



# CETPA TEAM MEMBER HANDBOOK

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## SECTION E: Emergency Procedures

[www.cetpa.org](http://www.cetpa.org)

3/1/2011

## **Emergency Procedures**

At CETPA, nothing is more important than the safety of our Clients and Team Members in the event of an emergency.

This **Emergency Procedures** information is designed to provide you detailed information of what to do if any of the following emergencies take place.

### **STAY IN THE OFFICE (GREEN ZONE) OR OUT**

- Fire (Code RED/GO OUTSIDE)
- Bomb & Biohazard Threat (Code BLACK/STAY INSIDE)
- National Disasters (Code WHITE/STAY INSIDE)
- Utility Failure (Code GREEN/DEPENDS ON UTILITY)
- Medical Emergencies (Code BLUE/ASSIST)
- Psychiatric Emergencies (Code PURPLE/ASSIST)
- Violent or Threatening Situation (Code ORANGE/ASSIST)

There will be drills on most emergencies during each year. It is important that you participate in these drills as if it was a true emergency.

During the drills, we will look for organization, proper use of tools provided, proper use of action outlined, and time.

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### **Roles:**

**SAFETY OFFICERS:** MARCELA ESPINOSA or PAOLO MANCINI

All workers have a right to work in places where risks to their health and safety are properly controlled. Health and safety is about stopping you from getting hurt at work or ill through work. Your employer is responsible for health and safety, but you must help.

### **CETPA's Role:**

1. Decide what could harm you in your job and the precautions to stop it. This is part of risk assessment.
2. In a way you can understand, explain how risks will be controlled and tell you who is responsible for this.
3. Consult and work with you and the Safety Officer in protecting everyone from harm in the workplace.
4. Free of charge, give you the health and safety training you need to do your job.
5. Free of charge, provide you with any equipment and protective clothing you need, and ensure it is properly looked after.
6. Provide toilets, washing facilities and drinking water.
7. Provide adequate first-aid facilities – in BLUE bins.
8. Report injuries, diseases and dangerous incidents at work to our Safety Officer.
9. Have insurance that covers you in case you get hurt at work or ill through work.
10. Work with any other employers or contractors sharing the workplace or providing employees (such as agency workers), so that everyone's health and safety is protected.

### **Your Role:**

1. Follow the training you have received when using any work items your employer has given you.
2. Take reasonable care of your own and other people's health and safety.
3. Co-operate with your employer on health and safety.
4. Tell someone (your employer, supervisor, or the Safety Officer) if you think the work or inadequate precautions are putting anyone's health and safety at serious risk.

## Emergency Phone Numbers:

- 1) Police, Fire, and Emergency Medical Services (EMS)  
9-1-1 (no # required)
- 2) Gwinnett County 9-1-1 Communication Center  
(#) (770) 513-5134
- 3) Child Protective Services  
(#) (678) 518-5630
- 4) Gwinnett County Dept. of Fire and Emergency Services  
(#) (678) 518-4800
- 5) Gwinnett County Sheriff's Department (#) (770) 619-650  
(#) (770) 619-6300
- 6) Gwinnett Sexual Assault Center  
(#) (770) 476 7404
- 7) Poison Control  
(#) (800) 222-1222
- 8) Georgia Crisis and Access Line  
(#) (800) 715-4225
- 9) (#) National HIV Hotline  
(800) 232-4636

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## MY DEPARTMENT'S INFORMATION

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Direct Supervisor: \_\_\_\_\_ ph# \_\_\_\_\_

Health and Safety Officer: \_\_\_\_\_ ph# \_\_\_\_\_

H/S Team Member: \_\_\_\_\_ ph# \_\_\_\_\_

Assembly Area for OUTSIDE: \_\_\_\_\_

Assembly Area for INSIDE: \_\_\_\_\_

CETPA Main Phone Number: \_\_\_\_\_

\*an extension list has already been sent out. If you need one, let me know.

In case of emergency, we will also try to have information available at [www.cetpa.org](http://www.cetpa.org).

**NEXT** we will be looking at CODES. Every emergency has a particular code (which will be a color) associated with that emergency. **To announce the emergency, DIAL 50 (no #)**. This action will let each phone via speaker hear the CODE you are reporting. Again, please use the code and not what it means. Ex: Say "Code Black" instead of "We just got a bomb threat."

# **FIRE EMERGENCY**

## **Code "RED"**

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### **Fire Emergency (CODE RED)**

1) **Procedure:**

(a) In the event that you smell smoke or see a fire, **please KEEP CALM**. Most importantly do not shout "FIRE" in the event that this may panic or cause confusion to our clients and Team Members. Immediately: pick up the phone – dial 50 (no #) and say "Code Red, and your location."

(i) Pick up your nearest Fire Extinguisher "which is in the new floor plans) and try to rescue anyone that you see is in immediate danger. Don't forget Stop, Drop, and Roll (as long as you are not still in the fire)

(ii) Activate the alarm and call 911 (NO # NEEDED) for emergency services.

(iii) Report the fire to the Safety Officer, the receptionist, and Team members.

(iv) These individuals will alert all personnel – like the Clubhouse, and even prevention, in case they can help as well.

(v) Close all doors and windows – wind from outside may fuel the fire.

(vi) Turn off all electrical equipment (e.g., computers, copy machines, coffee machines, lights, etc.)

(vii) Fight the fire using all available equipment. **Available fire extinguishers (ABC) are operated as follows:**

Remembering the **PASS** acronym:

- 1. P – Pull the pin, breaking the seal.**
- 2. A – Aim near the base of the fire**
- 3. S – Squeeze handle or press lever**
- 4. S – A sweeping side to side to extinguish fire.**

(viii) Be prepared to evacuate and go to know the "SAFE PLACE" as outlined by CETPA. And remember, **ARCE:**

- **A Alert**  
Call 911. Call the Fire Department. Call CODE RED.
- **R Rescue**  
Evacuate all clients from the building. They are our first concern.
- **C Contain**  
Contain the fire by closing all windows and doors. Turn off all electrical equipment (e.g., computers, copy machines, coffee machines, lights, etc.)
- **E Extinguish**  
Follow the instructions on the fire extinguisher. Do not attempt to bring a serious fire under control – leave any fire of a serious nature to the professional fire fighters. Evacuate yourself from the premises.

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### 2) **Evacuation/Exit:**

- (a) All Team Members exiting through the front entrance will assemble on the far north end of the parking lot. **AWAY FROM ALL WINDOWS!**
  - (i) Health and Safety Team Members will ensure to check:
    - Bathrooms
    - Kitchen
    - Dance Room
    - All Group Rooms
    - Conference Room
    - Play Therapy Room
  - (b) Those exiting the rear of the building will assemble at the far north end of the alley. **AWAY FROM ALL WINDOWS!**
  - (c) Both groups will assemble at the north end of the building (near 6010)
  - (d) Receptionists and Counselors will check their sign-in lists and account for all clients and determine if clients or Team Members are missing.
  - (e) The fire department will be notified immediately upon their arrival of missing personnel.

### 3) **Prevention Department:**

- (a) Please look at your floor plans to see where you need to go in case of a fire. There are many windows in the Prevention Building. **PLEASE STAY AWAY FROM ALL WINDOWS!**

# BOMB/BIOHAZARD THREAT

## Code "BLACK"

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**Bomb & Biohazard Threat (CODE BLACK)** - The threat that a bomb has been planted is usually made via the telephone. In the majority of cases, these threats have been proved to be false and no device or material was located. However, the potential for loss of human life and property is so great that each situation must be pursued and evaluated.

- 1) **Telephone**- The person receiving the call should immediately:
  - (a) Signal another Team Member that a bomb threat is being received and to contact the police by dialing 911.
  - (b) As much sense as it sounds to evacuate the building, we must stay in our offices with the doors closed. A mass exit could make the person with the bomb to detonate it quicker.
  - (c) The Team Member receiving call should obtain as much information as possible by following the Bomb Threat Checklist.
  - (d) The form "Bomb Threat Call Procedures" is located at the end of this section.
  
- 2) **Written** - Written threats can come in the form of a note, letter or fax, or through the U.S mail. Any document will become evidence at the trial of any perpetrator. It may be critical to a successful prosecution and positive identification of the perpetrator. It is extremely important.
  - (a) **DO NOT** handle the envelope or letter/note any more than is necessary and limit the number of persons who touch these items. Know who the people are that have touched these items so elimination fingerprints can be obtained. Once proper notification has been made to police/security personnel, place the item(s) in a folder or large envelope to protect them and tell others not to handle them.
  - (b) Immediately call your Safety Officer to notify the police or persons with the safety/security responsibility at the facility.
  - (c) Safeguard the received material until it is given to the proper authority.
  - (d) The location where the envelope is should be sealed immediately.
  - (e) **In the event that the envelope contains a biohazard material.** Please seal the room you are in, and stay in there with the envelope. The rest of the building will be evacuated. Please do not allow material to leave that room until personnel from the CDC come and investigate if it's a real threat or just a scare tactic. (more information on next page)

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- 3) **Suspicious Package** - If a suspicious package or device is found, **immediately** notify the police and CDC. **Do not touch or handle any suspicious item!**

All the people where the package is in, must stay there as you seal the office as much as you can. The purpose is so that the virus does not spread further than the office where it was opened.

**If the package is a suspected biohazard (e.g. Anthrax):** It is unlikely that any threat of exposure to a biohazard, such as anthrax, will be found, but the potential exists. All such threats should be taken seriously.

- (a) **Handling Suspected Packages or Envelopes**- If a suspicious bag or package is noticed in the building: do not touch it and ask if others if it belongs to them.
- (i) If it does not belong to anyone else, follow these procedures:
- Do not shake or empty the contents of any suspicious package or envelope.
  - Do not carry the package or envelope, show it to others or allow others to examine it.
  - Do not sniff, touch, taste, or look closely at it or at any contents that may have spilled.
  - Notify the Safety Officer and your supervisor.
  - Alert others in the area.
  - Leave the area, and go to the Green Zone in your area. Put on face masks and gloves.
  - Close any doors and activate the alarm for information that could be shared with the police or the CDC.
  - Take actions to prevent others from entering the area.
- (ii) *Evacuation/Exit*
- Unfortunately for these cases, you must stay inside until the police, the Bomb Squad or the CDC determines it is a real threat and not a fake one. Again, the purpose is to prevent the further infections.
  - The people that stay in (in a biohazard situation), the CDC will be cleansing you from the effects in the event the threat was real.

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### BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call \_\_\_\_\_
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call \_\_\_\_\_
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected Delivery
- Poorly handwritten
- Misspelled Words
- Incorrect Titles
- Foreign Postage
- Restrictive Notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

### WHO TO CONTACT (select one)

- Follow your local guidelines
- Federal Protective Service (FPS) Police  
1-877-4-FPS-411 (1-877-437-7411)
- 911

### BOMB THREAT CHECKLIST

Date:  Time:

Time Caller Hung Up:  Phone Number where Call Received:

#### Ask Caller:

- Where is the bomb located?  
(Building, Floor, Room, etc.) \_\_\_\_\_
- When will it go off? \_\_\_\_\_
- What does it look like? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What will make it explode? \_\_\_\_\_
- Did you place the bomb? Yes No \_\_\_\_\_
- Why? \_\_\_\_\_
- What is your name? \_\_\_\_\_

#### Exact Words of Threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Information About Caller:

- Where is the caller located? (Background and level of noise) \_\_\_\_\_
- Estimated age: \_\_\_\_\_
- Is voice familiar? If so, who does it sound like? \_\_\_\_\_
- Other points: \_\_\_\_\_

Caller's Voice	Background Sounds:	Threat Language:
<input type="checkbox"/> Accent	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Angry	<input type="checkbox"/> House Noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Calm	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Coughing	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Crying	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Deep	<input type="checkbox"/> Music	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Motor	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Clear	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Static	
<input type="checkbox"/> Excited	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Female	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Local	
<input type="checkbox"/> Lisp	<input type="checkbox"/> Long distance	
<input type="checkbox"/> Loud		
<input type="checkbox"/> Male		
<input type="checkbox"/> Nasal		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		

Other information: \_\_\_\_\_

\_\_\_\_\_



Homeland Security

# NATURAL DISASTERS

## Code "White"

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### Natural Disasters (CODE WHITE)

To help you better understand how weather can affect you. Here is an explanation of weather watches and warnings.

Below is a complete list of watches and warnings that could affect central North Carolina throughout the year provided by the National Weather Service. Stay tuned to Eyewitness News and our team of meteorologist for forecast every day and up to the minute whenever weather events occur.

[Watches | Warnings](#)

## Watches:

A watch is used when the risk of a hazardous weather or hydrologic event has increased significantly, but its occurrence, location, and/or timing is still uncertain. It is intended to provide enough lead time so that those who need to set their plans in motion can do so.

### Excessive Heat Watch

Issued by the National Weather Service when heat indices in excess of 105°F (41°C) during the day combined with nighttime low temperatures of 80°F (27°C) or higher are forecast to occur for two consecutive days.

### Flash Flood Watch

Issued to indicate current or developing hydrologic conditions that are favorable for flash flooding in and close to the watch area, but the occurrence is neither certain or imminent.

### Flood/Flash Flood Watch

Issued to inform the public and cooperating agencies that current and developing hydro meteorological conditions are such that there is a threat of flooding, but the occurrence is neither certain nor imminent.

### High Wind Watch

This product is issued by the National Weather Service when there is the potential of high wind speeds developing that may pose a hazard or is life threatening. The criteria for this watch varies from state to state. In Michigan, the criteria is the potential for sustained non-convective (not related to thunderstorms) winds greater than or equal to 40 mph and/or gusts greater than or equal to 58 mph.

### Hurricane Watch

An announcement of specific coastal areas that a hurricane or an incipient hurricane condition poses a possible threat, generally within 36 hours

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### Inland Hurricane Watch

Issued for interior counties when sustained winds of 74 mph or greater associated with a hurricane are possible within 36 hours.

### Inland Tropical Storm Watch

Issued for interior counties when sustained winds of 39 to 73 mph associated with a tropical storm are possible within 36 hours.

### Severe Thunderstorm Watch

This is issued by the National Weather Service when conditions are favorable for the development of severe thunderstorms in and close to the watch area. A severe thunderstorm by definition is a thunderstorm that produces 3/4 inch hail or larger in diameter and/or winds equal or exceed 58 miles an hour. The size of the watch can vary depending on the weather situation. They are usually issued for a duration of 4 to 8 hours. They are normally issued well in advance of the actual occurrence of severe weather. During the watch, people should review severe thunderstorm safety rules and be prepared to move a place of safety if threatening weather approaches.

### Tornado Watch

This is issued by the National Weather Service when conditions are favorable for the development of tornadoes in and close to the watch area. Their size can vary depending on the weather situation. They are usually issued for a duration of 4 to 8 hours. They normally are issued well in advance of the actual occurrence of severe weather. During the watch, people should review tornado safety rules and be prepared to move a place of safety if threatening weather approaches.

### Tropical Storm Watch

An announcement that a tropical storm poses or tropical storm conditions pose a threat to coastal areas generally within 36 hours. A tropical storm watch should normally not be issued if the system is forecast to attain hurricane strength.

### Winter Storm Watch

This product is issued by the National Weather Service when there is a potential for heavy snow or significant ice accumulations, usually at least 24 to 36 hours in advance. The criteria for this watch can vary from place to place.

## Warnings:

A warning is issued when a hazardous weather or hydrologic event is occurring, is imminent, or has a very high probability of occurring. A warning is used for conditions posing a threat to life or property.

### Blizzard Warning

Issued for winter storms with sustained or frequent winds of 35 mph or higher with considerable falling and/or blowing snow that frequently reduces visibility to 1/4 of a mile or less. These conditions are expected to prevail for a minimum of 3 hours.

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### Excessive Heat Warning

Issued within 12 hours of the onset of the following criteria: heat index of at least 10°F for more than 3 hours per day for 2 consecutive days, or heat index more than 115°F for any period of time.

### Extreme Wind Warning

Extreme Wind Warning (EWW) inform the public of the need to take immediate shelter in an interior portion of a well-built structure due to the onset of extreme tropical cyclone winds. An EWW for extreme tropical cyclone winds should be issued when both of the following criteria are met: a. Tropical cyclone is a category 3 or greater on the Saffir Simpson hurricane scale as designated by NHC, CPHC or JTWC. b. Sustained tropical cyclone surface winds of 100 knots (115 mph) or greater are occurring or are expected to occur in a warning area within one hour.

### Flash Flood Warning

Issued to inform the public, emergency management, and other cooperating agencies that flash flooding is in progress, imminent, or highly likely.

### Flood Warning

(FLW) In hydrologic terms, a release by the NWS to inform the public of flooding along larger streams in which there is a serious threat to life or property. A flood warning will usually contain river stage (level) forecasts.

### Flood/Flash Flood Warning

Issued to inform the public that flooding is imminent or in progress.

### Freeze Warning

Issued during the growing season when surface temperatures are expected to drop below freezing over a large area for an extended period of time, regardless whether or not frost develops.

### Heavy Snow Warning

Issued by the National Weather Service when snowfall of 6 inches (15 cm) or more in 12 hours or 8 inches (20 cm) or more in 24 hours is imminent or occurring. These criteria are specific for the Midwest and may vary regionally.

### High Surf Warning

A High Surf Warning is issued when breaking wave action results in an especially heightened threat to life and property within the surf zone. High surf criteria vary by region. High Surf Warnings are issued using the Coastal and Lakeshore Hazard Message (CFW) product.

### High Wind Warning

This product is issued by the National Weather Service when high wind speeds may pose a hazard or is life threatening. The criteria for this warning varies from state to state. In Michigan, the criteria is sustained non-convective (not related to thunderstorms) winds greater than or equal to 40 mph lasting for one hour or longer, or winds greater than or equal to 58 mph for any duration.

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### Hurricane Force Wind Warning

A warning for sustained winds, or frequent gusts, of 64 knots (74 mph) or greater, either predicted or occurring, and not directly associated with a tropical cyclone.

### Hurricane Warning

A warning that sustained winds 64 kt (74 mph or 119 kph) or higher associated with a hurricane are expected in a specified coastal area in 24 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continue, even though winds may be less than hurricane force.

### Ice Storm Warning

This product is issued by the National Weather Service when freezing rain produces a significant and possibly damaging accumulation of ice. The criteria for this warning varies from state to state, but typically will be issued any time more than 1/4" of ice is expected to accumulate in an area.

### Inland Hurricane Warning

Issued for interior counties that sustained winds of 74 mph or greater associated with a hurricane are expected within 24 hours.

### Inland Tropical Storm Warning

Issued for interior counties when sustained winds of 39 to 73 mph associated with a tropical storm are expected within 24 hours.

### Red Flag Warning

A term used by fire-weather forecasters to call attention to limited weather conditions of particular importance that may result in extreme burning conditions. It is issued when it is an on-going event or the fire weather forecaster has a high degree of confidence that Red Flag criteria will occur within 24 hours of issuance. Red Flag criteria occurs whenever a geographical area has been in a dry spell for a week or two, or for a shorter period, if before spring green-up or after fall color, and the National Fire Danger Rating System (NFDRS) is high to extreme and the following forecast weather parameters are forecasted to be met:

- 1) a sustained wind average 15 mph or greater
- 2) relative humidity less than or equal to 25 percent and
- 3) a temperature of greater than 75 degrees F.

In some states, dry lightning and unstable air are criteria. A Fire Weather Watch may be issued prior to the Red Flag Warning.

### Severe Thunderstorm Warning

This is issued when either a severe thunderstorm is indicated by the WSR-88D radar or a spotter reports a thunderstorm producing hail 3/4 inch or larger in diameter and/or winds equal or exceed 58 miles an hour; therefore, people in the affected area should seek safe shelter immediately. Severe thunderstorms can produce tornadoes with little or no advance warning. Lightning frequency is not a criterion for issuing a severe thunderstorm warning. They are usually issued for a duration of one hour. They can be issued without a Severe Thunderstorm Watch being already in effect.

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### Storm Warning

A warning of sustained surface winds, or frequent gusts, in the range of 48 knots (55 mph) to 63 knots (73 mph) inclusive, either predicted or occurring, and not directly associated with a tropical cyclone.

### Tornado Warning

This is issued when a tornado is indicated by the WSR-88D radar or sighted by spotters; therefore, people in the affected area should seek safe shelter immediately. They can be issued without a Tornado Watch being already in effect. They are usually issued for a duration of around 30 minutes.

### Tropical Storm Warning

A warning for sustained surface winds, associated with a tropical cyclone, within the range of 34 to 63 knots (39 to 73 mph), expected in a specified coastal area within 24 hours.

### Wind Chill Warning

The National Weather Service issues this product when the wind chill is life threatening. The criteria for this warning varies from state to state.

### Winter Storm Warning

This product is issued by the National Weather Service when a winter storm is producing or is forecast to produce heavy snow or significant ice accumulations. The criteria for this warning can vary from place to place.

## GREEN ZONES

**Green Zones** is a new term created by CETPA to represent the SAFE areas WITHIN the buildings that you can GO TO in the event of an external emergency, such as a tornado (a natural disaster.)

The Green Zones are located at:

- Dr. Mancini's Office
- The Kitchen
- The Prevention Building
- The Teaching Room (in the Clubhouse)

In case of an external emergency, please go to these locations.

The Green Zones will have a bin that contains, water, surgical gloves, face masks, flashlight, and a large First Aid Kit.

Please do not open these sealed bins unless an actual emergency is going on.

Do not open bins during a drill.

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# UTILITY FAILURE

## Code "GREEN"

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### A) Utility Failure (CODE GREEN)

- 1) In the event of a major utility failure occurring during regular working hours (Monday through Friday, 9 am through 9 pm), immediately notify Health and Safety Officer. If there is potential danger to building occupants, or if the utility failure occurs after hours, weekends, or holidays notify Executive Assistant.
- 2) **Electricity Failure:**
  - (a) All exits in the building are required to have emergency egress lighting. Emergency lights contain battery packs which are continuously charged during normal building operations.
  - (b) **Procedure**
    - (i) In the event of a power failure, the emergency lighting systems automatically switch on. With the increased use of the agency during evening hours, it would be advisable to have a flashlight and portable radio available for emergencies.
    - (ii) Notify the Health and Safety Officer of the situation.
    - (iii) Health and Safety Officer will contact the electricity company to identify situation.
    - (iv) If the electrical failure will influence services or has not been restored within two (2) hours, CETPA Executive Administrators may choose to cancel appointments and services.
- 3) **Plumbing Failure:**
  - (a) Notify the Health and Safety Officer or Executive Assistant If necessary, vacate the area.
  - (b) *Pipeline Leak*- If you suspect a pipeline leak, your first concern should be for your personal safety and the safety of the people in the surrounding area.
    - (i) Assess the hazard
      - Sight - Look for liquids that are pooling on the ground above the pipeline zone. Some are gases that cannot be seen. Look for any brown or discolored grasses or vegetation that would otherwise be green. Watch for any vapor clouds or heat waves that are rising above the pipeline area.
      - Sound - Listen for hissing, rumbling or roaring sounds that indicate the escape of pressurized liquids or gases from a pipeline in the area near the right-of-way corridor.

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- Smell - Odorants are added to cause an odd pungent odor to the gas within the pipeline. Gaseous products leaking from pipelines will generally have the odor of sulfur or "rotten eggs." Be alert to any foul or unusual smells surrounding the area near any pipeline markers.
- If you observe any of these indications, do not investigate further. Avoid all contact with any escaping liquids or gases. Leave the area immediately. Once you are in a safe area, Call the Health and Safety Officer.

(ii) **Procedure-** In the event of a pipeline accident or leak, personal safety is the first priority. Wear safety equipment suitable to protect yourself. The situation will require a professional presence to assist the public and other emergency teams.

- Get detailed information about the emergency.
- Approach the emergency site from the upwind direction and park emergency vehicles at a safe distance from the emergency site. A vapor cloud may not be visible, but vapors may be on the ground.
- Call for emergency assistance from Gwinnett Fire Department.
- Call for emergency assistance from Gwinnett Police and EMT if necessary.
- Evacuate people from the Hot Zone area to an upwind location.
- Keep the Hot Zone area secure. Block off roads, and other routes around the site.
- Eliminate ignition sources such as car engines, pilot lights, smoking materials and electronic devices. Turn off or Do Not Use cellular phones in the Hot Zone.
- Call the pipeline company's Emergency Phone Number as indicated on the pipeline marker at the scene.
- DO NOT attempt to close any valves without direction from pipeline company personnel.
- DO NOT attempt to extinguish a fire on the pipeline unless instructed by company representatives.
- Perimeter fires can be extinguished. Be careful when containing liquid spills such as building an earthen dam to prevent oil from flowing further, or setting up a boom or flume on waterways.

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# MEDICAL EMERGENCIES

## Code "BLUE"

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### **Medical emergencies (CODE BLUE)**

Emergency Medical Service (EMS) personnel or those individuals who are trained by the American Red Cross will provide first aid\*. Until rescue personnel arrive, administer first aid in the building or, in the event of a complete evacuation, at a designated safe assembly area outside.

- 1) If a medical emergency occurs with one of our Clients, the following procedure is followed:
  - (a) The Team Member alerts CODE BLUE
  - (b) 911 will be called by receptionist or nearest available Team Member. Provide the following information:
    - (i) Nature of medical emergency.
    - (ii) Location of the emergency (address, building, room number).
    - (iii) Your name and phone number from which you are calling.
  - (c) Medical Director is alerted and primary physician if other than CETPA's doctor. In the event our M.D, is not in the office, please notify our Health and Safety Officer.
  - (d) Person(s) given as Emergency Contact is notified.
  - (e) The Client is made as comfortable as possible until emergency personnel arrive. Cardiopulmonary Resuscitation (CPR) administered if needed. If you have not been trained on CPR, please advise your supervisor immediately.
  - (f) Medical Director follows up to evaluate outcome of admission.
  - (g) Facility reports status of client, and releases written patient case history after discharge.
  - (h) Incident report submitted to Executive Director.

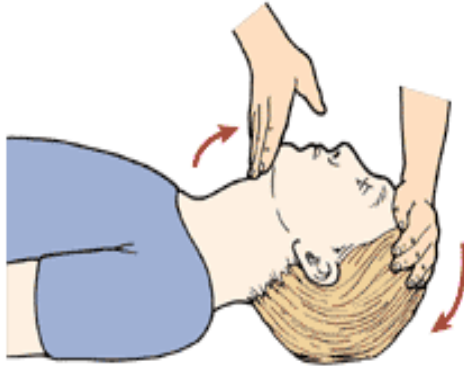
**\*First Aid Training will be provided at a later date to individuals from each department.**

# CETPA TEAM MEMBER HANDBOOK

## Emergency Procedures (Section E)

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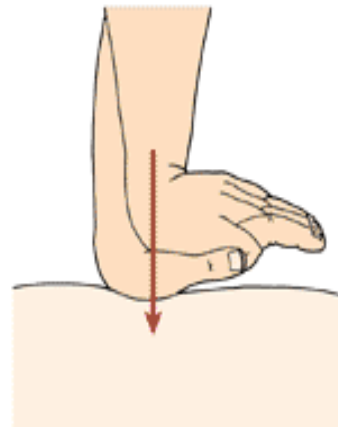
### CPR



- 1. Tilt the head back and lift the chin until the teeth almost touch. Look and listen for breathing.**



- 2. If the person is not breathing, pinch the nose closed and cover the person's mouth with yours. Give 2 full breaths.**



- 3. Put your hands in the center of the person's chest between the nipples. Place one hand on top of the other. Push down 30 times. Continue with 2 breaths then 30 pushes until medical help arrives or the person starts moving.**

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# PSYCHIATRIC EMERGENCIES

## Code "PURPLE"

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### Psychiatric emergencies (CODE PURPLE)

- 1) In the event of a psychiatric emergency involving one of our Clients, the following procedure shall be followed:
  - (a) The Team Member shall alert the receptionist or nearest Team Members to let them know they have a CODE PURPLE.
  - (b) All available Team Members needs to immediately assist and begin de-escalation techniques if necessary.
  - (c) Receptionist is to contact the Medical Director and client's primary doctor if other than CETPA's doctor.
  - (d) Medical Director determines whether client is to be transferred to the emergency room. Medical Director makes call to facility.
  - (e) If the M.D. is not in the office, please contact the Health and Safety Officer and the Executive Director immediately.
  - (f) Person(s) given as Emergency Contact is notified.
  - (g) Medical Director follows up on outcome of admission.
  - (h) Facility reports status of client, and releases all medical records of client to CETPA upon discharge.
  - (i) Incident report submitted to Executive Director

# VIOLENT EMERGENCIES

## Code "ORANGE"

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### Violent or other threatening situations (CODE ORANGE)

- 1) **Disruptive or Violent Behavior**
  - (a) When an Team Member witness disruptive or violent behavior in the workplace, they should:
    - (i) If possible, move calmly to an area that is safe.
    - (ii) The Team Member shall alert CODE ORANGE.
    - (iii) Call **911**
    - (iv) When calling **911** be prepared to give specific information about the incident.
      - Your Name
      - Address/Building
      - Injuries
      - Number of individuals involved
      - Damage and extent of damage
    - (v) Stay on the line until the operator has given you instructions to hang up. Pay close attention to details of the incident and description of the person; write them down if possible.
    - (vi) Alert supervisor immediately.
- 2) **Workplace Violence-** Team Members and visitors will become aware of a violent act by the sounds of an explosion, gunfire, scuffling, or by observation of events that could only be intentional acts of violence.
  - (a) **Procedure:**
    - (i) The person(s) who observe(s) these life-threatening acts should immediately call **911** and the Health and Safety Officer.
    - (ii) The Health and Safety Officer or other designee should attempt to communicate to everyone in the building, to the extent possible as personal safety, time and capabilities permit, that a perpetrator of workplace violence is in the building. This may be done by word of mouth and/or telephone.

# CETPA TEAM MEMBER HANDBOOK

## Emergency Procedures (Section E)

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(b) **Different types of workplace violence require different actions:**

- (i) Explosion - If an explosion occurs, building occupants should leave the building using the same evacuation plan and procedures as they would for a fire.
- (ii) Gunfire - If you become aware of gunfire occurring in the building:
  - Take refuge in a room that can be locked. The room should also provide limited visibility to anyone that is outside of it.
  - Secure the door and hide under a desk, in a closet or in the corner.
  - Do not leave the room for any reason until police have searched the building and given you permission to leave the room.
- (iii) Physical Threat - If someone's actions pose a physical threat to you, evacuate the area.
  - Call **911**.
  - Alert supervisor immediately.
- (iv) Hostage Situation
  - Immediately vacate the area, take no chances to endanger the life of the hostage.
  - Contact the Health and Safety Officer immediately. If no answer, contact local police at **911**.

# VEHICLE EMERGENCIES

## In the event you drive a CETPA vehicle

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### Emergency Vehicle Procedures:

- A) CETPA, Inc. provides automobile insurance for all company vehicles through the Granite State Insurance Company. A copy of the insurance identification card must be in the vehicle at all times.
- B) **In the event of a breakdown** or any reason that warrants the automobile to be disabled and unable to operate:
- 1) Make sure no one is injured. If so, call 9-1-1.
  - 2) Make sure no one is in imminent danger (i.e., no shoulder on side of the road; breakdown on a highway). If so, call 9-1-1.
  - 3) Set up road warning and hazard signs.
  - 4) Call insurance agency
  - 5) Identify yourself as a CETPA employee
  - 6) Provide insurance policy number
  - 7) Provide all information required
  - 8) Document name of person you spoke with.
  - 9) Document any instructions given
  - 10) Provide assistance necessary for towing
  - 11) Document where the vehicle is being taken
  - 12) Contact CETPA and arrange for transportation.
  - 13) If at the time of the incident you were carrying passengers, contact passenger's parent or guardian, or family member and inform them of the incident and the steps you are taking including who is picking you up and where they are taking you.
  - 14) Write incident report and turn in to Compliance Officer
  - 15) If rental car arrangements need to be made, contact Executive Director at (770) 881-5894.

# CETPA TEAM MEMBER HANDBOOK

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### C) **In the event of an accident:**

- 1) Call 9-1-1 and report the accident.
- 2) Make sure no one is injured. If so, report it to the 9-1-1 operator.
- 3) Make sure no one is in imminent danger (i.e., no shoulder on side of the road; breakdown on a highway). If so, reported to 9-1-1 operator.
- 4) Set up road warning and hazard signs.
- 5) Call insurance agency.
- 6) Identify yourself as a CETPA employee.
- 7) Provide insurance policy number.
- 8) Provide all information required.
- 9) Document name of person you spoke with.
- 10) Document any instructions given.
- 11) Secure information of the other vehicle, license plate, driver's name and insurance information if available.
- 12) Provide information to the police or other authority who responds to the call.
- 13) If at the time of the incident you were carrying passengers, contact passenger's parent or guardian, or family member and inform them of the incident and the steps you are taking including who is picking you up and where they are taking you.
- 14) Provide assistance necessary for towing.
- 15) Document where the vehicle is being taken.
- 16) Contact Executive Director at (770) 881-5894 Write incident report and turn in to Compliance Officer.

\*\* Make sure to document all accidents in the Damages and Accident Report Log.

# HIV/AIDS

## “in the event of an emergency”

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### **IMPORTANT NOTE:**

May 18, 2010 is HIV Vaccine Awareness Day (HVAD). This annual observance is a day to recognize and thank the thousands of volunteers, community members, health professionals, and scientists who are working together to find a safe and effective HIV vaccine. It is also a day to educate our communities about the importance of preventive HIV vaccine research.

In recognition of HIV Vaccine Awareness Day, community activities and media events are being held around the country.

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### **If you have to deliver the news to someone that they have HIV (or are HIV Positive,) here are some basic tips:**

- (a) Stay calm. Please do not show fear or that is the emotion the client will leave here with.
- (b) Get a counselor to help you provide the news – especially if they have experience with HIV/AIDS.
- (c) Explain to the client that there is a big difference between being HIV+ and having AIDS.
- (d) Explain that HIV is very treatable – especially if captured in its early stage.
- (e) Ensure that client’s fears are answered within your session with them. The following pages contain the answers to a lot of the questions they may have.
- (f) Refer the client to a facility more appropriate to handle HIV/AIDS questions and treatment options.
- (g) Ensure that they know, if they would like, that CETPA can provide counseling services in the event that you do not find a group or counseling services near your home.
- (h) Provide them the CDC National Hotline for HIV which is:
  - (i) (800) 232-4636

# CETPA TEAM MEMBER HANDBOOK

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**HERE ARE THE ANSWERS TO MOST OF THE BASIC QUESTIONS REGARDING HIV/AIDS – please use them. They come from the CDC website.**

### **What is HIV and how did I get it?**

HIV is the virus that causes AIDS. The first cases of AIDS were identified in the United States in 1981, but the virus probably existed here and in other parts of the world for many years before that. In 1984, scientists proved that HIV causes AIDS.

Ways you might have gotten HIV:

- having unprotected sex (sex without a condom) with someone who has HIV
- sharing a needle to inject drugs or sharing drug works with someone who has HIV
- having a mother who was infected with HIV when you were born
- from a blood transfusion (However, it is unlikely you got infected that way because all blood in the United States has been tested for HIV since 1985.)

Ways you did NOT get (and no one else can get) HIV:

- just working with or being around someone who has HIV
- being stung or bitten by an insect
- sitting on toilet seats
- doing everyday things like sharing a meal

### **What is the difference between HIV and AIDS?**

HIV is the virus that causes the disease AIDS. Although HIV causes AIDS, a person can be infected with HIV for many years before AIDS develops.

When HIV enters your body, it infects specific cells in your immune system. These cells are called CD4 cells or helper T cells. They are important parts of your immune system and help your body fight infection and disease. When your CD4 cells are not working well, you are more likely to get sick.

Usually, CD4 cell counts in someone with a healthy immune system range from 500 to 1,800 per cubic millimeter of blood. AIDS is diagnosed when your CD4 cell count goes below 200. Even if your CD4 cell count is over 200, AIDS can be diagnosed if you have HIV and certain diseases such as tuberculosis or *Pneumocystis carinii* [NEW-mo-SIS-tis CA-RIN-nee-eye] pneumonia (PCP).

# CETPA TEAM MEMBER HANDBOOK

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### Basic Facts About HIV and the Law

HIV/AIDS affects companies and organizations in many ways. Managers and labor leaders are gathering information, talking with their trade and professional associations, learning more about HIV/AIDS, and preparing strategies for HIV/AIDS programs and policies suitable for their companies.

The majority of people infected with HIV are between the ages of 25-44 and are employed. The increase in the number of people with HIV means that there will be more employees with HIV on the job in the future. That could mean that you, someone you know or employ, or an employee's family member or close friend is already coping with HIV or AIDS. It is important that you know the laws surrounding HIV/AIDS and how they affect labor leaders, managers, and you.

### What Laws Affect You?

- The **Americans with Disabilities Act of 1990 (ADA)** prohibits employment discrimination on the basis of disability. The ADA, which covers employers of 15 or more people, applies to employment decisions at all stages. Court decisions have found that an individual with even asymptomatic HIV is protected under this law.
- The mission of the **Occupational Safety and Health Administration (OSHA)** is to save lives, prevent injuries, and protect the health of America's workers. To accomplish this, Federal and state governments work in partnership with the more than 100 million working men and women and their six-and-one-half million employers who are covered by the **Occupational Safety and Health Act of 1970**.
- The **Family Medical Leave Act of 1993 (FMLA)** applies to private-sector employers with 50 or more employees within 75 miles of the work site. Eligible employees may take leave for serious medical conditions or to provide care for an immediate family member with a serious medical condition, including HIV/AIDS. Eligible employees are entitled to a total of 12 weeks of job-protected, unpaid leave during any 12-month period.
- The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** addresses some of the barriers to healthcare facing people with HIV as well as other vulnerable populations. HIPAA gives persons with group coverage new protections from discriminatory treatment, makes it easier for small groups (such as businesses with a small number of employees) to obtain and keep health insurance coverage, and gives persons losing/leaving group coverage new options for obtaining individual coverage.
- The **Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)** allows employees to continue their health insurance coverage at their own expense for a period of time after their employment ends. For most employees ceasing work for health reasons, the period of time to which benefits may be extended ranges from 18 to 36 months.

# CETPA TEAM MEMBER HANDBOOK

## Emergency Procedures (Section E)

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### **HIV and Its Transmission**

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet or popular press. Therefore, the Centers for Disease Control and Prevention (CDC) have prepared this fact sheet to correct a few misperceptions about HIV.

### **How HIV Is Transmitted**

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

In the healthcare setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a healthcare worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. *No additional routes of transmission have been recorded*, despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

# CETPA TEAM MEMBER HANDBOOK

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### **HIV in the Environment**

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See *Saliva, Tears, and Sweat*) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.

### **Households / Workplace**

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings—including the home and the workplace—to prevent exposures to the blood of persons who are HIV-infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.
- Cuts, sores, or breaks on both the caregiver's and patients exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for healthcare settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

# CETPA TEAM MEMBER HANDBOOK

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### **Businesses and Other Settings**

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for healthcare institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercings generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

### **Kissing**

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

### **Biting**

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

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### **Saliva, Tears, and Sweat**

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

### **Insects**

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

### **Early Signs and Symptoms of HIV**

#### **Symptoms**

HIV infection progresses in stages. These stages are based on your symptoms and the amount of the virus in your blood. Most people go through the following stages after being infected with HIV:

#### **Initial stage (acute retroviral syndrome)**

Acute retroviral syndrome is an illness with symptoms like mononucleosis. It often develops within a few days of infection, but it may occur several weeks after the person is infected. Symptoms may include:

1. Abdominal cramps, nausea, or vomiting.
2. Diarrhea.
3. Enlarged lymph nodes in the neck, armpits, and groin.
4. Fever.
5. Headache.
6. Muscle aches and joint pain.
7. Skin rash.
8. Sore throat.
9. Weight loss.

These first symptoms can range from mild to severe and usually disappear on their own after 2 to 3 weeks.

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### **Chronic stage**

It may take years for HIV symptoms to develop. But even though no symptoms are present, the virus is multiplying (or making copies of itself) in the body during this time. HIV multiplies so quickly that the immune system cannot destroy the virus. After years of fighting HIV, the immune system starts to weaken.

A doctor may suspect HIV if symptoms persist or if a cause of the symptoms (such as the flu) cannot be identified. HIV may also be suspected when several of the following symptoms are present:

1. Confusion
2. Diarrhea or other bowel changes
3. Difficulty concentrating
4. Dry cough
5. Fatigue
6. Fever
7. Loss of appetite
8. Mouth sores
9. Nail changes
10. Night sweats
11. Swollen lymph nodes in the neck, armpits, and groin
12. Pain when swallowing
13. Personality changes

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14. Shortness of breath
15. Tingling, numbness, and weakness in the limbs
16. Unexplained weight loss
17. Yeast infection of the mouth (
18. In addition, HIV may be suspected when a woman has at least one of the following:
  19. More than 3 vaginal yeast infections in one year that are not related to the use of antibiotics
  20. Recurrent pelvic inflammatory disease (PID)
  21. Abnormal Pap test or cervical cancer
  22. Children with HIV often have different symptoms (for example, delayed growth or an enlarged spleen) than teens or adults.

### **Late stage**

AIDS occurs during the last stage of infection with HIV. If HIV goes untreated, AIDS develops in most people within 12 to 13 years after the initial infection. With treatment for HIV, the progression to AIDS may be delayed or prevented.

After your immune system starts to weaken, you are more likely to develop certain infections or illnesses, called opportunistic infections. Examples include some types of pneumonia or cancer that are more common when you have a weakened immune system.

# UNIVERSAL PRECAUTIONS and INFECTION CONTROL

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## UNIVERSAL PRECAUTIONS

1. Wash hands before and after each medical procedure (may use a waterless hand cleaner)
2. Wear gloves whenever there is a possibility of coming in contact with blood or other potentially infectious materials (body fluids and tissues)
3. Wear full-body gowns whenever there is a possibility of blood splashing onto the rescuer
4. Wear face masks and eye protection whenever there is a possibility of blood splashing into the rescuer's face
5. Dispose of all contaminated sharp objects in an appropriate puncture-proof container
6. Dispose of all contaminated personal protective equipment in an appropriate container marked for bio-hazardous waste

## INFECTION CONTROL

Every year, many lives are lost because of the spread of infections. Health care workers can take steps to prevent the spread of infectious diseases. These steps are part of infection control.

**Proper hand washing** is the most effective way to prevent the spread of infections in hospitals. If you are a patient, don't be afraid to remind friends, family and health care providers to wash their hands before getting close to you.

Other steps health care workers can take include

- Covering coughs and sneezes
- Staying up-to-date with immunizations
- Using gloves, masks and protective clothing
- Making tissues and hand cleaners available (First Aid Kits)
- Following hospital guidelines when dealing with blood or contaminated items

# FIRST AID SITUATIONS

## *"What to do."*

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Taking this First Aid training today can help to save someone's life tomorrow.

These tips are designed to teach you the basic skills if accident happens. Someone chokes on an ice cube or gets stung by a bee. It is important to know when to call 9-1-1 – it is for life-threatening emergencies. While waiting for help to arrive, you may be able to someone's life. Cardiopulmonary resuscitation (CPR) is for people whose hearts or breathing has stopped and the Heimlich maneuver is for people who are choking. CPR should only be done if you have had the training.

You can also learn to handle common injuries and wounds. Cuts and scrapes, for example, should be rinsed with cool water. To stop bleeding, apply firm but gentle pressure, using gauze. If blood soaks through, add more gauze, keeping the first layer in place. Continue to apply pressure.

It is important to have a first aid kit available. At CETPA, the first aid kits will be located at your nearest GREEN ZONE. It will include a first-aid guide. Read the guide to learn how to use the items, so you are ready in case an emergency happens.

### **Burns**

You can get burned by heat and fire, radiation, sunlight, electricity or chemicals. There are 3 degrees of burns:

**First-degree burns** are red and painful. They swell a little. They turn white when you press on the skin. The skin over the burn may peel off after 1 or 2 days.

**Treatment.** Soak the burn in cool water. Then treat it with a skin care product like aloe vera cream or an antibiotic ointment. To protect the burned area, you can put a dry gauze bandage over the burn. Take an over-the-counter pain reliever, such as acetaminophen (one brand name: Tylenol), ibuprofen (some brand names: Advil, Motrin) or naproxen (brand name: Aleve), to help with the pain.

**Second-degree burn is** a thicker burn, has blisters and is painful. The skin is very red or splotchy, and it may swell a lot.

**Treatment.** Soak the burn in cool water for 15 minutes. If the burned area is small, put cool, clean, wet clothes on the burn for a few minutes every day. Then put on an antibiotic

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cream, or other creams or ointments prescribed by your doctor. Cover the burn with a dry nonstick dressing held in place with gauze or tape. Please advise the person burned to check with your doctor's office to make sure you are up-to-date on tetanus shots.

Change the dressing every day. First, wash your hands with soap and water. Then gently wash the burn and put antibiotic ointment on it. If the burn area is small, a dressing may not be needed during the day. Check the burn every day for signs of infection, such as increased pain, redness, swelling or pus. If you see any of these signs, see your doctor right away. To prevent infection, avoid breaking any blisters that form.

Burned skin itches as it heals. Keep your fingernails cut short and don't scratch the burned skin. The burned area will be sensitive to sunlight for up to one year.

**Third-degree burns** cause damage to all layers of the skin. The burned skin looks white or charred. These burns may cause little or no pain because the nerves in the skin are damaged.

**Treatment.** For third-degree burns, go to the hospital right away. Don't take off any clothing that is stuck to the burn. Don't soak the burn in water or apply any ointment. You can cover the burn with a sterile bandage or clean cloth until you receive medical assistance.

## Bruises

A bruise is a mark on your skin caused by blood trapped under the surface. It happens when an injury crushes small blood vessels but does not break the skin. Those vessels break open and leak blood under the skin.

Bruises are often painful and swollen. You can get skin, muscle and bone bruises. Bone bruises are the most serious.

It can take months for a bruise to fade, but most last about two weeks. They start off a reddish color, and then turn bluish-purple and greenish-yellow before returning to normal. To reduce bruising, ice the injured area and elevate it above your heart. See your healthcare provider if you seem to bruise for no reason, or if the bruise appears to be infected.

## Choking

Food or small objects can cause choking if they get caught in your throat and block your airway. This keeps oxygen from getting to your lungs and brain. If your brain goes without oxygen for more than four minutes, you could have brain damage or die.

Young children are at an especially high risk of choking. They can choke on foods like hot dogs, nuts and grapes, and on small objects like toy pieces and coins. Keep hazards out of their reach and supervise them when they eat.

### **To perform the Heimlich maneuver:**

Stand behind him or her. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. Keeping your

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arms off the person's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.

### **Heimlich maneuver on an unconscious person:**

If the person is lying down or unconscious, straddle him or her and place the heel of your hand just above the waistline. Place your other hand on top of this hand. Keeping your elbows straight, give four quick upward thrusts. You may have to repeat this procedure several times until the obstructing object is coughed out.

### **Heimlich maneuver on a child:**

Stand behind the child. With your arms around his or her waist, form a fist with one hand and place it, thumb side in, between the ribs and waistline. Grab your fist with your other hand. Keeping your arms off the child's rib cage, give four quick inward and upward thrusts. You may have to repeat this several times until the obstructing object is coughed out.

### **Heimlich maneuver on an infant:**

Place the infant face down across your forearm (resting your forearm on your leg) and support the infant's head with your hand. Give four forceful blows to the back with the heel of your hand. You may have to repeat this several times until the obstructing object is coughed out. If this does not work, turn the baby over. With two fingers one finger width below an imaginary line connecting the nipples, give four forceful thrusts to the chest to a depth of 1 inch. You may have to repeat this several times until the obstructing object is coughed out.

If you're the only rescuer, **perform the Heimlich maneuver before calling 911** for help. If another person is available, have that person call for help while you perform the Heimlich maneuver.

*Diagram on next page...*

## Heimlich Maneuver



1. Lean the person forward slightly and stand behind him or her.



2. Make a fist with one hand.



3. Put your arms around the person and grasp your fist with your other hand near the top of the stomach, just below the center of the rib cage.



4. Make a quick, hard movement, inward and upward.

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### Cuts and Scrapes

**Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes. Don't keep checking to see if the bleeding has stopped because this may damage or dislodge the fresh clot that's forming and cause bleeding to resume. If the blood spurts or continues to flow after continuous pressure, seek medical assistance.

**Clean the wound.** Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris remains embedded in the wound after cleaning, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a washcloth. There's no need to use hydrogen peroxide, iodine or an iodine-containing cleanser. These substances irritate living cells. If you choose to use them, don't apply them directly on the wound.

**Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing process to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.

**Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.

**Change the dressing.** Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage. These supplies generally are available at pharmacies.

**Get stitches for deep wounds.** A wound that cuts deeply through the skin or is gaping or jagged-edged and has fat or muscle protruding usually requires stitches. A strip or two of surgical tape may hold a minor cut together, but if you can't easily close the mouth of the wound, see your doctor as soon as possible. Proper closure within a few hours minimizes the risk of infection.

**Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, drainage, warmth or swelling.

**Get a tetanus shot.** Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster within 48 hours of the injury.

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### Electrocution

The danger from an electrical shock depends on how high the voltage is, how the current traveled through the body, the person's overall health, and how quickly the person is treated. **Call 911 immediately** if any of these signs or symptoms occur:

- Cardiac arrest
- Heart rhythm problems (arrhythmias)
- Respiratory failure
- Muscle pain and contractions
- Seizures
- Numbness and tingling
- Unconsciousness

#### While waiting for medical help, follow these steps:

1. **Look first. Don't touch.** The person may still be in contact with the electrical source. Touching the person may pass the current through you.
2. **Turn off the source of electricity if possible.** If not, move the source away from you and the affected person, using a nonconducting object made of cardboard, plastic or wood.
3. **Check for signs of circulation (breathing, coughing or movement).** If absent, begin cardiopulmonary resuscitation (CPR) immediately.
4. **Prevent shock.** Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

### Fracture

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of a major trauma or injury, call 911 or your local emergency number. Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin cardiopulmonary resuscitation (CPR) if there's no respiration or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turn outward abnormally, compared with the uninjured leg).

#### Symptoms of a fracture are

- Out-of-place or misshapen limb or joint
- Swelling, bruising or bleeding
- Intense pain
- Numbness and tingling
- Limited mobility or inability to move a limb

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### **Take these actions immediately while waiting for medical help:**

**Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.

**Immobilize the injured area.** Don't try to realign the bone

**Apply ice packs to limit swelling and help relieve pain until emergency personnel arrive.** Don't apply ice directly to the skin — wrap the ice in a towel, piece of cloth or some other material.

**Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

#### **Remember ICE:**

**"I"** is for ice - if possible apply an ice pack or ice cubes to the injured area. This will keep down the swelling and reduce pain.

**"C"** is for compression - if the wound is bleeding, apply direct pressure with a clean cloth to reduce blood flow.

**"E"** is for elevation - try to keep the injured area as high above heart level as possible. This will reduce blood flow to the injury and minimize swelling.

### **Head Injury**

Every year, millions of people in the U.S. sustain head and brain injuries. Some are minor because the skull is quite good at protecting the brain. More than half are bad enough that people must go to the hospital. Serious head injuries can lead to permanent brain damage or death. Symptoms of minor head injuries usually go away without treatment. Serious head injuries need emergency treatment.

**Dial 911** or call for emergency medical assistance if any of the following signs are apparent:

- A headache that gets worse or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- An inability to awaken from sleep
- Dilation of one or both pupils of the eyes
- Slurred speech
- Weakness or numbness in the arms or legs
- Loss of coordination
- Increased confusion, restlessness or agitation

**Stop any bleeding.** Apply firm pressure to the wound with sterile gauze or a clean cloth. Don't apply direct pressure to the wound if you suspect a skull fracture.

**Watch for changes in breathing and alertness.** If the person shows no signs of circulation (breathing, coughing or movement), begin CPR.

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**If severe head trauma occurs: Keep the person still.** Until medical help arrives, keep the person who sustained the injury lying down and quiet in a darkened room, with the head and shoulders slightly elevated. Don't move the person unless necessary and avoid moving the person's neck.

### Nosebleed

Nosebleeds are common. Most often they are a nuisance and not a true medical problem. But they can be both. Why do they start, and how can they be stopped?

Among children and young adults, nosebleeds usually originate from the septum, just inside the nose. The septum separates your nasal chambers.

In middle aged and older adults, nosebleeds can begin from the septum, but they may also begin deeper in the nose's interior. This latter form of nosebleed is much less common. It may be caused by hardened arteries or high blood pressure. These nosebleeds begin spontaneously and are often difficult to stop. They require a specialist's help.

#### To take care of a nosebleed:

**Sit upright.** By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding.

**Pinch your nose.** Use your thumb and index finger and breathe through your mouth. Continue the pinch for five to 10 minutes. This maneuver sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.

**To prevent rebleeding after bleeding has stopped,** don't pick or blow your nose and don't bend down until several hours after the bleeding episode. Keep your head higher than the level of your heart.

**If rebleeding occurs,** sniff in forcefully to clear your nose of blood clots, spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, Dristan, others). Pinch your nose again in the technique described above and call your doctor.

#### Seek medical care immediately if:

- The bleeding lasts for more than 20 minutes
- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose

### Puncture Wounds

A puncture wound — such as results from stepping on a nail or being stuck with a tack — can be dangerous because of the risk of infection. The object that caused the wound may carry spores of tetanus or other bacteria, especially if the object had been exposed to the soil. Puncture wounds resulting from human or animal bites, including those of domestic dogs and cats, may be especially prone to infection. Puncture wounds on the foot are also more vulnerable to infection.

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If the bite was deep enough to draw blood and the bleeding persists, seek medical attention. Otherwise, follow these steps:

1. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. If bleeding persists — if the blood spurts or continues to flow after several minutes of pressure — seek emergency assistance.
2. **Clean the wound.** Rinse the wound well with clear water. A tweezers cleaned with alcohol may be used to remove small, superficial particles. If larger debris still remains more deeply embedded in the wound, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a clean washcloth.
3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment to help keep the surface moist. These products don't make the wound heal faster, but they can discourage infection and allow your body to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
4. **Cover the wound.** Exposure to air speeds healing, but bandages can help keep the wound clean and keep harmful bacteria out.
5. **Change the dressing regularly.** Do so at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze and hypoallergenic paper tape, which doesn't cause allergic reactions. These supplies are generally available at pharmacies.
6. **Watch for signs of infection.** See your doctor if the wound doesn't heal or if you notice any redness, drainage, warmth or swelling.

## Bite Wounds

- **For minor wounds.** If the bite barely breaks the skin and there is no danger of rabies, treat it as a minor wound. Wash the wound thoroughly with soap and water. Apply an antibiotic cream to prevent infection and cover the bite with a clean bandage.
- **For deep wounds.** If the animal bite creates a deep puncture of the skin or the skin is badly torn and bleeding, apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.
- **For infection.** If you notice signs of infection such as swelling, redness, increased pain or oozing, see your doctor immediately.
- **For suspected rabies.** If you suspect the bite was caused by an animal that might carry rabies — any bite from a wild or domestic animal of unknown immunization status — see your doctor immediately.

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from non-immunized domestic animals and wild animals carry the risk of rabies. Rabies is more common in raccoons, skunks, bats and foxes than in cats and dogs. Rabbits, squirrels and other rodents rarely carry rabies. If an animal bites you or your child you must thoroughly clean the wound by washing with soap and tap water as soon as possible. A light scrubbing should occur during the wash. Then put a clean and dry bandage over the area. This treatment should not replace proper evaluation by a doctor.

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### **Test on First Aid Section (true or false):**

- 1. The first thing to do when caring for electrical injury is to make sure that power source is off.**
- 2. A minor open wound should be washed thoroughly with soap and water**
- 3. Cover the dressing completely when applying bandages**
- 4. Use a warm compress when caring for any wound**
- 5. If bite was caused by an animal of unknown immunization status - see doctor immediately.**
- 6. You should stand in front of the person to perform the Heimlich maneuver**
- 7. Third degree burns are the most serious and require immediate medical attention.**
- 8. Any fracture should be treated by a physician.**
- 9. In case of severe head trauma stop any bleeding**
- 10. Touching electrocuted person may pass the current through you.**
- 11. First degree burn is the most serious classification.**
- 12. Foreign objects can cause choking if they get caught in your throat and block your airway**
- 13. Bites from wild animals carry the risk of rabies**
- 14. To take care of a nose bleed you need to start CPR**
- 15. For major burns, dial 911 immediately.**
- 16. To enhance healing of the bruise you need to keep the injured area as low as possible.**
- 17. A serious head injury requires immediate medical attention.**
- 18. To take care of a nosebleed dial 911 immediately**
- 19. In case of head injury keep the person still.**
- 20. A puncture wound doesn't usually cause excessive bleeding.**

Get grade

**ANSWERS ON THE NEXT PAGE**

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### **ANSWERS TO TEST**

1. True
2. True
3. False
4. False
5. True
6. False
7. True
8. True
9. True, but be careful if the trauma broke the skull.
10. True
11. True
12. True
13. True
14. False
15. True
16. False
17. True
18. False
19. True
20. False

Hope you got most correct.