

RAs: Collect consumer rosters and move disaster kits to the rally point.

Infant Room Care: Place infants in evacuation crib/sled and move infants from the building.

Program Assistant: Collect sign-in rosters; assist with evacuation.

Program Maintenance/Driver: Assist with moving disaster kits, and be prepared to provide ground transportation of staff, consumer, children and other evacuees to extended shelter.

On-site Authority: Will sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.). Will verify head count with RAs and program assistant.

B. LOCKDOWN:

In the case of an intruder or potential or active violence in the workplace situation take the following action:

- If the threat is in the building:
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “Red Folder.” (Example: “Jane, would you please get me the red folder?”)
  - If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.
  - The person who receives the “Red Folder” notice should:
    - Inconspicuously and immediately call 911.
    - Inconspicuously notify other staff members of the situation.
  - Once notified of the situation staff members will:
    - Close and lock interior doors to offices, residential rooms and work areas.
    - Draw the curtains.
    - Gather in locked areas away from doors and windows and remain quiet.
• All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

• If the threat is outside the building:
  • Immediately call 911.
  • All staff, consumers and children are to gather in the first floor common area.
  • Close and lock doors and draw curtains.
  • All occupants will remain in this posture until notified by the on-site authority that the scene is clear.

For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).

Active Shooters:

• RUN
  If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  • Have an escape route and plan in mind
  • Evacuate regardless of whether other agree to follow
  • Leave your belongings behind
  • Help others escape, if possible
  • Prevent individuals from entering an area where the active shooter may be
  • Keep your hands visible
  • Follow the instructions of any law enforcement
  • Do not attempt to move wounded people
  • Call 911 when you are safe

• HIDE
  If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:
  • Be out of the active shooter’s view
  • Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
  • Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:
  • Lock the door
  • Blockade the door with heavy furniture

If the active shooter is nearby:
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

If evacuation and hiding out are not possible:

• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
  As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
  • Acting as aggressively as possible against him/her
  • Throwing items and improvising weapons
  • Yelling
  • Committing to your actions

(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. NATURAL DISASTERS:

• Severe Electrical Storm: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

• High Winds: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

• Earthquake:
  o If Indoors
    ▪ DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    ▪ Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    ▪ Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
• Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
• Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
  o If Outdoors
    • Stay there.
    • Move away from buildings, streetlights, and utility wires.
    • Once in the open, stay there until the shaking stops.
  o If in a Moving Vehicle
    • Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires. Do not get out of the vehicle until shaking has stopped.
    • Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.
  o If Trapped Under Debris
    • Do not light a match.
    • Do not move about or kick up dust.
    • Cover your mouth with a handkerchief or clothing.
    • Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

D. BOMB THREAT:

• Suspicious packages/notes:
  o Do not move or handle suspicious packages or letters threatening a bomb.
  o Leave these items where you find them and contact 911.

• By telephone:
  o Attempt to keep the caller on the phone for as long as possible.
  o Do not hang up the phone even if the caller hangs up.
  o If possible, notify someone to contact 911 while the caller is still on the phone, follow their instructions.
  o Bomb threat documents will be posted next to each telephone.
  o The person receiving the threat will record as much information as possible on this document to include, but not limited to:
- Date and time of call
- Gender of caller
- Background noises
- What kind of threat?
- Why is the threat being made?
- When will a detonation occur?
- Who is the threat against?

E. Utility Failures:

- Utility failures include loss of electrical power, gas, potable water, and water.

- During the hours of 8 AM – 5 PM Monday through Friday, contact the Facilities Department, as well as your supervisor as soon as a failure occurs.

- If the failure occurs between 5 PM – 8 AM, on a weekend, or a holiday, contact the necessary agency regarding the issue:
  - Power Failure – Golden Valley Electric: 452-1151
  - Fire Alarm & Electrical Problems – Amped Electric: 451-6971
  - Water/Plumbing/Heating – Altrol: 452-8680
  - Fuel – Alaska Petroleum: 488-2527

F. Medical Emergencies:

- In the absence of breathing or a pulse:
  - Initiate CPR (if trained) or find a staff member who is trained.
  - Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
Youth and Young Adult Services
Emergency Action Plan

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Fairbanks Native Association (FNA): Youth and Young Adult Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>615 Bidwell Ave., Fairbanks, Alaska 99701</td>
</tr>
<tr>
<td>Point of Contact:</td>
<td>Valerie Pingayak, BHS Prevention Deputy Director</td>
</tr>
<tr>
<td></td>
<td>(907) 452-6251 ext. 6027</td>
</tr>
</tbody>
</table>


**POLICY:**
- FNA and all associated programs will have an emergency action plan. This plan will be in writing, kept in the workplace, and will be available to all employees for review.
- Upon assignment new staff members will be oriented to this plan, the orientation will be documented, and all staff members will receive annual re-orientation for the duration of their employment.
- This policy will be reviewed annually. Recommendations for updates will be directed to the FNA Health and Safety Committee for review and policy updates as necessary.

**PROCEDURE:**

**F. ALERT:**
In the event of an emergency situation (e.g. earthquake, fire, general evacuation, etc.) employees will be alerted by the sounding of an alarm or verbal announcement.

**2. EVACUATION:**
In the event of an emergency requiring the evacuation of the facility, all staff members, volunteers, visitors, and consumers are to evacuate immediately.

Evacuation will be by means of the nearest available marked exit (see the “Evacuation Map” located in your office or area).

**3. CHAIN OF AUTHORITY:**
The senior staff member on site at the time of the emergency will assume responsibility to ensure all staff, volunteers, visitors and consumers meet at the rally point and to represent FNA once emergency responders arrive.

The senior staff member will make the determination and announcement of when the emergency has ended or whether additional actions need to take place.

**4. ASSEMBLY:**
All evacuees will meet at the rally point – **FNA’s designated parking spaces** – once at the rally point all evacuees will remain there until released.

**5. ACCOUNTABILITY:**
In the event of an evacuation the Program Director or On-site Authority will collect sign-in rosters and facilitate a thorough head count at the rally point. The head count will be conducted by the senior staff member present. Any discrepancies between rosters and the head count will be reported to emergency responders immediately.

6. FIRE EXTINGUISHERS:
Portable fire extinguishers are available for use by staff members who have attended FNA annual fire extinguisher training. The use of fire extinguishers should not delay the evacuation of the facility.

7. CRITICAL OPERATIONS:
Critical operations shutdown procedures are not required. No staff member is authorized to delay the evacuation for this purpose.

8. IMMEDIATE MEDICAL CARE AND CONTINUATION OF SERVICES:
Staff members who are certified First Aid/CPR may render immediate medical care to employees and visitors, subject to the arrival of emergency medical services. As soon as staff and visitors arrive at the rally point, each should be evaluated to ensure that they do not need First Aid or medical care. If staff or visitors are in need of First Aid or medical care and help has not arrived, employees certified in First Aid/CPR may begin treating the individual to the best of their abilities immediately until emergency response providers arrive on scene.

9. ADDITIONAL INSTRUCTIONS:

- All staff and consumers are to remain at the rally point until released. Volunteers and visitors are encouraged to stay. Should they decide to leave, log the time when they left the area.

- Inclement weather/extended shelter: In the event of inclement weather conditions or the need for extended shelter an initial head count will be conducted at the rally point. All evacuees will then move to the Ralph Perdue Center and will remain there subject to further instructions.

10. EMERGENCY SPECIFIC CONSIDERATIONS:

F. FIRE:
- Staff: Escort consumers and visitors from the building.
- Program Supervisors/On-site Authority: Will collect sign-in sheets and sweep the facility to ensure a complete evacuation (e.g. check bathrooms, closets, hiding places, etc.).

B. LOCKDOWN:
In the case of an intruder or potential or active violence in the workplace situation take the following action:

- **If the threat is in the building:**
  - The person engaged with the threatening individual should initiate the silent alarm phrase by contacting another staff member and referencing “Red Folder.” (Example: “Jane, would you please get me the red folder?”)
  - If the person engaged with the individual is alone, he or she will attempt to send an inconspicuous email/text message to someone else in the facility, notifying them of the situation.
  - The person who receives the “Red Folder” notice should:
    - Inconspicuously and immediately call 911.
    - Inconspicuously notify other staff members of the situation.
  - Once notified of the situation staff members will:
    - Close and lock interior doors to offices and draw curtains.
    - Gather all other staff and consumers in the Program Director’s office, then lock the doors and remain silent.
  - All staff members will remain in this posture until notified by the Program Director or on-site authority that the scene is clear.

- **If the threat is outside the building:**
  - Immediately call 911.
  - All staff and consumers are to gather in the Program Director’s office, then lock the doors and remain silent.
  - Close and lock doors and draw curtains.
  - All staff members will remain in this posture until notified by the Site Coordinator or on-site authority that the scene is clear.

**For these measures to remain effective, staff members will not use the silent alarm phrase unless there is a threat. (The silent alarm phrase is to remain confidential among staff).**

**Active Shooters:**

- **RUN**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
    - Have an escape route and plan in mind
    - Evacuate regardless of whether other agree to follow
    - Leave your belongings behind
• Help others escape, if possible
• Prevent individuals from entering an area where the active shooter may be
• Keep your hands visible
• Follow the instructions of any law enforcement
• Do not attempt to move wounded people
• Call 911 when you are safe

• HIDE
If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

*Your hiding place should:*
• Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

*To prevent an active shooter from entering your hiding place:*
• Lock the door
• Blockade the door with heavy furniture

*If the active shooter is nearby:*
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

*If evacuation and hiding out are not possible:*
• Remain calm
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As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:
• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
Committing to your actions

(For more information on an Active Shooter situation, please refer to Chapter 6 Workplace Violence, Section 6-10.)

C. NATURAL DISASTERS:

- **Severe Electrical Storm**: Unplug electrical equipment. Refrain from telephone use. Cell phones may or may not be operational.

- **High Winds**: Everyone should move to the center of the building remaining away from exterior walls, doors, and windows. Crouch down with head between knees and protect heads with arms.

- **Earthquake**:
  
  o **If Indoors**
    - DROP to the ground; take COVER by getting under a sturdy table or another piece of furniture; and HOLD ON until the shaking stops. If there isn’t a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
    - Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
    - Do not use a doorway except if you know it is a strongly supported, load-bearing doorway and it is close to you.
    - Stay inside until the shaking stops and it is safe to go outside. Do not exit a building during the shaking.
    - Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

  o **If Outdoors**
    - Stay there.
    - Move away from buildings, streetlights, and utility wires.
    - Once in the open, stay there until the shaking stops.

  o **If in a Moving Vehicle**
    - Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
    - Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

  o **If Trapped Under Debris**
- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

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  - Initiate CPR (if trained) or find a staff member who is trained.
- Call 911 for an ambulance to transport the individual to Fairbanks Memorial Hospital (FMH).

- If heavy bleeding occurs:
  - If First Aid certified control the bleeding following Universal Precautions.
  - Call 911 for an ambulance to transport the individual to FMH.

- Once the individual has been transported:
  - Contact a family member if possible.
  - Notify your supervisor.
  - Complete an Incident Report.
• Administration – (907) 452-1648

• Community Services & Elder’s Program – (907) 452-5225 & (907) 451-7250

• Early Head Start – (907) 451-8814

• Gateway to Recovery: Withdrawal Management Services – (907) 456-1053

• Graf Rheeneerhaanjii – (907) 455-4725

• McKinley Head Start – (907) 451-0982

• Poldine Carlo Head Start – (907) 456-4989

• Ralph Perdue Center – (907) 452-6251

• Street Outreach & Advocacy Program – (907) 374-9913

• Women’s & Children’s Center for Inner Healing – (907) 451-8164

• Youth & Young Adult Services – (907) 452-6260
Chapter 6

Workplace Violence
Chapter 6: Workplace Violence

Section 6-1: Purpose

Fairbanks Native Association (FNA) maintains a zero tolerance standard of violence in the workplace. The purpose of this policy is to provide FNA employees guidance that will maintain an environment at and within FNA property and events that are free of violence and the threat of violence.

Section 6-2: Policy

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at FNA, in properties, and at FNA sponsored events. Such conduct by an FNA employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including dismissal. Violent threats or actions by a non-employee may result in criminal prosecution. FNA will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

Section 6-3: Definitions

Workplace Violence: Behavior in which an employee, former employee, consumer or visitor to a workplace inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

Threat: The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

Intimidation: Making others afraid or fearful through threatening behavior.

Zero-Tolerance: A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

Court Order: An order by a Court that specifies or restricts the behavior of an individual. Court Orders may be issued in matters involving domestic violence, stalking or harassment, among other types of protective orders, including Temporary Restraining Orders.

Section 6-4: Prohibited Behavior

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by a co-worker, supervisor, consumer, or member of the public:
• Direct threats or physical intimidation
• Implications or suggestions of violence
• Stalking
• Possession of weapons of any kind on FNA property; including parking lots, other exterior premises or while engaged in activities for FNA in other locations, or at FNA sponsored events, unless such possession or use is a requirement of the job.
• Assault of any form
• Physical restraint or confinement
• Dangerous or threatening horseplay
• Loud, disruptive, or angry behavior or language that is not part of the typical work environment
• Blatant or intentional disregard for the safety or well-being of others
• Commission of a violent felony or misdemeanor on FNA property
• Any other act that a reasonable person would perceive as constituting a threat of violence

Domestic violence, while often originating in the home, can significantly impact workplace safety and the productivity of victims as well as co-workers. For this document, “domestic violence” is defined as abuse committed against an adult or fully emancipated minor. Abuse is the intentional, reckless attempt to cause bodily injury, sexual assault, threatening behavior, harassment, or stalking, or making harassing phone calls to a person who is in any of the following relationships:

• Spouse or former spouse;
• Domestic partner or former domestic partner;
• Cohabitant or former cohabitant and or other household members;
• A person with whom the victim is having, or has had, a dating or engagement relationship;
• A person with whom the victim has a child

FNA recognizes that domestic violence may occur in relationships regardless of the marital status, age, race, or sexual orientation of the parties.

**Section 6-5: Reporting Acts of Threats of Violence**

An employee who:

• Is the victim of violence, or
• Believes they have been threatened with violence, or
• Witnesses an act or threat of violence towards anyone else shall take the following steps:
  o If an emergency exists and the situation is one of immediate danger, the employee shall contact the local law enforcement by calling 911 and may take whatever
emergency steps that are available and appropriate to protect himself/herself from immediate harm, such as leaving the area.

- If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the FNA Incident Report Form.

**Section 6-6: Procedures – Future Violence**

Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their employment with FNA, shall inform their supervisor by immediately completing an Incident Report Form so appropriate action may be taken. The supervisor shall inform his/her Department Director or designee, the Director of Human Resources and the local law enforcement officials.

Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, shall immediately supply a copy of the signed order to their supervisor. The supervisor shall provide copies to the Department Director, the Director of Human Resources and local law enforcement.

**Section 6-7: Incident Investigations**

Acts of violence or threats will be investigated immediately to protect employees from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. The employee’s Department Director will initiate an investigation into a potential violation of work rules/policies. Simultaneously, the Department Director will refer the matter to local law enforcement for their review of a potential violation of civil or criminal law.

Procedures for investigating incidents of workplace violence include:

- Completing an Incident Report Form
- Visiting the scene of an incident as soon as possible
- Interviewing injured and threatened employees and witnesses
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator
- Determining the cause of the incident
- Taking mitigating action to prevent the incident from recurring
- Recording the findings and mitigating actions taken

In appropriate circumstances, FNA will inform the reporting individual of the results of the investigation. To the extent possible, FNA will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances; for
example, to protect the individual’s safety. FNA will not tolerate retaliation against any employee who reports workplace violence.

**Section 6-8: Mitigating Measures**

Incidents which threaten the security of employees shall be mitigated as soon as possible following their discovery. Mitigating actions include:

- Notification of law enforcement authorities when a potentially criminal act has occurred
- Provision of emergency medical care in the event of any violent act upon an employee
- Post-event trauma counseling for those employees desiring such assistance
- Assurance that incidents are handled in accordance with the Workplace Violence Prevention policy

**Section 6-9: Training and Instruction**

FNA Human Resources Department shall be responsible for ensuring that all employees, including Directors and supervisors, are provided training and instruction on general workplace security practices. Department Directors shall be responsible for ensuring that all employees, including managers and supervisors, are provided training and instructions on job specific workplace security practices.

Training and instruction shall be provided as follows:

- To all current employees when the policy is first implemented
- To all newly hired employees, supervisors, and managers, or employees who were given new job assignments
- To affected employees whenever management is made aware of a new or previously unrecognized hazard

Workplace security training and instruction includes, but is not limited to the following:

- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards
- Methods to diffuse hostile or threatening situations
- Escape routes
- Explanation of this Workplace Violence Prevention Policy

Also, specific instructions shall be provided to all employees regarding workplace security hazards unique to their job assignment.

**Section 6-10: Active Shooter in the Workplace**
Active shooter situations are unpredictable and happen quickly. Because active shooter situations are often over quickly before law enforcement arrives, it is important to be prepared in the event of an active shooter situation.

**Good Practices in the Event of an Active Shooter**

- Be aware of your environment and any possible dangers;
- Take note of the two nearest exits in any facility you are at;
- If you are in an office, stay there and secure the door;
- If you are in a hallway, get into a room and secure the door;
- As a last resort, attempt to take the active shooter down. When the shooter is at close range, and you cannot flee, your chance of survival is much greater if you try to incapacitate the shooter.
- Call 911 when it is safe to do so!

**How to Respond When an Active Shooter is in Your Workplace**

Quickly determine the most reasonable way to protect your own life. Remember that consumers are likely to follow the lead of employees and supervisors during an active shooter situation.

- **RUN**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
    - Have an escape route and plan in mind
    - Evacuate regardless of whether others agree to follow
    - Leave your belongings behind
    - Help others escape, if possible
    - Prevent individuals from entering an area where the active shooter may be
    - Keep your hands visible
    - Follow the instructions of any law enforcement
    - Do not attempt to move wounded people
    - Call 911 when you are safe

- **HIDE**
  - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

  *Your hiding place should:*
  - Be out of the active shooter’s view
• Provide protection if shots are fired in your direction (e.g., an office with a closed and locked door)
• Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:
• Lock the door
• Blockade the door with heavy furniture

If the active shooter is nearby:
• Lock the door
• Silence your cell phone
• Turn off any source of noise (e.g., radios, televisions)
• Hide behind large items (e.g., cabinets, desks)
• Remain quiet

If evacuation and hiding out are not possible:
• Remain calm
• Dial 911, if possible, to alert police to the active shooter’s location
• If you cannot speak, leave the line open and allow the dispatcher to listen

• FIGHT
As a last resort, and only when your life is in imminent danger, attempt to disrupt or incapacitate the active shooter by:

• Acting as aggressively as possible against him/her
• Throwing items and improvising weapons
• Yelling
• Committing to your actions

Information to Provide to Law Enforcement or 911 Operator

• Location of the active shooter
• Number of shooters, if more than one
• Physical description of shooter(s)
• Number and type of weapons held by the shooter(s)
• Number of potential victims at the location

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been
identified and questioned. Do not leave until law enforcement and your supervisor has instructed you to do so.

Reactions of Supervisors/Directors During an Active Shooter Situation

Employees and consumers are likely to follow the lead of supervisors during an emergency situation. During an emergency, supervisors should be familiar with their Emergency Action Plan (EAP), and be prepared to:

- Take immediate action
- Remain calm
- Lock and barricade doors
- Evacuate staff and consumers via a pre-planned evacuation route to a safe area

Recognizing Potential Workplace Violence

An active shooter in your workplace may be a current or former employee or consumer, or an acquaintance of a current or former employee or consumer. Intuitive supervisors and employees may notice characteristics of potentially violent behavior in an employee or consumer. Alert Human Resources if you believe an employee or coworker exhibits potentially violent behavior. Alert your supervisor/director if you believe a consumer exhibits potentially violent behavior.

Managing the Consequences of an Active Shooter Situation

After the active shooter has been incapacitated and is no longer a threat, human resources and management should engage in post-event assessments and activities, including:

- An accounting of all individuals at a designated assembly point to determine who, if anyone is missing and potentially injured.
- Determining a method for notifying families of individuals affected by the active shooter, including notifications of any casualties.
- Assessing the psychological state of individuals at the scene, and referring them to health care specialists accordingly.
- Identifying and filing any critical personnel or operational gaps left in the organization as a result of the active shooter.

Aftermath

After the event of an active shooter, the Health & Safety Coordinator, Human Resources, and Management need to investigate the incident, the facility, and interview staff and witnesses. After everything has been documented, it has to be reviewed to determine if the incident was preventable, and to adjust policies and plans to prevent or alleviate future incidents.
Although there are no OSHA specific standards for workplace violence, FNA does follow OSHA’s General Duty Clause which states, “Employers are required to provide their employees with a place of employment that is free from recognizable hazards that are causing or likely to cause death or serious harm to employees.”
Chapter 7
Hazard Communication (HAZCOM)
Chapter 7: Hazard Communication (HAZCOM)

OSHA Standard 1910.1200

Section 7-1: FNA Company Policy

To ensure that information about the dangers of all hazardous chemicals and physical agents used by FNA are known by all affected employees, the following hazardous communications program has been established. All work units of the company will participate in the hazard communication program. This written program will be available at each program for review by any interested employee.

Section 7-2: Container Labeling

Each program’s Health & Safety representative will verify that all containers received for use will be labeled as to the contents; note the appropriate hazard warning and list the name and address of the manufacturer. The program’s Health & Safety representative will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer’s label or with labels that have the identity and the appropriate hazard warning. For help with labeling, contact the Health & Safety Coordinator.

Section 7-3: Safety Data Sheets (SDS)

Each program’s health & safety representative is responsible for establishing and monitoring the SDS (Safety Data Sheets) program. He/she will make sure procedures are developed to obtain the necessary SDSs and will review new or significant health and safety information. He/she will see that any new information is passed on to affected employees. If copies of SDS are not available, immediately contact the Health & Safety Coordinator.

Section 7-4: Employee Training

New employees will receive training from their program’s health & safety representative during program orientation. The program’s health and safety representative will ensure that all of the program elements specified below are covered when training new employees. Before starting work, each new employee of FNA will attend the health and safety orientation that includes the following information and training:

- An overview of the requirements contained in the Hazard Communications Standard
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment
- Steps FNA has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
• How to read labels and review SDSs to obtain hazard information
• Location of the SDSs and written hazard communication program
• Before introducing a new hazard into any program of FNA, each employee in that program will be given information and training as outlined above for the new chemical hazard

**Section 7-5: Hazardous Non-Routine Tasks**

Periodically, employees are required to perform hazardous non-routine tasks. Some examples of non-routine tasks are confined space entry, tank cleaning, and painting reactor vessels. Before starting work on such projects, each affected employee will be given information about the hazardous chemicals that he or she may encounter during such activity. This information will include specific chemical hazards. Protective and safety measures the employee can use and steps FNA is using to reduce the hazards, including ventilation, respirators, the presence of another employee and emergency procedures.

**Section 7-6: Multi-Employer Workplaces**

It is the responsibility of the program’s health & safety representative to provide employees with their particular program’s SDSs (or make them available at any central location) for any hazardous chemicals that they may be exposed to while working. The program’s health & safety representative will also inform other employees of any measures that need to be taken to protect employees during normal operating conditions or in foreseeable emergencies and provide other employees with an explanation of the labeling system that is used at the program.

**Section 7-7: Inventory List**

The SDS inventory list for each program can be found within the programs in the SDS binder, and also with the Health & Safety Coordinator.

**Section 7-8 Worker-Right-to-Know Poster**

Worker-Right-to-Know Poster must be displayed in a prominent place. This poster is available from the State OSHA office.

**Section 7-9: Hazard Communication Checklist**

1. Have we prepared a list of all the hazardous chemicals in our workplace?
2. Are we prepared to update our hazardous chemicals list?
3. Have we obtained or developed an SDS for each hazardous agent?
4. Have we developed a system to ensure that all incoming hazardous chemicals are checked for proper labels and data sheets?
5. Do we have procedures to ensure proper labeling or warning signs for containers that hold hazardous chemicals?
6. Are our employers aware of the specific information and training requirements of the Hazard Communication Standard?
7. Are our employees familiar with the different types of chemicals and the hazards associated with them?
8. Have our employees been informed of the hazards associated with performing non-routine tasks?
9. Do our employees understand how to detect the presence or release of hazardous chemicals in the workplace?
10. Are employees trained in proper work practices and personal protective equipment and the hazardous chemicals in their work area?
11. Does our training program provide information on appropriate first aid, emergency procedures and the likely symptoms of overexposure?
12. Does the training describe where to obtain data sheets and how employees may use them?
13. Do we have a system to ensure that new employees are trained before beginning work?
14. Have we developed a system to identify new hazardous chemicals before they are introduced into a work area?
15. Do we inform employees of new hazards associated with chemical use?

**Section 7-10: Safety Data Sheet Checklist**

Each item below must be provided on every SDS. Check your SDS for completeness.

1. Product or chemical identity used on the label
2. Name, address, and phone number for hazard and emergency information
3. Chemical and common names of hazardous ingredients
4. Permissible Exposure Limit (PEL), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV), and other applicable limits
5. Physical and chemical characteristics, such as vapor pressure and flash point
6. Physical hazards, including the potential for fire, explosive and reactivity
7. Primary routes of entry into the body, such as inhalation, ingestion or skin absorption
8. Acute and chronic health hazards, including signs and symptoms of exposure and medical conditions aggravated by exposure
9. Emergency and first aid procedures
10. Precautions for safe handling and use including hygienic practices, repair, and maintenance, protective measures, and spill/leak clean-up
11. Exposure control measures such as engineering controls, work practices, and personal protective equipment

**Section 7-11: Obtaining SDSs**
To obtain an SDS sheet, they can be requested by sending a request to the manufacturer, going to the manufacturer’s website, go to Sam’s Club’s MSDS website, or for further help contact the Health & Safety Coordinator.

- Sam’s Club MSDS Website: http://msds.walmartstores.com/?xid=vanity:msds

**Section 7-12 SDS: Understanding Safety Data Sheets**

The federal Occupational Safety and Health Administration (OSHA) Hazard Communication Standard requires manufacturers or distributors of hazardous materials to assess the physical and health hazards of the chemical or product. This information must be included in the SDS, which must be provided to the purchaser. The Hazard Communication Standard requires that SDSs be obtained and maintained for every chemical used in the workplace. SDSs have to be kept on file for thirty (30) years. The SDSs must be accessible to personnel during all work hours.

**Understanding SDS Information**

The following sections are required on all safety data sheets:

- Product Identification
- Hazard(s) Identification
- Composition/Information on Ingredients
- First Aid Measures
- Fire-Fighting Measures
- Accidental Release Measures
- Handling & Storage
- Exposure Controls/Personal Protection
- Physical and Chemical Properties
- Stability and Reactivity
- Toxicological Information

**Section 1: Product Identification**

This section includes the product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

**Section 2: Hazard(s) Identification**

Includes all hazards regarding the chemical and required label elements.

**Section 3: Composition/Information on Ingredients**

Includes information on the chemical ingredients, and trade secret claims.

**Section 4: First Aid Measures**
Includes important information regarding symptoms and any effects after exposure, including acute and delayed, and any required treatment.

**Section 5: Fire Fighting Measures**

Lists suitable extinguishing techniques, and chemical hazards from fire.

**Section 6: Accidental Release Measures**

Lists the emergency procedures, type of protective equipment to use, and the proper methods for containments and cleanup.

**Section 7: Handling and Storage**

Lists the precautions for safe handling and storage, and any incompatibilities.

**Section 8: Exposure Controls/Personal Protection**

Lists the OSHA’s Permissible Exposure Limits (PELs); ACGIH Threshold Limit Values (TLVs); and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the SDS where available as well as appropriate engineering controls, and personal protective equipment (PPE).

**Section 9: Physical and Chemical Properties**

Lists the chemical’s characteristics.

**Section 10: Stability and Reactivity**

Lists the chemical stability and possibility of hazardous reactions.

**Section 11: Toxicological Information**

Includes routes of exposure; related symptoms, acute and chronic effects, and numerical measures of toxicity.
Chapter 8

Bloodborne Pathogens
Chapter 8: Bloodborne Pathogens

OSHA Standard 1910.1030

Section 8-1: Introduction

Fairbanks Native Association (FNA) has developed this written Bloodborne Pathogens Exposure Control Plan to:

- Eliminate or minimize the risk of *occupational exposure* to **bloodborne pathogens** for FNA employees;
- Identify employees within job classifications who may have an occupational exposure to bloodborne pathogens;
- Specify workplace controls and safe practices that employees must use to prevent and minimize occupational exposure to bloodborne pathogens;
- Define procedures FNA will follow if an employee is inadvertently exposed to a bloodborne pathogen while on the job;
- Outline the training program that FNA will use to communicate the hazards of bloodborne pathogen exposure to employees; and
- Comply with the relevant requirements of the OSHA Bloodborne Pathogens (HIV/HBV) Standards (29 CFR 1910.1030).

*Occupational Exposure* is “reasonably anticipated in skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

**Bloodborne Pathogens** are “pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)”.

Fairbanks Native Association Programs and Abbreviations used throughout this plan:

Fairbanks Native Association Administration Admin
Community Services/Elder’s Program CS
Early Head Start EHS
Fairbanks Alcohol Safety Action Program FASAP
Gateway to Recovery: Withdrawal Management Services GTR
Graf Rheeneerhaanjii Graf
Johnson O’Malley JOM
McKinley Extended Day Head Start McKinley
Poldine Carlo Head Start HS
Ralph Perdue Center RPC
Street Outreach & Advocacy Program SOAP
Women’s & Children’s Center for Inner Healing WCCIH
Youth and Young Adult Services YYAS

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**Section 8-2: Responsibilities**

**Program Responsibilities**

The following entities have the responsibility for administering FNA’s Bloodborne Pathogens Exposure Control Plan (BBP):

**Overall Responsibility for Program Compliance**

Human Resources Department  
Fairbanks Native Association  
605 Hughes Ave. Suite 100  
Fairbanks, Alaska 99701  
Phone (907) 452-1648  
Fax (907) 456-4148

**Bloodborne Pathogens Exposure Control Officer**

FNA’s Health & Safety Coordinator  
605 Hughes Ave. Suite 100  
Fairbanks, Alaska 99701  
Phone (907) 452-1648  
Fax (907) 456-4148

**Lead Nurse**

Gateway to Recovery  
Program Director  
650 Yonker Ct.  
Fairbanks, Alaska 99701  
Phone (907) 456-1053  
Fax (907) 456-2113

**Regulated Waste Pickup**

B & P Waste Services  
151 Alta Way  
Fairbanks, Alaska 99701  
Phone (907) 457-5811  
Fax (907) 457-8511

**BBP Exposure Plan Advisors**

Health & Safety Committee Representatives
**Specific Responsibilities**

**FNA Administration**

- Manages, implements, and finances FNA’s Bloodborne Pathogens (BBP) Exposure Control Plan;
- Provides for Hepatitis B vaccinations for those employees who are at risk for occupational exposure to bloodborne pathogens;
- Maintains records of employee Hepatitis B vaccinations, employee declinations for Hepatitis B vaccinations and all training records;
- Contacts the source individual; receives a physician’s written opinion, and works with the employee to assure medical follow-up treatment is provided as recommended by the U.S. Public Health Service.

**BBP Exposure Control Officer (Health & Safety Coordinator)**

- Implements the BBP Exposure Control Plan;
- Specifies and approves regulated waste containers used in programs;
- Sets policies and work practices, with the input of FNA management and employees, to effectively implement the BBP Exposure Control Plan;
- Revises FNA’s written BBP Exposure Control Plan annually, or as needed, to reflect changes in employee exposures and practices;
- Maintains a reference library and other safety and health resources relating to bloodborne pathogens and other infectious agents;
- Keeps well-informed of current legal requirements concerning bloodborne pathogens;
- Conducts periodic audits of FNA’s BBP Exposure Control Plan to evaluate its implementation and effectiveness;
- Provides copies of the written BBP Exposure Control Plan to all nurses and program health specialists, to all individuals on request, and in accessible locations for all employees;
- Notifies all new employees of the BBP Exposure Control Plan;
- Determines those employees who require training and Hepatitis B vaccinations, based on their risk of exposure to bloodborne pathogens;
- Develops suitable education/training programs and maintains training records;
- Provides initial training to employees and also trains other FNA employees, such as program health specialists,
- Receives all exposure incident reports, processes claims, investigates the exposure incident; and
- Reviews training programs annually with other FNA personnel, a medical consultant, and supervisors to include appropriate new information.
BBP Exposure Plan Advisors (Health & Safety Representatives)

- Acts as a safety program resource to FNA;
- Maintains updated copies of FNA’s written BBP Exposure Control Plan; and
- Periodically audits and monitors FNA’s BBP Exposure Control Program to assure effectiveness and OSHA compliance.

Regulated Waste Pickup (B & P Waste Services)

- Supplies individual programs with approved biohazard signs, labels, and regulated waste containers; and
- Provides the programs with a log of total regulated waste containers picked up from individual programs.

On-site Coordinators at Program Sites

At each site, the Program Director or designee is responsible for assuring the site complies with FNA’s Bloodborne Pathogens Exposure Control Plan. The program nurse, health specialist or Health & Safety Representative at each site is responsible for on-site training and reinforcement of safe work practices. The lead/day program custodian is typically responsible for the management of any regulated waste and the training of his/her custodial staff.

Director/Building Administrator, Program Nurse or Health Specialist

- Implement FNA’s BBP Exposure Control Plan at an individual worksite;
- Ensure that BBP exposure control methods are in place at the worksite;
- Ensure that personal protective equipment is available to employees at the worksite;
- Ensure that employees observe required safe work practices to minimize bloodborne pathogens exposure at the worksite;
- Ensure that sharps and regulated waste containers are labeled with the appropriate biohazard warning labels and colors;
- Restrict access and lock rooms containing regulated waste containers, such as custodial closets and nurses’ offices;
- Ensure that new employees are trained in safe work practices; and
- Identify employees who require additional training.
All Employees

• Attend required training programs in FNA’s Bloodborne Pathogens Exposure Control Plan;
• Understand what tasks they perform which present an occupational exposure to bloodborne pathogens;
• Plan and conduct activities by the safe work practices outlined in FNA’s written BBP Exposure Control Plan;
• Exercise and maintain good personal hygiene habits, especially frequent hand washing;
• Wear required and recommended personal protective equipment when performing activities that could present an occupational exposure to bloodborne pathogens;
• Bring to the attention of an immediate supervisor or the program director, any job or duty which they feel places them or their fellow workers at risk of exposure to a bloodborne pathogen; and
• Ask questions about any areas of the Bloodborne Pathogens Exposure Control Program that are unclear or confusing.

NOTE: Employees who have questions about FNA’s Bloodborne Pathogens Exposure Control Plan should contact their Program Director, Program Health Specialist, Nurse, Program Health & Safety Representative, Health & Safety Coordinator, or Human Resource Director.
Section 8-3: Exposure Determination

Bloodborne Pathogens Exposure Control Plan

The Fairbanks Native Association (FNA), in consultation with OSHA, has determined that the following job classifications and tasks may have occupational exposure to bloodborne pathogens.

A. Jobs in which ALL employees in that job classification have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>GTR</td>
</tr>
<tr>
<td>C.N.A.</td>
<td>GTR</td>
</tr>
<tr>
<td>Nurse’s Aide</td>
<td>GTR</td>
</tr>
</tbody>
</table>

B. Jobs in which SOME employees in that job classification may have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted Millennium Employee</td>
<td>RPC</td>
</tr>
<tr>
<td>Contracted Janitorial Company</td>
<td>GTR, RPC, Admin</td>
</tr>
<tr>
<td>Nurse</td>
<td>WCCIH</td>
</tr>
<tr>
<td>Facilities/Maintenance Staff</td>
<td>Admin</td>
</tr>
</tbody>
</table>

Employees in these job categories should examine the “Tasks” listed in section “D” and consult with their nurse or health specialist to determine if they should be provided with the comprehensive initial bloodborne pathogens training program and Hepatitis B vaccination.

Programs are encouraged to designate specific employees to perform these “Tasks” and train other employees to defer such tasks to the employees designated to perform them. For example, programs may choose to designate a specific supervisor as the designated first aid responder during work time or may choose to designate one janitor to clean up blood spills.

Employees who do not perform the listed “Tasks” that involve occupational exposure to bloodborne pathogens should be provided with basic information about preventing exposure to bloodborne pathogens, but are not required to complete the comprehensive initial training program or be offered the Hepatitis B vaccine.
C. Jobs in which SOME employees in that job classification may experience unanticipated exposure to bloodborne pathogens as a result of a consumer injury:

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager’s</td>
<td>RPC, WCCIH, GTR, CS</td>
</tr>
<tr>
<td>Clinical Supervisors</td>
<td>RPC, WCCIH, Graf</td>
</tr>
<tr>
<td>Community Services Workers</td>
<td>CS, Elder’s</td>
</tr>
<tr>
<td>Cooks</td>
<td>Elder’s, RPC, Graf, HS Programs</td>
</tr>
<tr>
<td>Counselors</td>
<td>RPC, WCCIH, Graf, GTR, YYAS</td>
</tr>
<tr>
<td>Driver/Custodian</td>
<td>WCCIH, CS, Elder’s, RPC, Graf</td>
</tr>
<tr>
<td>Health Specialists</td>
<td>HS Programs</td>
</tr>
<tr>
<td>Home Visitors</td>
<td>HS Programs, THV</td>
</tr>
<tr>
<td>Parent Educator</td>
<td>THV</td>
</tr>
<tr>
<td>Residential Aides</td>
<td>RPC, WCCIH, Graf</td>
</tr>
<tr>
<td>Teacher’s Aides</td>
<td>WCCIH, HS Programs</td>
</tr>
<tr>
<td>Teachers</td>
<td>Graf, WCCIH, HS Programs</td>
</tr>
</tbody>
</table>

Employees in these job descriptions should be provided with basic information about preventing their exposure to bloodborne pathogens, but are not required to attend the comprehensive initial training program or be offered the Hepatitis B vaccine.

**NOTE:** ALL FNA employees will be offered post-exposure HBV vaccinations if an unanticipated occupational exposure incident occurs.

**NOTE:** OSHA has indicated that First Aid or CPR when performed by an employee or volunteer at a workplace as a “Good Samaritan Act” or as a collateral duty to his or her regular job, does not constitute “occupational exposure.” Only those individuals who are specifically designated by the employer (for example, in a written job description) as responsible for providing First Aid or CPR as a regular part of their job duties are considered to have “occupational exposure.” Employees who are trained in First Aid by the employer are not considered to have occupational exposure unless they are required by the employer to administer First Aid.
D. All other job classifications have no occupational exposure as defined in the standard.

<table>
<thead>
<tr>
<th>Task/Procedure</th>
<th>Job Classification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections using hypodermic needles</td>
<td>GTR Nurses</td>
<td>Gateway to Recovery (GTR)</td>
</tr>
<tr>
<td>First Aid/CPR</td>
<td>All staff trained in BLS/CPR/First Aid</td>
<td>All FNA Programs</td>
</tr>
<tr>
<td>Collection and handling of regulated waste containers</td>
<td>Outside Company</td>
<td>None</td>
</tr>
<tr>
<td>*Cleanup of blood spills</td>
<td>Nurses, Residential Aides, Teachers, Other Staff</td>
<td>RPC, GTR, Graf, WCCIH, HS, EHS, McKinley, YYAS</td>
</tr>
<tr>
<td>Handling laundry soiled with blood</td>
<td>Teachers, Teacher’s Aides, Residential Aides designated to launder sheets, clothing, or towels that are soiled by blood.</td>
<td>RPC, WCCIH, Graf, GTR, HS, EHS, McKinley</td>
</tr>
<tr>
<td>Cleaning up sewage backup and flooding</td>
<td>Facilities/Maintenance Staff</td>
<td>All FNA Programs</td>
</tr>
</tbody>
</table>

**NOTE:** OSHA has determined that “employees who clean up surfaces or handle linens soiled with feces, nasal secretions, sputum, tears, urine, vomit, or saliva (other than saliva from dental procedures) are not occupationally exposed to bloodborne pathogens during these tasks, as long as these substances are not contaminated with visible blood”.
FNA employs a variety of methods recommended by the OSHA Bloodborne Pathogens Standard to prevent and minimize employee occupational exposure to bloodborne pathogens. These exposure control methods include:

- Universal Precautions
- Engineering Controls and Safe Work Practices
- Personal Protective Equipment

**Universal Precautions**

The term **Universal Precautions** refers to a set of infection control practices developed by health care professionals. Health care professionals use universal precautions in situations such as, car accidents, in which it is difficult to differentiate between blood and other bodily fluids. To prevent confusion and minimize exposure to infection, health care workers treat ALL bodily substances as potentially infectious.

OSHA’s Bloodborne Pathogens Standard recommends that employers implement universal precautions when dealing with **blood** and **other potentially infectious materials** which have the capability of transmitting a bloodborne pathogen.

**Blood and Other Potentially Infectious Materials Include:**

- Human blood, human blood components, and products made from human blood;
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures;
- Any bodily fluid visibly contaminated with blood; and
- All bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

**NOTE:** OSHA does not classify urine, feces, or vomit as “a potentially infectious material.” According to OSHA, urine, feces, and vomit are not a risk for bloodborne pathogen transmission unless blood is visibly present in the urine, feces, or vomit or the presence of blood is reasonably anticipated due to the person having a medical condition that would lead to blood in the individual’s urine, feces, or vomit.
Universal Precautions

All employees shall routinely observe the following universal precautions for the prevention of infectious disease:

1. Know the location of the nearest bloodborne exposure control kit.
2. Take the time to put on disposable waterproof gloves whenever you expect to come into direct hand contact with blood, other bodily fluids, or contaminated items or surfaces.
3. Take the time to put on goggles if you anticipate splattering blood or a gown or smock if you anticipate soiling your clothing with blood.
4. Use a CPR mask, face shield, resuscitation bag, or ventilation device in place of direct mouth-to-mouth resuscitation.
5. Perform all procedures involving blood or other infectious materials in a manner that minimizes splashing and spraying.
6. Remove contaminated gloves without touching the outside of gloves and dispose of them in a designated regulated waste container that is either lined with a red plastic liner or marked with a biohazard sign.
7. Do not reuse disposable gloves. Do not reuse contaminated utility gloves without first decontaminating them.
8. After removing your gloves, wash your hands and any other contaminated skin for 20 to 30 seconds with antimicrobial soap and warm running water. Rinse thoroughly under running water, and dry with disposable paper towels.
9. Clean surfaces and equipment contaminated with blood, by using soap and water and disinfect them promptly with a fresh solution of bleach (ten-parts water to one-part bleach), a disinfectant registered by the EPA as a tuberculocide, or a disinfectant registered by the EPA as effective against both HBV and HIV. When cleaning, wear disposable gloves and use disposable paper towels whenever possible. Mops used for blood cleanup must be decontaminated with a bleach solution or disinfectant before they can be used again.
10. Properly dispose of all contaminated paper, gloves, bloody dressings, and similar items in regulated waste containers, labeled with a biohazard symbol. Needles, syringes, and sharp disposable objects should be placed in a hard plastic sharps container. Bloody laundry should be bagged, soaked with disinfectant, and laundered separately from other laundry in soap and water. Urine, vomit, and feces should be disposed of in the sanitary sewer system.
11. Employees must not pick up broken glassware with their hands. Broken glass should be picked up with a dustpan and brush or with tongs.
12. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a potential for exposure to bloodborne pathogens.
13. Do not store food and drink in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.
Engineering Controls and Safe Work Practices

FNA has adopted a number of controls to prevent or minimize occupational exposure to bloodborne pathogens. These controls are of two types:

- **Engineering Controls:** Equipment designed to prevent or minimize an employee’s contact with bloodborne pathogen in the workplace; and
- **Safe Work Practices:** Practices and procedures which employees must follow to prevent or minimize contact with bloodborne pathogens.

A. **Handwashing**

Regular, effective handwashing is an essential infection control practice. Please refer to the “Effective Hand-Washing Guidelines” in the attachments.

FNA provides **handwashing facilities** at all worksites. These consist of sinks with running water, appropriate antiseptic for antibacterial cleaners, and paper towels. Where **handwashing** facilities are not readily available, FNA provides antiseptic towelettes or antiseptic hand cleansers in conjunction with paper towels. **Note:** Handwashing facilities must be available in nurses’ offices. A sink for handwashing or utility sink must be available in or near the main custodial area of all worksites.

Employees are required to wash their hands and other skin with antibacterial or antiseptic soap and water or flush mucous membranes with water immediately or as soon as feasible in these circumstances:

- After any possible contact with blood or other potentially infectious material;
- Upon removal of gloves and other protective equipment worn while in contact with blood or other potentially infectious material;
- Before eating, drinking, or feeding;
- Before handling food, cleaning utensils, or kitchen equipment; and
- Before and after using the toilet or diapering.

B. **First Aid/BBP Exposure Control Kits**

First Aid and Bloodborne Pathogen Exposure Control Kits are required in all FNA vans, buses, and other FNA vehicles. They are to be used by staff trained in First Aid and Bloodborne Pathogens.

FNA programs are urged to prepare bloodborne pathogen exposure prevention kits and keep them stocked and located in areas where blood contact is anticipated. This may include playgrounds, classrooms, FNA vehicles. Kits may be “homemade” and do not need to be
purchased from a first aid supplier. Custodial departments should have kits or buckets that are readily available for responding to a blood spill.

Typically, First Aid/BBP Exposure Control Kits should include:

- Several pairs of disposable latex examination gloves (non-latex if you have employees with latex allergies);
- CPR mask;
- First Aid supplies such as bandages, absorbent dressing, gauze, antiseptics, and a pair of scissors;
- Disposable paper towels;
- An antimicrobial or antibacterial disposable wipe for hand-washing;
- A small container of diluted bleach or disinfectant;
- A small container and a scoop; and
- A red plastic biohazard bag for disposal of any regulated waste.

C. Handling Sharps

The majority of exposures to bloodborne pathogens have occurred to healthcare employees from punctures with contaminated hypodermic needles or other sharps.

**Sharps** are defined by OSHA as “any contaminated object that can penetrate the skin including (hypodermic) needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

To prevent contact with contaminated sharps, nurses and other employees must follow these safe practices guidelines when giving injections or when handling potentially contaminated sharps:

- DO NOT bend, recap, break, or shear contaminated needles or other contaminated sharps.
- Discard contaminated needles or sharps immediately and only in the appropriate sharps container provided by FNA.
- NEVER remove a contaminated needle or sharp from a sharps container once it is placed in that container.
- Keep sharps containers upright at all times, and do not allow them to overfill.

FNA provides all nurses’ offices and most programs with approved containers for safe disposing of contaminated sharps. FNA containers for contaminated sharps are closeable; puncture-resistant; red or labeled with a biohazard-warning label; and leak-proof on the sides and bottoms.
When removing sharps containers from the area of use, these containers must be closed to prevent spillage of contents during handling, storage, transport or shipping. Employees may use tape to secure the lid of the sharps container when it is full, as long as the tape does not serve as the lid itself. When the sharps container is full, it should be placed inside an approved, regulated waste container (the cardboard biohazard box).

D. Handling Regulated Waste

Contaminated medical waste, called regulated waste by OSHA, requires special handling and disposal.

<table>
<thead>
<tr>
<th>Regulated waste is defined by OSHA as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Liquid or semi-liquid blood or other potentially infectious materials;</td>
</tr>
<tr>
<td>• Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;</td>
</tr>
<tr>
<td>• Items that are caked with dried blood or other potentially infectious materials, and are capable of releasing these materials during handling; and</td>
</tr>
<tr>
<td>• Pathological and microbiological wastes containing blood or other potentially infectious materials.</td>
</tr>
</tbody>
</table>

Examples of “Regulated Waste” in FNA programs include:

• Contaminated sharps, including needles, broken glass and exposed ends of dental wires (from consumer/student braces);
• Contaminated tissues, gauze pads, paper towels, feminine sanitary napkins, towels, linens and clothing that are soaked in liquid or semi-liquid blood or are caked with dried blood and could release liquid blood or particles of dried blood if compressed or handled;
• Non-intact skin or human tissue that has become separated from the human body as a result of traumatic laceration, contusion or other action;
• Toothbrushes, dental floss, and other personal care devices that are used by program health specialists to teach personal care to clients or to clean consumer’s teeth and gums;
• Medical or treatment devices that are used by nurses and special services personnel to clear saliva or mucous from the mouth, nose or lungs of medically fragile consumers or to provide nutrition directly to the consumer’s digestive tract, on a regular or emergency basis; and
• Disposable gloves that have been used in the medical examination, first aid, or blood clean-up activities.

“Regulated Waste” does NOT include:
• Band-Aids and tissues that are not saturated with blood to the point of releasing blood or other potentially infectious materials;
• Feminine sanitary napkins, as long as these have been properly disposed of in liners (waxed paper or plastic) within sanitary napkin dispensers in restrooms, and are adequately contained by the liner;
• Disposable or cloth diapers that contain urine or feces, as long as there is no visible or expected blood in the diaper or among the urine or feces; and
• Tissue, paper towels, towels, linens or clothing that contain mucous secretions, urine or feces, as long as there is no visible blood.

Special instructions for handling sanitary napkin waste containers:
• Janitorial Worker’s must wear disposable impermeable gloves or utility gloves when cleaning restrooms and when emptying sanitary napkin waste containers.
• Janitorial Worker’s must fully remove the impermeable liner in the sanitary napkin waste container without touching or handling the items inside the plastic liner.
• The plastic liner (containing the sanitary napkins) may be deposited into any waste container, as long as there is no evidence of blood, liquid blood or dried blood on the outside of the plastic liner, and the waste container is lined with a plastic bag.
• If sanitary napkins have been disposed of in restroom waste cans, leave them there. Do not handle or transfer them to a biohazard regulated waste container.
• Waste bags containing sanitary napkins should be double-bagged as a precaution and discarded as you would other regular (non-regulated) waste.

NOTE: OSHA does not include discarded feminine hygiene products, used to absorb menstrual flow, within the definition of regulated waste. OSHA has stated that “the function of these products is to absorb and contain blood, and their material, under normal circumstances, prevents the release of liquid or semi-liquid blood or the flaking of dried blood.” OSHA has stated in several compliance directives that “sanitary napkins do not present a bloodborne pathogens exposure as long as they are deposited in waste containers that are lined in such a way as to prevent contact with the contents. However, there must be no skin contact with the blood during normal handling of such products from initial pickup through disposal in the outgoing trash”.

Employees must follow these additional safe work practices when handling all regulated waste:
• Employees must discard all items that fall into OSHA’s definition of regulated waste in FNA’s approved, regulated waste containers. FNA’s regulated waste containers are puncture-resistant and marked with the biohazard symbol. They are designed to be lined with heavy-duty waste can liners that are colored red.
• Approved regulated waste containers should be located as close as possible to the sources of regulated waste. At minimum, regulated waste containers must be available in the
nurses’ offices. They should also be available at other locations where bloodborne exposure is anticipated.

- If a regulated waste container is contaminated on the outside, employees must place that container within a second approved regulated waste container.
- If the regulated container contains an item that could puncture the container, this container must be placed within a second regulated waste container.
- Regulated waste containers must be maintained upright and not overfilled.
- All regulated waste containers should be closed before removal from any area, to prevent spillage of contents during handling, transport, or shipping.
- Red liners (waste bags) with small amounts of regulated waste may be consolidated into a single, large regulated waste container.
- All central collection areas for regulated waste must be locked.

All regulated waste containers must be closed during storage, transport, or shipping. Follow these directions to ensure that regulated waste containers are properly secured for transport:

- Box bottoms must be folded with the opposing sides in, and then taped securely. You may use heavy-duty duct or strapping tape.
- All red bags inside regulated waste containers must be tied off.
- All box tops must be both folded in and taped or the lid securely taped in place.
- There must be no visible damage to the regulated waste box.

B & P Waste Services will pick up accumulated regulated waste as requested and transport it to a proper disposal facility. Only designated staff members are to call B & P Waste Services for pick-up.

E. Decontaminating Equipment

Although this rarely occurs outside of a hospital or medical laboratory, employees should be alert to situations where equipment, which must be serviced or shipped outside the program, has become contaminated. In such instances, the equipment must be decontaminated before it is shipped or serviced.

An item is considered contaminated by OSHA if it has the presence or reasonably anticipated presence of blood or other potentially infectious material on it.

**Decontamination** is defined by OSHA as the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
The item is considered decontaminated when all visible blood is removed, and the item is disinfected with one of the following:

- A solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10, one-part bleach to ten-parts water; or
- A disinfectant registered by EPA as a tuberculocide (will kill TB); or
- A disinfectant registered by EPA as effective against both HIV and HBV.

If an employee suspects that a piece of equipment cannot be decontaminated, and it is an item, which is scheduled to be serviced or shipped outside the worksite, then the employee must:

- Notify a supervisor for specific instructions;
- Attach an appropriate biohazard warning label to the contaminated equipment, identifying the contaminated portion; and
- Provide information regarding the contamination to all affected employees, the equipment manufacturer, and the equipment service representative before handling, servicing, or shipping.

F. Housekeeping and Disinfection of Surfaces

General Housekeeping Guidelines

The Director is responsible for maintaining his/her program in a clean and sanitary condition. FNA has established a schedule and guidelines for cleaning and decontaminating sites. Directors and Lead/Day Custodians should customize this schedule to fit their particular facility usage and needs. (The schedule and guidelines appear on the following pages).

Specific Decontamination Guidelines

Employees must clean and decontaminate equipment and surfaces with an appropriate disinfectant:

- Immediately (or as soon as feasible) after surfaces are contaminated;
- After any spill of blood or other potentially infectious materials; and
- At the end of the work shift if the surfaces may have been contaminated during that shift.

Appropriate disinfectants for the cleanup of blood on surfaces include:

- A solution of 5.25% sodium hypochlorite (household bleach) diluted to 1:10, one-part bleach to ten-parts water; or
- A disinfectant registered by EPA as a tuberculocide (will kill TB); or
- A disinfectant registered by EPA as effective against both HIV and HBV.
**Recommended General Housekeeping Schedule and Cleaning Products for Fairbanks Native Association**

<table>
<thead>
<tr>
<th>Program Areas</th>
<th>Scheduled Cleaning</th>
<th>Cleaning Product or Disinfectant</th>
<th>Special Instructions</th>
</tr>
</thead>
</table>
| Nurses’ Office                                          | Daily (AM or PM)   | **General Cleaning:** Quaternary ammonium products or other recognized cleanser for non-contaminated surfaces  
**Disinfectant:** Any disinfectant registered by EPA as tuberculocide, or any disinfectant registered by EPA as effective against both HIV and HBV or a fresh solution (made up daily) of 5.25 % sodium hypochlorite (household bleach) diluted 1:10 with water. | Custodians: Clean/disinfect once daily or when blood/*OPIM spills occur  
Nurses & Teachers: Clean/disinfect small blood/*OPIM spills as they occur |
| Bathrooms in Nurses’ Office                            |                    |                                                                                                |                                                                                      |
| Dedicated Special Services Classrooms                   |                    |                                                                                                |                                                                                      |
| Bathrooms in Dedicated Special Services Classrooms     |                    |                                                                                                |                                                                                      |
| Student/Consumer Restrooms                             | Daily (AM or PM)   | **General Cleaning:** Quaternary ammonium products or other recognized cleanser for non-contaminated surfaces  
**Disinfectant:** Any disinfectant registered by EPA as tuberculocide, or any disinfectant registered by EPA as effective against both HIV and HBV or a fresh solution (made up daily) of 5.25 % sodium hypochlorite (household bleach) diluted 1:10 with water. | Custodians: Clean/disinfect once daily or when blood/*OPIM spills occur |
| Student/Consumer Rooms/Showers                         |                    |                                                                                                |                                                                                      |
| Other Areas                                             | As needed to maintain a clean environment | **General Cleaning:** Quaternary ammonium products or other recognized cleanser for non-contaminated surfaces  
**Disinfectant:** Any disinfectant registered by EPA as tuberculocide, or any disinfectant registered by EPA as effective against both HIV and HBV or a fresh solution (made up daily) of 5.25 % sodium hypochlorite (household bleach) diluted 1:10 with water. | Custodian cleans as needed based on program activities/usage.  
Custodian disinfects only when blood/*OPIM spills occur |

*OPIM – Other Potentially Infectious Materials  
**NOTE:** Household Bleach (chlorine bleach) should never be used on carpets or furniture.
NOTE: Hepatitis B has been documented by the CDC to survive at least one week in dried blood on environmental surfaces and contaminated needles and instruments. Because of this, some manufacturers of disinfectants (other than household bleach) specify that the disinfectant is applied and allowed to contact or dry on the surface for a full ten minutes before it is rinsed off or wiped off. Always check the manufacturer’s label on the container for the recommended application methods and application time.

All trash containers, pails, bins, and other receptacles intended for reuse (which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials) must be:

- Inspected, cleaned, and decontaminated on a scheduled basis; and
- Cleaned and decontaminated immediately or as soon as feasible if visibly contaminated.

If the item cannot be immediately decontaminated, employees may temporarily remove the item from human contact and mark it with a biohazard label.

Carpeting is difficult to decontaminate once extensive blood has penetrated the fibers. In these cases, you should restrict access to the contaminated area until the carpeting can be decontaminated or removed. For small blood spills on carpet, remove the blood with a carpet cleaner and then follow that treatment with an approved disinfectant.

G. Handling Contaminated Laundry

Contaminated laundry in program settings commonly includes:

- Sheets, pillowcases, blankets, and towels that are visibly marked by blood;
- Student/consumer clothing that is visibly marked by blood;
- Towels used in sports and activity programs that are visibly marked by blood; or
- Nurses’ clothing that is visibly marked by blood.

More rarely, other employees may find their clothing contaminated by blood after assisting a student/consumer who has been bleeding.

Employees are to follow these guidelines when handling contaminated laundry:

- Contaminated laundry should be handled as little as possible.
- Client/consumer-owned contaminated laundry should be removed only by a nurse, parent, other medical provider, or employee who has been trained in bloodborne pathogens and then bagged in a red plastic biohazard bag. The bag should be returned to the consumer/student for laundering at home.
- Contaminated towels and clothing may be laundered separately in an FNA washer and dryer.
Contaminated laundry should be laundered within eight hours to prevent staining or within 48 hours to limit any cross-contamination.

If the laundry is grossly contaminated by blood and presents the possibility of soak-through or leakage, the laundry should be disposed of in an approved, regulated waste container.

Employees who handle contaminated laundry should wear disposable or utility gloves. Utility gloves should always be decontaminated after use.

If the contaminated clothing is the employee’s, the employee should remove the clothing as soon as feasible and launder it separately either at the program or his/her own home. In rare instances, an employee’s clothing may need to be laundered professionally. Employees should contact the supervisor in such circumstances.

H. Personal Protective Equipment

OSHA Standard 1910.132

Where there is the possibility of occupational exposure to bloodborne pathogens, OSHA requires employers to provide appropriate personal protective equipment.

Personal protective equipment is considered “appropriate” by OSHA only if it does not permit blood or other potentially infectious materials to pass through the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or nose under normal conditions of use and for the duration of time which the protective equipment will be used.

FNA provides gloves, face shields, eye protection (glasses with side shields or goggles), and pocket masks for giving CPR. Directors or supervisors may also specify other specialized personal protective equipment depending on the task or activity involved and the potential for occupational exposure to bloodborne pathogens. (See the “Types of Personal Protective Equipment” chart to see which tasks require which type of personal protective equipment).

Availability and Cost

FNA provides this equipment at no cost to employees. The Directors or Site-Coordinators at each site is responsible for making sure that personal protective equipment is readily available and repaired or replaced as needed.

Laundering

FNA is responsible for laundering and disposal of personal protective equipment (this does not include regular work clothes) at no cost to the employee. Employees may not take contaminated protective equipment (such as gloves, gowns, or smocks) to their homes for laundering.
# Types of Personal Protective Equipment

<table>
<thead>
<tr>
<th>Task/Activity</th>
<th>Glove Type</th>
<th>CPR Mask</th>
<th>Other Protective Gear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving injections using hypodermics</td>
<td>Disposable</td>
<td>No</td>
<td>Goggles (optional)</td>
</tr>
<tr>
<td>CPR/Mouth-to-Mouth Resuscitation</td>
<td>Disposable</td>
<td>Yes</td>
<td>Goggles (optional)</td>
</tr>
<tr>
<td>Control of minimal bleeding</td>
<td>Disposable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Control of spurting blood</td>
<td>Disposable</td>
<td>No</td>
<td>Face shield, gown, or smock</td>
</tr>
<tr>
<td>Handling respiratory or feeding tubes, or suctioning body fluids</td>
<td>Disposable</td>
<td>No</td>
<td>Goggles (optional); gown or smock if needed</td>
</tr>
<tr>
<td>Diapering and toileting consumers with medical conditions that may cause</td>
<td>Disposable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>blood in urine or stools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding; brushing or flossing teeth; or providing speech therapy to</td>
<td>Disposable</td>
<td>No</td>
<td>Goggles (optional)</td>
</tr>
<tr>
<td>consumers who have the potential for bleeding gums or who have little</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>control of saliva</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with a consumer/student who habitually bites or scratches others</td>
<td>Not normally</td>
<td>No</td>
<td>Contact H &amp; S Coordinator</td>
</tr>
<tr>
<td>Physical contact with consumers/students with open skin lesions</td>
<td>Disposable</td>
<td>No</td>
<td>May require protective clothing depending on location of the skin lesions</td>
</tr>
<tr>
<td>Checking bags and belongings of BHS consumers</td>
<td>*Puncture Proof</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cleanup of blood on surfaces or cleanup of contaminated items or surfaces</td>
<td>Disposable/</td>
<td>No</td>
<td>Goggles (optional)</td>
</tr>
<tr>
<td></td>
<td>*Utility Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pickup and handling of regulated waste liners and containers</td>
<td>*Utility Gloves</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Handling contaminated laundry</td>
<td>Disposable/</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>*Utility Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor and maintenance tasks</td>
<td>Utility Gloves</td>
<td>No</td>
<td>Safety glasses</td>
</tr>
</tbody>
</table>

**NOTE:** Goggles or face shields must be worn in areas where splashes, sprays, spatters or droplets of blood may be generated, and eye, nose, and mouth contamination is reasonably anticipated.

**NOTE:** Custodians may want to wear utility gloves over disposable gloves in some instances.

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**General Policies on the Use of Personal Protective Equipment**
• Employees are responsible for inspecting their personal protective equipment, and seeing that it is repaired or replaced as needed.
• Reusable personal protective equipment must be cleaned and decontaminated.
• Single-use personal protective equipment should be disposed of in appropriate regulated waste containers.
• Employees must remove any garments penetrated by blood or other infectious materials immediately or as soon as is feasible.

Hand Protection

Employees must wear gloves whenever they anticipate hand contact with blood, other potentially infectious materials, mucous membranes, and the non-intact skin of another person. There are two types of gloves approved for use by the FDA for protection against bloodborne pathogens:

• Single-use disposable gloves, typically of latex rubber, for medical use such as injections, First Aid/CPR, direct patient care, and minor blood cleanup.
• Reusable rubber or vinyl utility gloves, typically used for housekeeping where the potential for occupational exposure to bloodborne pathogens occurs.

Employees must follow these safe practices when using gloves:

• Employees must remove and dispose of single-use disposable gloves as soon as possible after contamination, or if they are torn, punctured, or otherwise lose their ability to function as an effective barrier.
• Single-use disposable gloves must not be reused.
• Single-use disposable gloves must be changed between patient contacts.
• Utility gloves may be decontaminated and reused, unless they are cracked, peeling, torn, punctured, or they exhibit other signs of deterioration and lose their ability to function as an effective barrier.
• All gloves should be carefully removed to avoid transferring bloodborne pathogens from the glove to the hand.
• Employees must wash their hands thoroughly after glove removal.

Employees with Latex Allergies

FNA will provide hypoallergenic gloves, glove liners, powder-free latex gloves, and alternatives to latex gloves to employees who are allergic or sensitive to the disposable latex gloves normally used. Symptoms of allergy to latex (natural rubber latex) are similar to symptoms of many other illnesses and may include blistering, itching, hives, runny nose, wheezing, cough, and shortness of breath. Employees who suspect they have a latex allergy shall contact their supervisor and ask for alternative gloves.
Section 8-5: Hepatitis B (HBV) Vaccinations

FNA provides HBV vaccinations for employees whom FNA has determined to have occupational exposure to bloodborne pathogens. The HBV vaccination is offered at no cost to the employee and at a reasonable time and place. For more information, see the “HBV Vaccination Information Bulletin” in the Attachments to this document.

The vaccination is offered to an employee within ten working days or as soon as feasible:

- After an employee’s assignment to a job-classification or a job task with occupational exposure to bloodborne pathogens; and
- Following that employee’s participation in FNA’s BBP Training Program.

The HBV vaccination program consists of three inoculations given over a six-month period.

FNA will not require employees to get the HBV vaccination series:

- If the employee has already received the complete HBV vaccination series;
- If the employee’s physician feels that the HBV vaccine is contraindicated for medical reasons; or
- If the employee declines to accept the HBV vaccination.

If the employee declines the vaccination, the employee must sign and date the “HBV Vaccination Declination Form” (See the Attachments). Employees who initially decline the vaccination will be given the opportunity to receive the vaccination at a later date if the employee requests it in writing.

At this time, there is no OSHA requirement or USPHS recommendations for routine post-vaccination testing to assure that the HBV vaccination results in immunity, or to provide booster doses of the Hepatitis B vaccine in future years.

Section 8-6: Exposure Incidents

FNA recognizes that, even with the implementation of strong exposure controls in our programs, exposure to bloodborne pathogens can still occur. As a result, FNA has developed specific investigations and follow-up procedures for all reported bloodborne pathogen exposure incidents.

An exposure incident is defined by OSHA as a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee’s duties. Parenteral means “piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.”
FNA’s exposure incident evaluation process is outlined in the flowchart on the following page and described in detail in the following steps:

Step 1: Decontamination

The employee should decontaminate himself/herself by washing the exposed area with antiseptic soap and water, or shower and change clothes if necessary. If visible blood is present on surfaces, the area should be thoroughly decontaminated by the nurse, custodian or other persons, using the proper methods and personal protective equipment.

Step 2: Report the Exposure

The employee should immediately report the incident to the Program Director/Supervisor or nurse (if applicable). The Program Director/Supervisor or nurse should then immediately report the exposure incident by telephone to the Health & Safety Coordinator and Human Resources.

The employee must then complete three forms: (See Attachments).

- FNA’s **BBP Exposure Incident Report form**. (This should be emailed, faxed or sent by interoffice to the Health & Safety Coordinator and Human Resources within 24 hours of the exposure incident.)

- **Sharps Injury Log**. (This needs to be attached to the BBP Exposure Incident Report form.)

- The State of Alaska’s **Report of Occupational Injury or Illness form**. If the employee contacts Alaska National’s Medcor 1-800-553-8041 as soon as they can, Medcor will fill this form out for the employee and send it to the State of Alaska as well as the Health & Safety Coordinator. This form needs to be sent to Human Resources within 48 hours of the exposure incident.

Step 3: Medical Exam and Testing of Employee

FNA will immediately direct the employee to the employer’s medical service provider or the employee’s medical provider. The employer will pay the cost of medical exams and lab tests. An accredited laboratory must conduct all lab tests. This medical follow-up should occur within 24 hours of the exposure.

The employee may refuse the post-exposure medical examination, blood testing, or post-exposure vaccination.

If the employee consents, the medical exam, and treatment must include:
• Collection of the employee’s blood;
• Baseline testing of the employee’s blood for HBV and HIV serological status and other related conditions (such as HCV) as recommended by the physician;
• Administration of post-exposure prophylaxis, such as Hepatitis B Immune Globulin (HBIG), as recommended by the U.S. Public Health Service/CDC;
• Administration Tetanus diphtheria (Td) shot (if human bite exposure);
• Counseling of the employee regarding the exposure incident (including recommended safe practices during the first 12 months after the exposure incident, including safe, protected sex and safe contact with family members, fellow employees, and students);
• Evaluation of the employee’s current health status; and
• Additional tests or treatment if recommended by the physician.

Employees may initially decline HIV testing. An employee has 90 days following initial baseline blood collection to decide if they wish to have their blood tested for HIV. During that time, the physician is required to preserve the blood. If, after 90 days, the employee still declines to have HIV testing done, then the blood sample may be discarded.

To assist physicians in consulting with FNA employees following an exposure incident, FNA will provide the physician with the following:

• FNA’s procedure for medical evaluation following exposure to a bloodborne pathogen (See Directive to Physician’s in the Attachments);
• A copy of FNA’s Bloodborne Pathogens Exposure Control Plan and a copy of OSHA’s Bloodborne Pathogens (HBV/HIV) Standards (if needed);
• A copy of the employee’s BBP Exposure Incident form;
• A copy of the employee’s Hepatitis B vaccination record (if available); and
• The name of the physician who evaluated the source individual’s blood tests (if these were completed).
• The employee will provide the physician with any other relevant medical records.

Step 4: Investigation

The Health & Safety Coordinator will begin an investigation of the exposure incident as soon as notification of the exposure incident and the employee’s completed “Exposure Incident Report” Form is received. The “BBP Exposure Incident Follow-Up Checklist” will be used to ensure that all required follow-up action is completed. (See attachments).

The investigation involves gathering the following information:

• When the incident occurred (date and time);
• Where the incident occurred;
• What blood or potentially infectious materials were involved in the incident;
• What was the source of the blood or potentially infectious material;
• The route of exposure (e.g., mouth, eye, non-intact skin, bite);
• The circumstances under which the exposure incident occurred (e.g., the work or activity being performed or the emergency situation);
• The personal protective equipment being used at the time of the incident; and
• The actions taken following the incident, such as employee decontamination, cleanup, and reporting.

The purpose of the investigation is not to find fault, but to find out what caused the exposure and to implement corrective actions to prevent future exposure incidents.

**Step 5: Document Source Individual**

If possible, the Health & Safety Coordinator will attempt to identify the source individual and request that the source individual undergoes blood tests to verify his/her HIV/HBV status. The Health & Safety Coordinator will keep the identity of the source individual confidential. If the source individual is an underage consumer, parental permission must be obtained, and the parent must transport the consumer to a physician for the blood tests. The source individual or the parent is not compelled to consent to blood tests. The exposed employee does not have the right to pressure the source individual to be tested.

If the source individual or the parent consents to testing, then the following procedures should be followed:

a. A physician of the source individual’s choice will test the source individual’s blood for HBV and HIV.
b. The physician evaluating the source individual will communicate the results of these blood tests to the physician treating the exposed employee.
c. The physician treating the exposed employee will communicate to the exposed employee whether there is a risk of transmission of HBV or HIV from the exposure incident.

To protect the medical privacy right of both the employee and the source individual, the blood test results and medical status of both individuals will remain confidential to their individual treating physicians. FNA will not be provided with information about the HIV or HBV status of either the employee or the source individual unless the employee contracts HIV or HBV and its determined by the physician that the disease transmission occurred as a result of the documented exposure incident.

**Step 6: Physician’s Written Opinion**
Within 15 days of consultation with the employee, the physician will provide FNA’s Health & Safety Coordinator, Human Resources Director and the employee with a written opinion evaluating the employee’s health situation. (See Attachments).

To maintain confidentiality, the physician’s written opinion will contain only the following information:

- Whether Hepatitis B vaccination is indicated for the employee;
- Whether the employee has already begun receiving the Hepatitis B Vaccination;
- Confirmation that the employee has been informed of the results of the medical exam, blood tests, and evaluation; and
- Confirmation that the employee has been advised of medical conditions that have or may result from the exposure incident which requires further evaluation or treatment.

**Step 7: Medical Follow-Up**

Medical follow-up treatment will be provided to the employee, as recommended by the U.S. Public Health Service.

**For HBV exposure**, follow-up treatment may include:

- For a non-immunized employee, administer HBIG (Hepatitis B Immune Globulin) if medically indicated and Hepatitis B vaccine (three injection series).
- For a previously immunized employee, administer a follow-up blood sample to confirm the existence of Hepatitis B antibodies (immunity), and repeat HBV vaccination, if necessary.

**For HIV exposure**, follow-up treatment may include:

a. Blood test for HIV – EIA (enzyme immunoassay):
   - Repeat test six weeks from date of exposure
   - Repeat test twelve weeks from date of exposure
   - Repeat test six months from date of exposure
   - Repeat test twelve months from date of exposure

b. Prophylaxis treatment if medically indicated and the employee consents to receive it.

During the year following the exposure incident, the employee should contact the physician immediately if he/she experiences any acute illness or infection particularly if it is characterized by rash, fever, extreme fatigue, or swollen lymph nodes.

If test results are negative after one year, the physician will determine if any additional testing is warranted.
If test results are positive at any time after the baseline test, a blood specimen will be drawn for the Western Blot Test (a more accurate test). If the Western Blot Test is positive, the employee’s physician will certify to the Health & Safety Coordinator and Human Resources Director that the employee has experienced a positive HIV exposure on the job. At any time, FNA will complete a new State of Alaska “Report of Occupational Illness or Injury” and the physician will make recommendations to the employee, FNA’s Worker’s Compensation Insurer (Alaska National) and the Health & Safety Coordinator, and Human Resources Director about the future medical care for the employee.
Bloodborne Pathogens Exposure Incident Follow-Up Procedures

**Employee**
- Employee experiences exposure to blood or OPIM
  - Employee immediately decontaminates skin and work surfaces
  - Employee reports exposure incident to Director/Supervisor
    - Director/Supervisor reports exposure incident immediately to the Health & Safety Coordinator
      - Director/Supervisor or Nurse verifies that an exposure occurred
  - Employee completes BBP Exposure Incident Form
    - Employee visits physician for initial HIV/HBV blood tests, vaccination, and mental exam (preferably within 24 hours of exposure).
      - Physician provides written opinion within 15 days
    - Employee continues medical follow-up testing and treatment if recommended by physician
      - Physician advises Health & Safety Coordinator/HR if positive HIV/HBV blood test results
  - Health & Safety Coordinator reviews physician’s written opinion

**Supervisor**
- Health & Safety Coordinator investigates exposure incident and completes BBP Exposure Incident Checklist

**Source Individual**
- Source individual visits physician for HIV/HBV blood testing
  - Source individual’s physician evaluates HIV/HBV status of source individual and informs employee’s physician if disease transmission is possible
- Health & Safety Coordinator/HR advises State DOL-Worker’s Comp/Alaska National that positive disease transmission has occurred
Section 8-7: Communication of Hazards to Employees

FNA uses a variety of methods to communicate the hazards of occupational exposure to bloodborne pathogens to our employees. These include:

- FNA’s Bloodborne Pathogens Exposure Control Plan
- Biohazard labels, signs, and colors
- Employee information and training programs

A. Written Bloodborne Pathogens Exposure Control Plan

This is FNA’s written Bloodborne Pathogens Exposure Control Plan. Copies of the plan may also be reviewed in the following locations:

- Employee work areas at each program
- Health & Safety Coordinator’s office
- Human Resources Department

This written plan is reviewed and updated at least annually, or whenever changes in job descriptions or job duties result in a change in employee occupational exposure to bloodborne pathogens.

B. Biohazard Labels, Signs, and Colors

FNA uses the universal biohazard symbol and the word “Biohazard” (see the appendix for example) to alert employees to locations and situations that present a potential exposure to bloodborne pathogens. Employees will see the biohazard symbol on:

- Program sharps collection containers;
- Program regulated waste containers;
- Outside doors to regulated waste collection and storage areas.

In addition to the biohazard symbol, FNA uses red-colored plastic waste-can liners to designate the contents as regulated waste.

C. Employee Information and Training Program

FNA provides information and training for those employees determined to have occupational exposure to bloodborne pathogens. Three basic types of training are provided:

- Initial New Hire Training
  A comprehensive initial Bloodborne Pathogens Training is provided to all employees in job descriptions which have been determined by FNA to be at risk of occupational exposure to bloodborne pathogens (see the “Exposure Determination” section of this
Refresher training should also be provided whenever there is a change in tasks or activities that could present an occupational exposure to bloodborne pathogens.

- **Annual Refresher Training**
  All employees who complete the comprehensive initial training program are required to complete a refresher training program annually (within one year of an employee’s previous training). Refresher training should also be provided whenever there is a change in tasks or activities that could present an occupational exposure to bloodborne pathogens.

- **Exposure Prevention Information**
  Any FNA employee, student worker, contracted employee, parent volunteer, or substitute employee may face an unexpected exposure to bloodborne pathogens in the event of a consumer/student injury. Because of this, FNA will provide employees and volunteers with site-specific information about universal precautions and protection against bloodborne pathogens when responding to an injured consumer or co-worker. These employees and volunteers should also be urged to report any incidence of exposure to blood so that the appropriate medical follow-up can be provided.

**Training Schedule and Methods**

Because of numerous program sites within FNA, safety training in the Bloodborne Pathogens Exposure Control Plan is conducted in a variety of ways:

- On a program basis;
- Through a targeted site-specific training programs for specific employees with occupational exposure;
- During staff meetings at individual programs;
- Through informational flyers, newsletters, and bulletins distributed to all programs or targeted to specific hazard areas;
- Through presentations found on FNA’s website.

Training programs are provided during working hours at no cost to the employee.

**Trainers**

Under OSHA regulations, the person providing the training must be knowledgeable in the subject matter covered by the training program as it relates to the specific workplace addressed by the training. Any FNA employee who desires to become a trainer for the comprehensive initial Bloodborne Pathogens training program must attend a Bloodborne Pathogens/OSHA related training.

As much as feasible, FNA provides training materials that are appropriate in content and vocabulary to the employee’s educational level, literacy, and language skills. If an employee is
only proficient in another language, the trainer or an interpreter must convey the information in that language.

**Training Content**

FNA’s Comprehensive Initial Bloodborne Pathogens Exposure Control Plan training program includes the following elements:

- An accessible copy and an explanation of the contents of the OSHA Bloodborne Pathogens Standard;
- An accessible copy, list of locations, and the explanation of the content of FNA’s written Bloodborne Pathogens Exposure Control Plan;
- The general epidemiology and symptoms of Hepatitis B and HIV;
- The modes of transmission of bloodborne pathogens;
- Other bloodborne pathogens that exist;
- How to recognize work tasks and activities that involve potential exposure to bloodborne pathogens;
- The use and limitations of control methods that can reduce exposure to bloodborne pathogens (engineering controls, work practice controls, and personal protective equipment);
- The types, proper use, locations, removal, handling, decontamination, and disposal of personal protective equipment;
- The basis for selecting and using personal protective equipment;
- The Hepatitis B vaccine, its effectiveness, safety, and benefits;
- That the HBV vaccine is offered free of charge;
- The procedures to follow and how to report an emergency situation involving blood or other potentially infectious materials;
- The procedures to follow after an exposure incident, including how to report it and what medical follow-up will be made available to the employee;
- The biohazard labeling and color coding used by FNA for regulated waste containers and storage areas;
- The post-exposure evaluation and follow-up that FNA provides for the employee following an exposure incident (at no cost to the employee); and
- The employee’s right to refuse HBV vaccination and subsequent right to the HBV vaccination at a later date.

All initial training sessions must include an opportunity for interactive questions and answers with the person conducting the training session.
Any employee who has questions about FNA’s Bloodborne Pathogens Exposure Control Plan, or any Program Director or Program Health Specialist, who needs assistance in training new employees, is encouraged to contact the Health & Safety Coordinator.

**Section 8-8: Recordkeeping**

The OSHA Bloodborne Pathogens (HBV-HIV) Standard requires that employers maintain specific medical and training records that relate to occupational exposure to bloodborne pathogens.

**Medical Records**

FNA Human Resources Department is responsible for maintaining the following employee medical records relating to occupational exposure to bloodborne pathogens:

- The name, employee ID number, and social security number of the employee;
- A copy of the employee’s Hepatitis B Vaccination status;
- Sharps Injury Log
- Dates of HBV vaccinations; and
- Records relating to an employee’s ability to receive a vaccination.
- Records of an employee’s exposure to bloodborne pathogens;
- Sharps Injury Log
- Information provided to an employee’s physician as a result of any exposure to bloodborne pathogens; and
- The physician’s written opinion following an employee’s exposure incident.

As with all employee medical records, the medical information mentioned above is confidential. FNA will not disclose or report this information to anyone without the employee’s written consent (except as may be required by law). This information, along with all health/medical records of employees, will be kept on file for thirty (30) years after the employee leaves employment with FNA.

**Training Records**

FNA, to assure that employees have received the necessary training, keeps records of safety training sessions. This includes:

- Dates and length of time of training sessions;
- Contents/summary of the training sessions;
- Names and qualifications of the instructor(s); and
- Name of employees attending the training session(s).
These training records are available for examination and copying by OSHA, its representatives, and employees and employee representatives, for three years from the date on which the training occurred.