

Purpose

The Emergency Action Plan (EAP) is a condensed and more granular version of the San Mateo Community College Emergency Operations Plan (EOP). This Action Plan meets the requirements set forth by Title 8, §3220 Emergency Action Plan (Inclusive), and CCR 3100, Ch. 8, Oath or Affirmation of Allegiance for Disaster Service Workers and Public Employees. These regulations cover those designated actions employers and employees must take to ensure safety from fire and other emergencies. This EAP shall meet all requirements of Subchapter 7. General Industry Safety Orders, Group 1. General Physical Conditions and Structures Orders. Article 2. Standard Specifications. These elements include:

- (1) Procedures for emergency evacuation, including type of evacuation and exit route assignments;
- (2) Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;
- (3) Procedures to account for all employees after emergency evacuation has been completed;
- (4) Procedures to be followed by employees performing rescue or medical duties;
- (5) The preferred means of reporting fires and other emergencies; and
- (6) Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

Contact Us

1700 W. Hillsdale Blvd
Building 1-Room 157
San Mateo, CA 94402

Phone: (650) 574-6634

Email: emergencymanagement@smccd.edu

Web: <https://www.smccd.edu/publicsafety/>



San Mateo County Community College District

1700 W. Hillsdale Blvd
Building 1-Room 157
San Mateo, CA 94402

Emergency Action Plan (EAP)



Office of
EMERGENCY MANAGEMENT

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The Office of Emergency Management

Plan Administration

For further information or explanation of duties under this plan please contact:

Office of Emergency Management



Ben'Zara Minkin – M.S.ESA

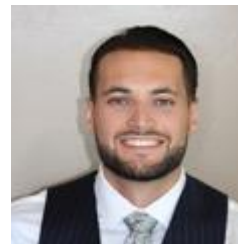
Emergency Manager

Office of Emergency Management

P: (650) 574 – 7321

Email: minkinb@smccd.edu

1700 W. Hillsdale Blvd, Building 1 Room 157



Vincent M. Garcia – M.S.ESA

Emergency Management Coordinator

Office of Emergency Management

P: (650) 574 – 7321

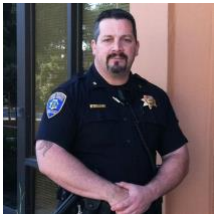
Email: garciav@smccd.edu

1700 W. Hillsdale Blvd, Building 1 Room 157

Emergency Contact Information

In the event of an emergency, please use the emergency contact list provided below. Main points of contact are marked by a ★

Department of Public Safety



Brian Tupper
Chief of Public Safety
Office: (650) 358-6840
Email: tupper@smccd.edu
Dispatch: (650) 738-7000
District Office | 1700 W. Hillsdale Blvd.



Jason Wendt
Cañada College Campus Captain
Office: (650) 574-6641
Email: wedntj@smccd.edu
Dispatch: (650) 738-7000
Cañada 22-100 | 4200 Farm Hill Blvd.



Rob Dean
College of San Mateo Campus Captain
Office: (650) 574-6200
Email: deanr@smccd.edu
Dispatch: (650) 738-7000
CSM 01-101 | 1700 W. Hillsdale Blvd.

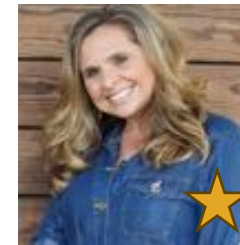


Jim Vangele
Skyline College Campus Captain
Office: (650) 738-4455
Email: vangelej@smccd.edu
Dispatch: (650) 738-7000
SKY 06-106 | 3300 College Drive

Facilities



Michele Rudovsky
Chief Facilities & Operations Manager
Office: (650) 358-6793
Email: rudovskym@smccd.edu
District Office | 1700 W. Hillsdale Blvd.



Karen Pinkham (Main Point of Contact)
Cañada College Facilities Manager
Office: (650) 306-3325
Email: pinkhamk@smccd.edu
CAN 07-115 | 4200 Farm Hill Blvd.

Responsible for supervising maintenance and operations of the campus



Tyrone Armstrong
Cañada College Custodial Supervisor
Office: (650) 306-3277
Email: armstrongt@smccd.edu

Responsible for swing shift supervision, cleaning of buildings, and events coordination



Gordon Tong
Cañada College Chief Engineer
Office: (650) 306-3289
Email: tongg@smccd.edu

Responsible for maintenance and operations of all buildings and building systems, including central utility plants, infrastructure systems, electrical systems, fire alarm systems, etc.



**Robert Gutierrez (Main Point of Contact)
CSM Facilities Manager**

Office: (650) 574-6577
Email: gutierrezr@smccd.edu

Responsible for supervising maintenance and operations of the campus.



**Luis Carranza
CSM Custodial Supervisor**

Office: (650) 574-6117
Email: carranzal@smccd.edu

Responsible for swing shift supervision, cleaning of buildings, and events coordination



**Phil Fong
CSM Chief Engineer**

Office: (650) 574-6282
Email: fongp@smccd.edu

Responsible for maintenance and operations of all buildings and building systems, including central utility plants, infrastructure systems, electrical systems, fire alarm systems, etc.



**John Doctor (Main Point of Contact)
Skyline College Facilities Manager**

Office: (650) 738-4166
Email: doctorj@smccd.edu

Responsible for supervising maintenance and operations of the campus.



**Bryant Evans
Skyline College Custodial Supervisor**

Office: (650) 738-4115
Email: evansb@smccd.edu

Responsible for swing shift supervision, cleaning of buildings, and events coordination



**Juan Lopez
Skyline College Chief Engineer**

Office: (650) 738-4115
Email: lopezj@smccd.edu

Responsible for maintenance and operations of all buildings and building systems, including central utility plants, infrastructure systems, electrical systems, fire alarm systems, etc.

Information Technology Services (ITS)



**Daman Grewal
Chief Technology Officer & Head of
Technology**

Office: (650) 358-6722
Email: grewald@smccd.edu



**Adam Soo (Main Point of Contact)
Network Admin**

Office: (650) 358-6704
Email: sooa@smccd.edu

Responsible for District Wide Network Operations such as firewall, wireless, switching & routing.



Adam West
Systems Admin

Office: (650) 358-6793
Email: westa@smccd.edu

Responsible for District Wide Server & System Operations.



Darrel Lee
Network Engineer

Office: (650) 358-6708
Email: leed@smccd.edu

Responsible for swing shift supervision, cleaning of buildings, and events coordination



Mike Healy
Telecom Engineer

Office: (650) 358-6707
Email: healym@smccd.edu

Responsible for maintenance and operations of all buildings and building systems, including central utility plants, infrastructure systems, electrical systems, fire alarm systems, etc.

Emergency Services

Emergency Services Personnel Contact Information

Services	Contact	Address/Location	Phone Numbers
Fire, Police, EMS	San Mateo County	San Mateo Consolidated FD /SMPD	9-1-1
		Woodside FD/ Sheriff's Office	
		San Bruno FD/PD	
Primary Medical Facility	Stanford Medical Center	900 Blake Wilbur Dr, Palo Alto, CA, 94304	1-650-723-8561
Secondary Medical Facility	SF General Hospital	1001 Potrero Ave, San Francisco, CA, 94110	628-206-8000
Poison Control Center	CA Poison Control System	400 Parnassus Ave. SF, CA 94143	1-800-222-1222
OSHA Area Office	Foster City State Plan Office	1065 E. Hillsdale Blvd.	650-573-3812
		Suite 110. Foster City CA 94404	
Electric	PG&E (Sam Zimmerman)	245 Market St. SF CA 94143	415-238-5059
Water	Cañada: City of Redwood City	1017 Middlefield Rd. Redwood City, CA 94063	650-780-7190
	CSM: CA Water Service	341 N. Delaware. San Mateo, CA. 94402	650-558-7800
	SKY: City of San Bruno	570 Linden Ave. San Bruno, CA, 94066	650-616-7160
Gas	PG&E (Sam Zimmerman)	245 Market St. SF CA 94143	415-238-5059
Phone Company	AT&T		
Chemical Spill Cleanup Contractor	Alyssa Blevins	2575 E. Bayshore Rd. Redwood City, CA 94063	760-317-4002

How to Use the EAP

The *Emergency Action Plan* provides designated actions employers and employees must take to ensure employee safety from fire and other emergencies. The booklet provides District personnel specific emergency procedures, methods to account for personnel, rescue/medical procedures, shutdown guidelines, and emergency mapping. This plan shall be maintained in written form, to be printed and available to all employees, and also linked to the Quick Response Code (QR) located on the bottom right of the SMCCCD Emergency Poster. Posters shall be located throughout all SMCCCD facilities, and accessible to all access and functional needs personnel.



“Plans are nothing; planning is everything.”

– Dwight D. Eisenhower.

Policy Statement

San Mateo County Community College District will provide its employees and other personnel at its facility with a clear plan of action in the event of an emergency. This plan will comply with applicable emergency action regulations.

Authority and Scope

Regulation: 29 Code of Federal Regulations (CFR) 1910.38, Emergency Action Plan, Title 8, §3220 Emergency Action Plan. An EAP must be in writing, kept in the workplace, and available to employees for review. An employer with 10 or fewer employees is allowed to communicate the plan orally to employees.

Scope: This plan covers emergency actions for all work areas and facilities for the protection of employees and others from workplace and other emergencies.

Plan review and update. The EAP will be reviewed annually and updated whenever:

- New hazards are identified or existing hazards change.
- There are changes to the facility layout or infrastructure.
- There are changes to emergency action and evacuation procedures.

Definitions

After-Action Report/Improvement Plan – Detailed critical summary or analysis of a past event, created to re-assess decisions and consider possible alternatives for future scenarios

Disability – A condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

District – Alternative term used to describe the San Mateo County Community College District

Emergency Action Plan – A written document required by particular OSHA standards [29 CFR 1910.38(a)]. The purpose of an EAP is to facilitate and organize employer and employee actions during workplace emergencies.

Exit—the portion of an exit route that is generally separated from other areas to provide a protected way of travel to the exit discharge. An example of an exit is a 2-hour fire-resistance-rated enclosed stairway that leads from the fifth floor of an office building to the outside of the building.

Exit route—a continuous and unobstructed path of exit travel from any point within a workplace to a place of safety (including refuge areas). An exit route consists of three parts: the exit access, the exit, and the exit discharge. (An exit route includes all vertical and horizontal areas along the route.)

Incident Command System – A standardized hierarchical structure that allows for a cooperative response by multiple agencies, both within and outside of government, to organize and coordinate response activities without compromising the decision-making authority of local command.

Medical emergency—a sudden onset of a condition with acute symptoms requiring immediate medical care and includes such conditions as heart attacks, cardiovascular accidents, poisonings, loss of consciousness or respiration, convulsions, or other such acute medical conditions.

Emergency Reporting

The types of emergencies to be reported to Public Safety/Emergency Services by SMCCD personnel are:

- Medical
- Fire
- Explosion
- Severe weather (e.g., tornado, flood, hurricane, earthquake)
- Bomb threat
- Chemical spill
- Extended power loss
- Workplace violence
- Poor Air Quality

Any significant event that disrupts instructional/business continuity

Chapter 1: Building Captains

Purpose

The Building Captain and Floor Manager program is established to facilitate enhanced emergency preparedness and coordinated initial emergency procedures in every regularly occupied SMCCCD campus building. The program is a critical component of the District's Emergency Preparedness, Operations, and Recovery Plan. Building Captains are campus employees who work in regularly occupied campus buildings and volunteer to perform essential activities for the purpose of minimizing injury to campus faculty, staff and students in the event of an emergency. The immediate actions of Building Captains can reduce the number and severity of injuries, instill calm and order in the midst of a crisis, and lessen the burden on first responders.

Floor Managers (FM) are only required in multilevel buildings. FMs require the same training as Building Captains (CPR, Fire Extinguisher, Building Occupancy, Big Five, etc.), but are solely responsible for their floor. However, if a given BC is on vacation, or not on campus, the FM will assume the role of the on-duty BC. The purpose of the FM is to prevent Building Captains from ascending stair wells after an Emergency Event, and to maintain an optimal span of control. FMs will communicate with BCs to ensure building evacuation, or to provide status reports on their floors above grade.

The Building Captain and Floor Manager Program establishes the concurrent responsibilities of SMCCCD staff assigned as Building Captains and Floor Managers. These procedural guidelines shall assist in the performance of those duties, and help establish effective initial response priorities; allocation of available resources; and accurate, timely event-related communications to the campus and emergency responders.

Direction, Control, Coordination

Responsibility for emergency response is based on statutory authority. In addition, all emergency response is coordinated in conformance with the State's Standardized Emergency Management System (SEMS) and National Emergency Management System (NIMS), which provide a flexible, adaptable, and expandable response organization to address all hazards of varying magnitude and complexity.

Direction and Control

College employees with concurrent responsibility and assignment as a BC/FM work under the supervision of their regularly assigned supervisor. In addition, they are required to coordinate their responsibilities and activities as a BC with the EM and/or Emergency Operations Center staff as directed and pursuant to this Plan. Building Captains shall further perform their duties and responsibilities as outlined in this Plan in conformance with NIMS, SEMS, and ICS principles.

Emergency Event Coordination

The EOC will be activated for any significant event impacting the SMCCCD community as outlined in the Emergency Operations Plan. Building Captains shall be notified whenever the EOC is activated. The BCGP shall occupy the BCGS role in the Operations Section within the EOC.

Training

College employees assigned as Building Captains and Floor Managers shall complete the following state and federal mandated NIMS training within one (1) year after being assigned:

- ICS-100 Introduction to the Incident Command System
- ICS-200 Basic ICS
- IS-700a NIMS Introduction
- AHA CPR/First Aid/AED Certification

Safety Considerations and Procedures

Safety considerations and procedures include:

- Wearing appropriate clothing and identification whenever performing Building Captain activities pursuant to this Plan, including as appropriate:
 - High-visibility vest;
 - Helmet;
 - Goggles (if eye hazards are present);
 - N-95 particulate mask (if inhalation hazards are present);
 - Comfortable, sturdy, non-slip footwear.
- **STAY CLEAR** of and report obvious or potential immediate life safety hazards including:
 - Downed electrical power lines;
 - Collapsed/structurally compromised buildings;
 - Fires, except for small, incipient fires that can readily and safely be extinguished with a portable fire extinguisher;
 - Active hazardous substance spills/releases;
 - Compromised roads, bridges, and tunnels.

Procedural Guidelines

Pre-Emergency:

Prior to the onset of an emergency event, assigned Building Captains and Floor Managers shall:

- Become thoroughly familiar with the Building Captain and Floor Manager Plan;
- Complete all required NIMS training as described in this Plan;
- Complete 20 hours of training as provided by the EM;
- Become thoroughly familiar with the physical layout of assigned building(s);
- Assigned building population (faculty, staff, student assistants, people with disabilities);
- Classroom schedule(s) and approximate related class size (if applicable);
- Exits, exit routes, and exit placarding;

- Location of designated campus evacuation assembly area(s)
- Location of fire extinguishers, AEDs and Evacuation Chairs;
- Location of utility services shutoffs;
- Conduct building safety assessments using the criteria outlined in Appendix A
 - **At least once a semester**
 - No later than second week of Fall, Winter, and Summer Semester
 - Immediately report any significant adverse findings to the EM
- Participate in BC training as scheduled and provided by the EM

Emergency:

Following the onset of an emergency event, and/or upon notification and deployment, Building Captains shall, within the scope of their individual training and experience, and as can be **SAFELY** accomplished using Appendix B - Emergency Procedures Checklists:

- **REPORT** any *immediate* life-threatening situation
- **DIAL 9-1-1, Then call DPSD**
- Assess building for any adverse impacts;
- Facilitate an orderly evacuation of building occupants if a hazardous condition exists, and assist evacuees to the extent possible;
- Inform building evacuees where to assemble for additional information and/or evacuation from campus;
- Attempt extinguishment of any **small** fire(s) as can be **SAFELY** accomplished within your training experience;
- **Radio DPSD and provide the following reporting criteria:**
 - Overall building status (no damage, minor damage, moderate damage, major damage, building destroyed);
 - Any significant building hazards;
 - Estimated number and location of any injured/trapped persons;
 - Building evacuated: **Yes/No & Location of evacuees**
 - Status of building lifeline utilities
 - Electrical Power, Natural Gas, Water Supply, Sanitary Sewer System, Telephone Communications

Section 1: Altered Level of Consciousness (ALOC)

Assessment Acronym – A.E.I.O.U.T.I.P.S

Altered level of consciousness (ALOC) means that you are not as coherent, alert, or able to understand or react as you are normally. ALOC can be caused by a head injury, medicines, alcohol or drugs, dehydration, or some disease, such as diabetes.

- A. – Alcohol**
 - Ask patient if they have been drinking alcohol and utilize sense of smell to detect possible alcohol on patient
- E. – Epilepsy**
 - Ask patient if they suffer from epilepsy or routine seizures
 - If patient is unconscious check neck and wrists for medical alert tags indicating epilepsy
- I. – Insulin**
 - Ask patient if they suffer from diabetes
 - If patient is unconscious check neck and wrists for medical alert tags indicating diabetes
- O. – Overdose**
 - Ask patient if they have consumed illicit, prescribed, or over the counter drugs
 - Ask patient if they have over consumed prescribed or over the counter drugs
 - Access patient's pupils to be equal and reactive to light
 - Visualize patients antecubital (anterior elbow) for track marks (needle marks)
 - If patient is unconscious, search for pill bottles, containers, on person/possessions
- U. – Underdose**
 - Ask patient if they have been compliant (consistent with past behavior) with illicit, prescribed, or over the counter drugs
 - Ask patient if they have under consumed prescribed or over the counter drugs
 - Access patient's pupils to be equal and reactive to light
 - Visualize patients antecubital (anterior elbow) for track marks (needle marks)

- T. – Trauma**
 - If patient is unconscious, search for pill bottles, containers, on person/possessions
 - Ask patient if they have experienced any recent trauma
 - Slips, Trips, Falls
 - Car accidents
 - Wellness or workout routines
 - Perform quick head to toe assessment. If patient is unconscious, consent is implied
- I. – Infection**
 - Palpate forehead with back of gloved hand to assess body temperature
 - Utilize thermometer to assess body temperature
 - Assess skin signs (red or mottled skin)
 - Ask if patient has had a fever or chills
 - Ask if patient has had a recent surgery
- P. – Psychogenic**
 - Ask patient if they have been diagnosed with any behavioral conditions (Depression, Schizophrenia, Bi-Polar)
 - Check medical alert tags
- S. – Stroke**
 - Cincinnati stroke scale
 - **Speech** – Ask patient to repeat “The sky is blue over California”
 - **Facial Droop** – Instruct patient to smile
 - **Upper extremities** – Have patient squeeze your hands with both of their hands to test equal grip strength
 - **Arm drift** – Have patient close eyes and extend arms straight out with palms facing ceiling
 - **Lower extremities** – Have patient sit in chair and ask patient to flex both feet toward ceiling while applying resistance

Seizure

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in behavior, movements, or feelings, an in levels of consciousness.

1) Stay calm and begin timing seizure. Call 911 and Public Safety (650-738-7000)

2) Keep the person safe:

- If necessary, ease the person to the floor.
- Don PPE (gloves and eye protection) if available
- Have a fellow employee or student clear-out onlookers to protect the patient's privacy. Public Safety shall assist in this endeavor if needed.
- Turn the person gently onto one side, facing away from you. This will help prevent the patient from aspirating (inhaling vomit into the airway) if vomiting occurs.
- Clear the area around the person of anything hard or sharp. This can prevent injury.
- Put something soft and flat, like a folded jacket, under his or her head.
- Remove eyeglasses.
- Check for medical alert tags around the patient's neck and wrists.



3) Stay with the person until first responders arrive on scene and have assumed patient care. After the seizure ends, make note of seizure duration. Patient may be postictal for some time (The postictal phase refers to the period of time immediately following a seizure. (The postictal phase can last for seconds, minutes, hours, and sometimes even days. It is commonly thought of as the time during which the brain recovers from a seizure.) Once patient is alert and able to communicate, tell them what happened in very simple terms. Comfort the person and speak calmly. Keep yourself and other people calm.

Do Not Do Any of the Following During a Seizure

- Do not hold the person down or try to stop his or her movements.
- Do not put anything in the person's mouth. This can injure teeth of the jaw.
- Do not give chest compressions unless the patient does not have a pulse.
- Do not offer food or water

What Can Cause a Seizure?

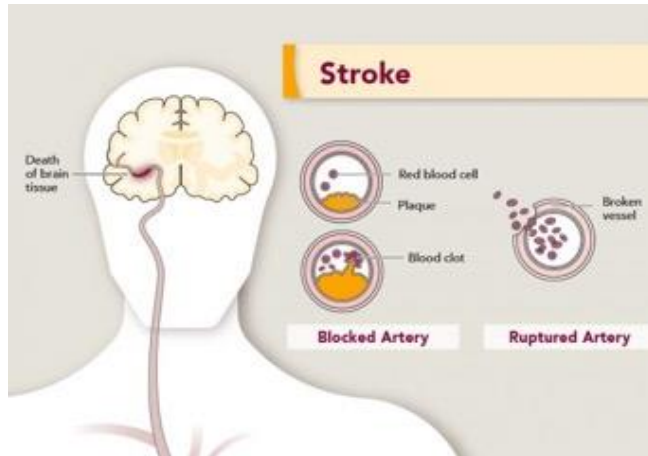
- Head Trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia (low oxygen)
- Electrolyte abnormality
- Drugs or medication non-compliance
- Alcohol withdrawal
- Eclampsia
- Stroke

What are the Signs and Symptoms of a Seizure?

- Altered mental status
- Tonic/clonic movements
- Incontinence
- Seizure activity
- Evidence of Trauma
- Unconscious
- Oral trauma
- Blank stare
- Rhythmic facial movements

Stroke/CVA/TIA

A stroke happens when a blood clot blocks blood flow to the brain. This causes brain tissue to become damaged or die.



Types of strokes

- Ischemic Stroke
- Hemorrhagic Stroke

A transient ischemic attack (TIA) is sometimes called a “mini-stroke.” It is different from the major types of stroke, because blood flow to the brain is blocked for only a short time—usually no more than 5 minutes.

Ischemic Stroke

Most strokes are ischemic strokes. An ischemic stroke occurs when blood clots or other particles block fatty deposits called plaque can also cause blockages by building up in the blood vessels.

Hemorrhagic Stroke

A hemorrhagic stroke happens when an artery in the brain leaks blood or ruptures (breaks open). The leaked blood puts too much pressure on brain cells, which damages them.

High blood pressure and aneurysms—balloon-like bulges in an artery that can stretch and burst—are examples of conditions that can cause a hemorrhagic stroke.

Quick Treatment is Critical for Stroke

A stroke is a serious medical condition that requires emergency care. Act F.A.S.T. **Call 9-1-1 right away if you or someone you are with shows any signs of a stroke.**

Cincinnati Stroke Scale

Have the patient repeat the following, **“The Sky is Blue Above California”**. Assess if the patient was able to repeat the saying without slurred speech or drooping of the face.

F.A.S.T Warning Signs

Use the letter in F.A.S.T to spot a Stroke

- | | |
|-------------------------------|---|
| F. – Face Drooping | • Does one side of the face droop or is it numb? Ask the person to smile. Is the person’s smile uneven? |
| A. – Arm Weakness | • Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward? |
| S. – Speech Difficulty | • Is speech slurred? |
| T. – Time to Call 911 | • Call 911 or 9-911 from campus phones |

Other Stroke Symptoms

- | | |
|------------------------|--|
| Numbness | • Or weakness of face, arm, or leg. Especially on one side of the body |
| Confusion | • Trouble speaking or understanding speech |
| Trouble Seeing | • In one of both eyes |
| Trouble Walking | • Dizziness, loss of balance or coordination |
| Severe Headache | • With no known cause |

Diabetes and Low Blood Sugar

Diabetes occurs when blood glucose (sugar) levels are raised due to problems producing or processing insulin. Diabetes may be genetic, pregnancy related or caused by obesity or illness and may be type 1 or type 2.

Type 1 Diabetes: This usually develops early in life and is the most common type of diabetes in children. It occurs when the body is unable to produce any insulin. Type 1 diabetes is treated with insulin injections, or by using an insulin pump

Type 2 Diabetes: Tends to develop later in life, and it often has links with obesity. Type 2 diabetes develops when the body is unable to make enough insulin, or when it produces insulin, but this does not work properly (known as insulin resistance). Diet, exercise, or oral medication – or a combination of all 3-control type 2 Diabetes.

Low Blood Sugar/Hypoglycemia: Blood glucose levels can drop very fast if someone who is diabetic has skipped a meal, taken a lot of exercise, if they are ill, or took too much insulin. If this is not treated quickly, they can rapidly start to lose consciousness and fall into a diabetic coma. This can be fatal.

Signs and Symptoms

- Behaving unusually
- May be aggressive
- Could appear slightly confused or drunk
- Might be pale, cold, shaky, and sweaty
- They have shallow, rapid breathing and a fast, strong pulse
- They could have seizures.

Treatment for Low Blood Sugar

1. Stay calm call 911 and Public Safety at (650 – 738 – 7000)
2. If rescuer suspects low blood sugar, (patient provides his or her own glucose level, states that their blood sugar is low, and/or patient displays medical alert tag) continue with step 3.
3. Sit them down and give them a sugary drink, or glucose sweets (not a diet drink).
 - Do Not give anything orally (PO) if patient is too altered to eat and drink
 - Glucose pastes and sweets are high density sugars that diabetics may carry in case of an emergency.
 - Ask patient if they have diabetic foods on their person that you may assist them during consumption
4. If they begin to feel better, give more drinks and some food, particularly biscuits or bread to sustain their blood sugar – a peanut butter and jam sandwich is great.
5. In case they don't feel better within 10 minutes, or they begin to get worse phone the emergency services.
6. If they lose consciousness but are breathing, put into the recovery position and update emergency services.
7. If they stop breathing, prepare to give CPR.

Do not attempt to give an unconscious patient anything to eat or drink, and **never** give them insulin as this will further lower their blood sugar and could be fatal.

Even if someone appears to have recovered, ensure they receive urgent medical advice. This is particularly important at night, as insulin will still be active in the blood stream while they are asleep, and the blood sugar levels will therefore drop again, and they could drift from sleeping to unconsciousness. In other words, call 911 and ensure the patient is assessed by on scene paramedics.

Drug Overdose

An overdose is when an individual takes a toxic (poisonous) amount of a drug or medicine. It is important to remember that not all overdoses are fatal or life threatening, however medical advice should always be sought if overdose is suspected or has occurred.

- 1) Stay calm call 911 and Public Safety (650-738-7000)
- 2) Don PPE prior to administering First Aid
- 3) If the person is unconscious but breathing, place them gently on their side in the recovery position. Ensure their airway remains open by tilting the head back and lifting the chin. (This can help with breathing and stop the individual from choking if they vomit)
 - Check medical alert tags
 - Check pupils and skin signs
 - Check breathing and monitor their condition until help arrives
- 4) Do not try to make the person vomit
- 5) If the patient is awake, ask them what type of medication they took and how much
- 6) Do not give them anything to eat or drink
- 7) Keep any pill containers and provide them to paramedics or bring them to the hospital

Signs and Symptoms of an Overdose

A wide range of signs and symptoms can occur when a person overdoses, and everyone responds differently. Signs and symptoms depend on a variety of factors including:

- which substance (or substances) they took
- how much they took
- how they took it
- their state of health
- their age
- other factors

Symptoms of a Drug Overdose (Including Alcohol Poisoning) May Include:

- nausea and vomiting
- severe stomach pain and abdominal cramps
- diarrhea
- chest pain
- dizziness
- loss of balance
- loss of co-ordination
- being unresponsive, but awake
- limp body
- seizures (fitting)
- drowsiness and confusion
- agitation
- paranoia
- slow or erratic pulse
- difficulty breathing, shallow or erratic breathing or not breathing at all
- hallucination
- visual disturbances
- choking or gurgling sounds
- snoring deeply
- blue fingernails or lips
- pale or clammy face
- loss of consciousness.

Naloxone (NARCAN) Administration Protocols

1. Identify Opioid Overdose and Check for Response
 - **Ask** person if he or she is okay and shout name
 - **Shake** shoulders and firmly rub the middle of their chest
 - **Check for signs of overdose (must have respiratory depression):**
 - Will not wake up or respond to your voice or touch
 - Breathing is very low, irregular, or has stopped
 - Center part of their eye is very small “pinpoint pupils”



Lay the person on their side facing away from you to receive a dose of NARCAN Nasal Spray

2. Give NARCAN Nasal Spray
 - **Remove** NARCAN nasal Spray from the box. Peel back the tab with the circle to open NARCAN



- **Hold** the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle



- **Gently insert the tip of the nozzle into either nostril.** Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



- **Press the red plunger firmly** to give the dose of NARCAN Spray.
- **Remove** the NARCAN Nasal Spray from the nostril after giving the dose.



3. Call for Emergency Medical Help, Evaluate, and Support

- **Get emergency medical help right away**
- **Move the person on their side (recovery position)** after giving NARCAN Nasal Spray



- **Watch the person closely**
- **If the person does not respond** by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be repeated every 2 to 3 minutes, if available.
- **Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril.** If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.
- **There is no max dosage for NARCAN**

Example of "Pinpoint Pupil"



Unresponsive

If someone is not moving and does not respond when you call them or gently shake their shoulders, they are unresponsive.

Unresponsive and Breathing

1. Stay calm call 911 and Public Safety (650-738-7000)
2. Obtain AED and PPE
3. Make sure the scene is safe, and ensure all PPE is donned
4. Check for breathing by scanning the body for no more than 10 seconds
5. If breathing, move patient to left lateral and monitor breathing (no suspected injuries)

If	Then
The person is unresponsive and is breathing	<ul style="list-style-type: none"> • This person does not need CPR • Roll the person onto their side (if you do not think this person has a neck or back injury). This will help keep the airway clear in the event the person vomits. • Stay with the person until advanced help arrives
The person is unresponsive and not breathing normally or is only gasping but has pulses	<ul style="list-style-type: none"> • This person needs CPR • Make sure the person is lying on their back on a firm, flat surface • Begin chest compressions at least 100x per minute • Deliver 1 rescue breath every 3-5 seconds if rescuer has a barrier device
REMEMBER	<p style="text-align: center;">Unresponsive</p> <p style="text-align: center;">+</p> <p style="text-align: center;">= Provide CPR</p> <p style="text-align: center;">No normal breathing or only gasping</p>

Fainting

Many conditions can cause someone to faint. While assessing the patient, inquire to the following medical history:

- History of cardiac stroke or seizures
- Any recent GI bleeding or ectopic pregnancy
- History of nausea, vomiting, diarrhea
- Recent air travel
- In all fainting's, call 911 and Public Safety

If someone is feeling faint, advise them to lie down on their back, if there are no signs of injuries and it does not cause the person any pain, you can raise their legs to help with circulation and improve blood flow to the brain. Fainting is caused by a temporary reduction in the flow of blood to the brain and can result in a brief loss of consciousness. A person who has fainted should quickly regain consciousness. If they don't, treat them as an unconscious person.

Additional Causes for Fainting

- **Hyperventilation:** Hyperventilation (breathing rapidly) causes a reduction of carbon dioxide in the blood. Hyperventilation may happen if a person is extremely stressed, has anxiety disorders or is in shock.
- **Low blood sugar.** Low blood sugar levels can be caused by several different things such as going without food for a long time (or crash dieting). Also at risk are people with diabetes who take insulin shots or other medication. If they don't eat enough or take too much medication, their blood sugar levels can drop low enough to make them faint.
- **Being pregnant.** During pregnancy, the body needs more fluid so it's easy for pregnant women to become dehydrated. There are also changes to the body, including hormonal changes and changes in the circulatory system. Also, as the uterus grows it can partially block larger blood vessels and decrease the amount of blood that gets to the brain.
- **Having anemia.** Being anemic means you have fewer red blood cells than normal, and this will decrease the amount of oxygen in the blood supply that is delivered to the brain. A common cause of anemia is iron deficiency.
- **Other physical triggers.** Being in poorly ventilated rooms, exercising in hot weather, allowing yourself to become dehydrated or too hungry are common physical triggers that can cause fainting. Also, standing up too quickly after sitting for a long period or just standing for a long time can make you faint.
- **Emotional stress.** Sudden fright, shock, anxiety, or pain all affect the body's nervous system and can cause a drop in blood pressure, which results in fainting.

Section 2: Injury Emergencies and Pain (Including Chest Pain)

Trauma Acronym: O.P.Q.R.S.T

- O. - Onset**
 - When did the pain begin?
 - How long have you been feeling like this?
- P. - Progression/Provoke**
 - Did the pain come on fast or slow, and what were you doing when the pain began?
 - Does anything make the pain better or worse?
- Q. - Quality**
 - Please describe the pain to me
 - Pain Descriptors
 - Sharp
 - Dull
 - Heavy
 - Stabbing
 - Pressure
 - Throbbing
- R. - Region/Radiation**
 - Show me where the pain is, and does the pain go anywhere?
- S. - Severity**
 - What is the number of your pain on a 1-10 scale
- T. - Time**
 - What time did the pain start?
 - Is this the first time you have had this pain?

Traumatic Pain

Traumatic injury is a term which refers to physical injuries of sudden onset and severity which require immediate medical attention. The injury may cause systemic shock called “shock trauma” and may require immediate resuscitation and interventions to save life and limb. Traumatic injuries are the result of a wide variety of blunt, penetrating and burn mechanisms. They include motor vehicle collisions, sports injuries, falls, natural disasters, and a multitude of other physical injuries which can occur at home, on the street, or while at work and require immediate care.

Types of Traumatic Pain

- Traumatic Brain injury
- Spinal Cord Injury
- Spine Fracture
- Amputation – Traumatic
- Facial Trauma
- Acoustic Trauma
- Crush Injury
- Concussion
- Broken Bone
- Jaw – Broken or Dislocated
- Skull Fracture
- Cuts and Puncture Wounds
- Collapsed Lung
- Myocardial Contusion
- Burns
- Electrical Injury
- Hypovolemic Shock
- Subarachnoid Hemorrhage
- Subdural Hematoma

Non-Traumatic Pain

Not causing, caused by, or associated with trauma and especially traumatic injury.

Types of Non-Traumatic Pain

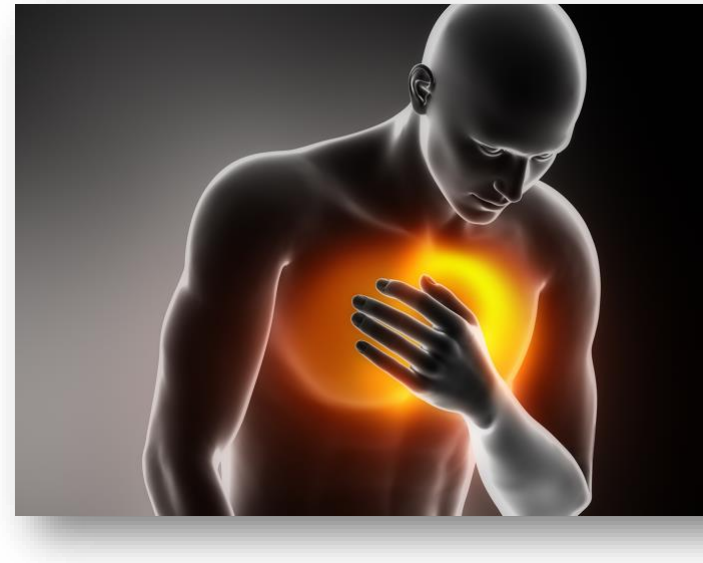
- Adnominal pain
- Premenstrual symptoms
- Headaches
- Ischemic chest pain
- Non-traumatic neck and lower back pain
- Localized infection

Chest Pain

First aid for chest pain depends on the cause. Causes of chest pain can vary from minor problems, such as heartburn or emotional stress, to serious medical emergencies, such as a heart attack or blood clot in the lungs (pulmonary embolism).

It can be difficult to tell if your chest pain is due to a heart attack or other health condition, especially if you've never had chest pain before. Don't try to diagnose the cause yourself. Seek emergency medical help if the patient has unexplained chest pain that lasts more than a few minutes

1. Stay calm call 911 and Public Safety (650-738-7000)
2. If patient is prescribed aspirin for cardiac care, you may help the patient self-administer aspirin
3. If patient is prescribed nitroglycerin, you may help the patient self-administer
4. Begin CPR on the person if they are unresponsive and not breathing
5. Use an Automated External Defibrillator (AED)



Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED)

Adult and Child CPR and AED

- CHECK the scene for safety, form an initial impression and use personal protective equipment (PPE)
- If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout
- If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get an AED
- Place person on their back on a firm flat surface
- Give 30 chest compressions
 - Hand Position: Two hands centered on the chest
 - Body Position: Shoulders directly over hands; elbows locked
 - Depth: At least 2 inches or 2/3
 - Rate: 100 to 120 compressions per minute
 - Allow chest to return to normal position after each compression
- Give 2 rescue breaths
 - Open the airway to a neutral position using the head-tilt/chin-lift technique
 - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath

Note: if the first breath does not make the chest rise, re-tilt the head and ensure proper seal before giving the 2nd rescue breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway

- Continue giving sets of 30 chest compressions and 2 rescue breaths. **Use an AED as soon as one is available**

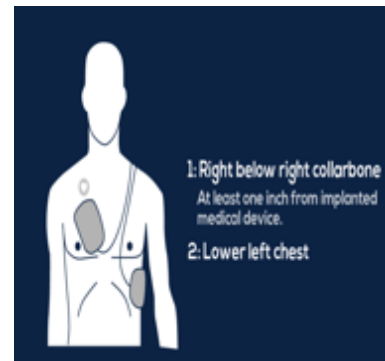
Approved AED Model/Brand

The Office of Emergency Management have chosen the Physio Control LIFEPAK CR2 AED as the standardized model which will be implemented at Cañada College, the College of San Mateo, Skyline College, and the District Office. The CR2 offers industry leading technology which allows continual chest compressions during electrocardiogram (EKG) rhythm analysis thereby reducing pauses between CPR and defibrillation. In an AED comparison study, the CR2 helped lay responders deliver the highest overall CPR quality.



- ❖ Physio Control LIFEPAK CR2:
 - Semi-Automatic & Fully Automatic Configurations
 - English/Spanish
 - Wireless Connectivity
 - CPR insight
 - Carrying Case

Adult and Child AED Pad Placement



Infant CPR & AED



- **Tap and Shout**
- **Yell for help. Send someone to phone 911**



- **Look for no breathing or only gasping**
- **Push hard and fast. Give 30 compressions and 2 breaths**

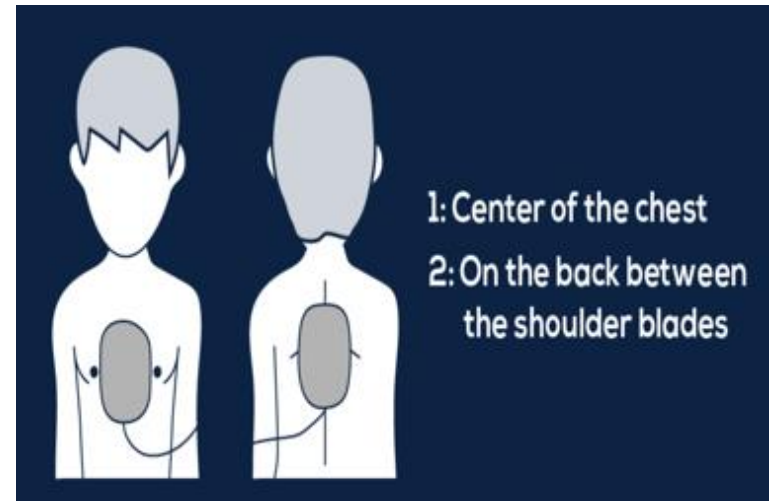


- **Open the airway and give 2 breaths**
- **Repeat sets of 30 compressions and 2 breaths**

Using an AED on an Infant

Pediatric electrode pads are typically smaller and feature a different color packaging than adult pads. The instructions and pad placement illustrations will depict a small child or infant. If your AED requires a child/infant key, the key will likely have an illustration on it showing the proper placement of the adult AED electrode pads for use on a child or infant.

If the AED only provides adult pads, place one pad on the front of the chest and the other to the infant's back so that the pads do not come into contact with one another. Once the pads are attached, follow the instructions provided by the AED.



Adult and Child Choking



Recognize a severe airway block

- Make the choking sign
- Cannot breathe, cough, speak, or make sounds

Ask, "Are you choking?", If the person nods yes, say "Can I help you?"



Give thrust slightly above the belly button until

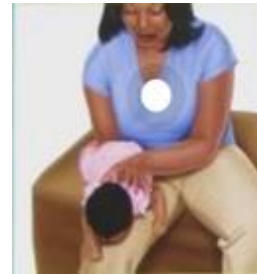
- Object is forced out
- Or**
- Person can breathe and make sounds
- Or**
- Person becomes unresponsive



If the person stops responding

- Shout for help
 - Phone or have someone else phone 9-1-1 and get an AED. Put the phone on speaker mode so that you can talk to the dispatcher
 - Provide CPR if needed, starting with compressions
-
- Look in the mouth. If you see an object in the mouth, take it out.
 - Give 2 breaths and then repeat 30 compressions
 - Continue CPR until
 - The person moves, speaks, blinks, or otherwise reacts
 - Someone with more advanced training arrives and takes over

Infant Choking



Recognize a severe airway block

- Cannot breathe or make a sound
- Has a cough that has no sound

Remove object (support infant's head)

- Give 5 back blows; hold the infant facedown and give slaps with the heel of your hand between the shoulder blades



If the infant stops responding

- Shout for help
- Check breathing
- Give sets of 30 compressions and 2 breaths, checking the mouth for objects after each set of compressions (remove if seen)

Then continue CPR until the infant starts to respond or EMS takes over

Traumatic Cervical Neck Pain

Traumatic cervical neck pain is defined as the “biological and neurological consequences for the cervical spine and nervous system caused by neck trauma and is a syndrome comprising various symptoms of the motor and nervous system but also mental, neurological, as well as ontological and visual balance dysfunction”. The cervical spine includes the top seven (7) most vertebrae.



If you suspect a back or neck (spinal) injury, **do not move the affected person**. Permanent paralysis and other serious complications can result. Assume a person has a spinal injury if:

- There's evidence of a head injury with an ongoing change in the person's level of consciousness
- The person complains of severe pain in his or her neck or back
- An injury has exerted substantial force on the back or head
- The person complains of weakness, numbness, or paralysis or lacks control of his or her limbs, bladder, or bowels
- The neck or body is twisted or positioned oddly

If you suspect someone has a spinal injury:

- 1) Stay calm call 911 and Public Safety (650-738-7000)
- 2) Make sure the scene is safe, and ensure all PPE is donned
- 3) **Avoid moving the head or neck.** Provide as much first aid as possible without moving the person's head or neck. To stabilize the neck, ensure the patient is laying supine (flat on back) on the floor.
- 4) Place both palms over the ears while seated at the patient's head. Keep the head in a neutral position.



- 5) If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward (jaw thrust). If the person has no pulse, begin chest compressions.
- 6) **Keep helmet on.** If the person suffered a moving accident (bicycle, motorcycle, skateboard, etc.) while wearing a helmet, leave the helmet in place.
- 7) Do not release cervical spine immobilization until paramedics arrive on scene.

Extremity Injuries

Upper extremity injuries can include any injury to the hand, elbow, arm, and shoulder. There are two types of upper extremity injury: Acute injuries, which are caused by a specific event or accident. Overuse injuries, which occur overtime from repetition.

Lower limb injuries are very common injuries among athletes and non-athletes alike. Ranging from injuries and pain in the feet and ankles through to knee and hip issues, these injuries can be very debilitating.

Care for Extremity Injuries

- 1) Stay calm and call 911 and Public Safety (650-738-7000)
- 2) Make sure the scene is safe, and ensure all PPE is donned
- 3) For suspected cervical injury, avoid moving the head and neck
- 4) Utilize first aid kit for needed supplies
 - Splints
 - Gauze/Wound Packing
 - Slings/Triangular Bandage
 - Ice Packs
 - Bleeding Control

Dislocations/Fractures

A dislocated joint happens when bones are partly or completely pulled out of their normal position. Joints can dislocate when a strong force wrenches or pulls the bone into an abnormal position. Someone with a dislocated joint may complain of severe pain, be unable to move the joint, and/or have swelling and bruising around the joint (and it may look shorter, bent or deformed).

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call 911 and Public Safety.

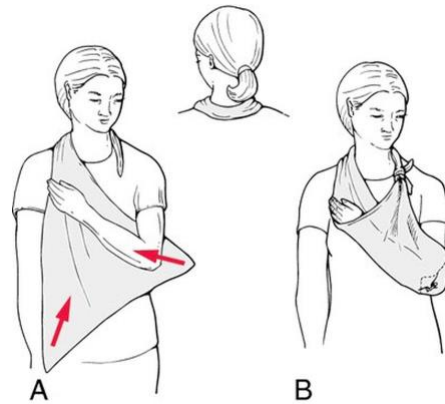
Treatment for Fracture

1. Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth, or a clean piece of clothing.
2. Immobilize the injured area. Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.
3. Apply ice packs to limit swelling and help relieve pain. Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other material.
4. 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.

Treatment for Dislocation

1. Advise the casualty to stay still. Help them to support their dislocated joint in the most comfortable position.
2. Do not try to put the dislocated bone back into its socket, as this may cause further injury.
3. Call 911 and Public Safety
4. Stop the joint from moving.
 - a. If you think they have dislocated their shoulder or elbow, support the injured arm using a sling. To give extra support, tie a broad-fold bandage (wide bandage) around the chest and the sling. If a hand or arm is injured, remove any rings or watches in case of swelling.
 - b. If you think they have dislocated their ankle, knee, or hip joint, support the injured leg using padding and broad-fold bandage (SAM Splint)
5. While waiting for help, treat for shock if necessary. Monitor their level of response.
6. Do not raise an injured leg. Only raise the uninjured leg.
7. Check the circulation beyond any bandages every 10 minutes and loosen if necessary.

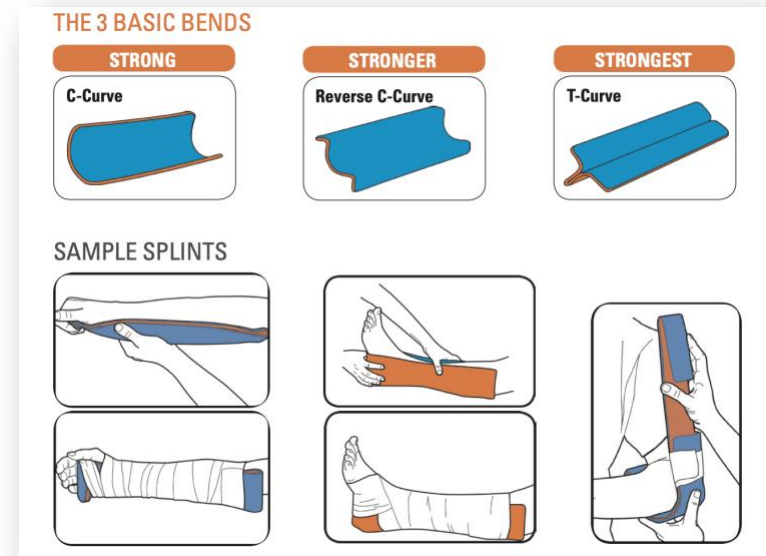
Applying a Triangular Bandage



- ask the person to hold their arm across their chest and support the arm while you work
- put the bandage under the arm and around the back of the neck
- put the other half of the bandage over the arm to meet at the shoulder and tie into a knot
- tuck the loose ends of the bandage in at the elbow or use a pin/tape/ or tie a knot.

Splinting

SAM Splints



Double Layer Wrist Splint:	Ankle Stirrup	Humeral Shaft Splint
In the double-layer configuration, one can easily see how the splint is custom molded in each unique application. The two-layered splint is curved into the basic bend, molded to your own extremity, and then applied to the patient. Small adjustments are made after applying the splint to the patient.	For ankle support. This is especially useful when weight bearing is required. Be sure to pad the bony prominences on both sides of the ankle.	There are not many splints you can do this with! Humeral shaft fractures are difficult to splint. See manual for complete instructions

Bleeding Control

Combat Application Tourniquet (C.A.T)

For severe bleeding, take these first-aid steps and reassure the injured person. Call 911 or emergency medical help for severe bleeding that you can't control.

1. **Remove any clothing or debris on the wound.** Don't remove large or deeply embedded objects. Don't probe the wound or attempt to clean it yet. Your first job is to stop the bleeding. Wear disposable protective gloves if available.
2. **Stop the bleeding.** Place a sterile bandage or clean cloth on the wound. Press the bandage firmly with your palm to control bleeding. Apply constant pressure until the bleeding stops. Maintain pressure by binding the wound with a thick bandage or a piece of clean cloth. Don't put direct pressure on an eye injury or embedded object.
 - Secure the bandage with adhesive tape or continue to maintain pressure with your hands. If possible, raise an injured limb above the level of the heart.
3. **Help the injured person lie down.** If possible, place the person on a rug or blanket to prevent loss of body heat. Calmly reassure the injured person.
4. **Don't remove the gauze or bandage.** If the bleeding seeps through the gauze or other cloth on the wound, add another bandage on top of it. And keep pressing firmly on the area.
5. **Tourniquets:** A tourniquet is effective in controlling life-threatening bleeding from a limb. Apply a tourniquet if you're trained in how to do so. When emergency help arrives, explain how long the tourniquet has been in place.
6. **Immobilize the injured body part as much as possible.** Leave the bandages in place and get the injured person to an emergency room as soon as possible.

Direct Pressure

1. Apply **DIRECT PRESSURE** and **ELEVATE**



2. Indirect Pressure
 - If bleeding continues apply **PRESURE** on the supplying artery



Advanced Bleeding Control

Bleeding Control Kits

Bleeding control kits can be found in all AED Cabinets on District Grounds. Direction for use is found inside each bleeding control kit.



The North American Rescue Public Access Bleeding Control Kit is a lifesaving kit that provides intuitive and easy-to-use tools that are proven to help save lives. Included are step-by-step illustrated “just in time” pictorial instructions, so even untrained providers can help save a life.

Advanced BCD Kit Contents:

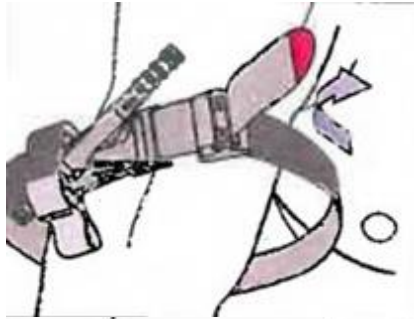
- 1 x C-A-T Tourniquet
- 1 x 6 in. Responder ETD (Emergency Trauma Dressing)
- 1 x QuikClot Bleeding Control Dressing
- 1 x NAR Compressed Gauze
- 1 x HyFin Compact, Vent Twin Pack
- 2 x Pair, Bear Claw Nitrile Gloves, Lg
- 1 x NAR Trauma Shears, 7.25 in.
- 1 x Permanent Marker, Small
- 1 x Just in Time Instruction Card
- 1 x PVC Bleeding Control Patch
- 1 x Red Nylon Bag
- 1x Survival Blanket



Advanced Bleeding Control

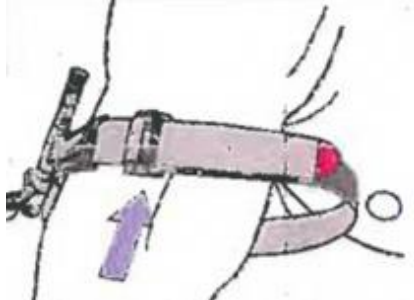
Combat Application Tourniquet (C.A.T)

Steps 1A and 1B are options on how to be applying the tourniquet. Choose either A or B and then continue to step 2.



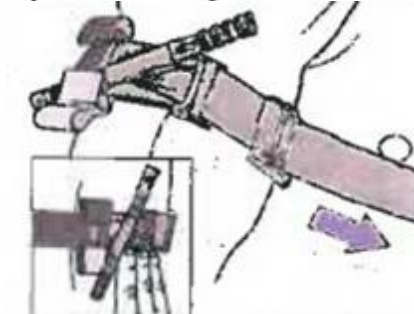
STEP 1A

Two-Handed Application: Route the band around the limb pass the red tip through the slit of the buckle and position the C.A.T. 2-3 inches above the bleeding site directly to the skin.



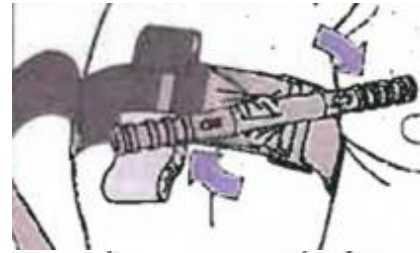
STEP 1B

One-Handed Application: Insert the injured limb through the loop in the band and position the C.A.T. 2-3 inches above the bleeding site directly to the skin.



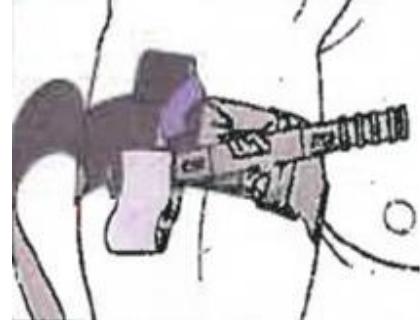
STEP 2

Pull band tightly and fasten it back on itself all the way around the limb, but not over the rod dips. Band should be tight enough that tips of three (3) fingers cannot be slid between the band and the limb. If the tips of three (3) fingers slide under band, retighten and re-secure.



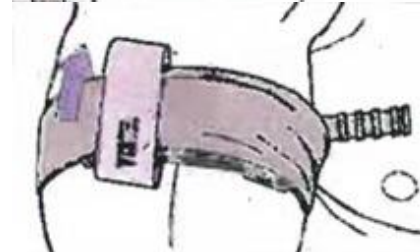
STEP 3

Twist the rod until bleeding has stopped.



STEP 4

Secure the rod inside a clip to lock it in place. Check for bleeding and distal pulse. If bleeding is not controlled; or distal pulse is present, consider additional tightening or applying second C-C.A.T. above and side-by-side to the first. Reassess.



STEP 5

Route the band between the clips and over the red. Secure rod and band with TIME strap. Record time of application.

Israeli Bandage

The Israeli Emergency Bandage is an innovative, combat proven first-aid device for the staunching of blood flow from traumatic hemorrhage wounds in pre-hospital emergency situations. This all-in-one device consolidates multiple first-aid devices such as a primary dressing, pressure applicator, secondary dressing, and a foolproof closure apparatus to secure the bandage in place.



STEP 1

Place pad on wound & wrap the elastic bandage around limb or body part



STEP 2

Insert elastic bandage into pressure bar



STEP 3

Tighten elastic bandage



STEP 4

Pull back forcing pressure bar down onto pad



STEP 5

Wrap elastic bandage tightly over pressure bar and wrap over all edges of pad



STEP 6

Secure hooking ends of closure bar into elastic bandage

Wound Packing

STEP 1

Immediately apply direct pressure to the wound, using gauze, clean cloth, elbow, knee — whatever it takes to slow or stop the hemorrhage — until you have time to get out your wound packing supplies.

Place your gloved fingers — with or without a dressing — into the wound to apply initial pressure to the target area (with your target being the vein, artery or both) and compress the source of bleeding.

Whenever possible, utilize a bone to assist with bleeding control.



STEP 2

Your goal is to completely and tightly pack the wound cavity to stop hemorrhage. Using either hemostatic or plain gauze, begin packing the gauze into the wound with your finger, while simultaneously maintaining pressure on the wound.

It's critical that the gauze be packed as deeply into the wound as possible to put the gauze into direct contact with the bleeding vessel. By doing so, you're simultaneously putting direct pressure onto the bleeding vessel and allowing the hemostatic agent to work.



STEP 3

The key to successful wound packing is that the wound be very tightly packed, applying as much pressure as possible to the bleeding vessel. This pressure against the vessel is the most important component of hemorrhage control.

This explains why plain gauze (without an impregnated hemostatic agent), when tightly packed, is also quite effective.



STEP 4

Apply very firm pressure to the packed wound for 3-8 minutes. This step pushes the packing firmly against the bleeding vessel and aids in clotting.



Wound Packing Continued...

STEP 5

After applying pressure for 3-8 minutes, place a snug pressure dressing over the wound. You may consider splinting or immobilizing the area, if possible because movement during transport can dislodge the packing and allow hemorrhage to restart.



STEP 6

Should the bleeding continue, hemostatic gauze manufacturers recommend removal of the original packing and repacking with fresh gauze. The rationale for this is that they assume it wasn't packed properly the first time, or perhaps the packing didn't quite get to the bleeding vessel.



Impaled Objects

Impaled objects are items that have punctured the body's soft tissue and are still embedded. Depending on the location of the impalement and the size of the object, emergency medical response may be necessary.

Small, impaled objects—splinters, for example—can be removed without going to the emergency department. Larger impaled objects will require a physician or other healthcare provider to properly remove it.

Treatment Protocol

- Call 911 and Public Safety
- Ensure scene safety and don PPE
- Do not remove impaled object unless:
 - The patient requires CPR and the object is in the way
 - The object is the airway and is preventing the person from breathing
- If an impaled object is in the eye: do not put any pressure on the impaled object or the eyeball. Cover both eyes with a bulky dressing, taking care not to put any pressure on either eye. Remember not to put any pressure on the impaled object. Covering both eyes keeps the injured eye from moving and causing more damage.
- If an ambulance is not available or the patient must be moved, it will be necessary to secure the object. Start by shortening the object if possible. The more of an object that sticks out of the body, the more leverage it has to do damage to surrounding tissues.
- After the object is as short as possible, secure it to prevent movement. The more movement of the impaled object, the more soft tissue damage it does and the more bleeding it will cause.
- Follow the steps for basic first aid.

Burns and Chemical Burns

First-degree (superficial) burns. First-degree burns affect only the outer layer of skin, the epidermis. The burn site is red, painful, dry, and with no blisters. Mild sunburn is an example. Long-term tissue damage is rare and often consists of an increase or decrease in the skin color.

Second-degree (partial thickness) burns. Second-degree burns involve the epidermis and part of the lower layer of skin, the dermis. The burn site looks red, blistered, and may be swollen and painful.

Third-degree (full thickness) burns. Third-degree burns destroy the epidermis and dermis. They may go into the innermost layer of skin, the subcutaneous tissue. The burn site may look white or blackened and charred.

Fourth-degree burns. Fourth-degree burns go through both layers of the skin and underlying tissue as well as deeper tissue, possibly involving muscle and bone. There is no feeling in the area since the nerve endings are destroyed.

Treatment Protocol

1. Call 911 and Public Safety if:
 - a. The burn penetrates all layers of the skin.
 - b. The skin is leathery or charred looking, with white, brown, or black patches.
 - c. The person is an infant or a senior.
 - d. The burn is on the face, feet, hands, or genitals
2. Seek medical help if:
 - a. You see signs of infection, like increased pain, redness, swelling, fever, or oozing.
 - b. The person needs tetanus or booster shot, depending on date of last injection. Tetanus booster should be given every 10 years.
 - c. The burn blister is larger than two inches or oozes.
 - d. Redness and pain last more than a few hours.
 - e. The pain gets worse.

3. For **all burns**:
 - a. Stop burning immediately
 - b. Put out fire or stop the person's contact with hot liquid, steam, or other material.
 - c. Help the person "stop, drop, and roll" to smother flames.
 - d. Remove smoldering material from the person.
 - e. Remove hot or burned clothing. If clothing sticks to skin, cut or tear around it
 - f. Take off jewelry, belts, and tight clothing. Burns can swell quickly
4. For **First-Degree Burns** (Affecting Top Layer of Skin)
 - a. Hold burned skin under cool (not cold) running water or immerse in cool water until the pain subsides.
 - b. Use compresses if running water isn't available.
 - c. Cover with sterile, non-adhesive bandage or clean cloth.
 - d. Do not apply butter, oil, lotions, or creams (especially if they contain fragrance). Apply a petroleum-based ointment two to three times per day.
 - e. Give over-the-counter pain reliever such as acetaminophen (Panadol, Tylenol), ibuprofen (Advil, Motrin, Nuprin), or naproxen (Aleve, Naprosyn).
5. For **Second-Degree Burns** (Affecting Top 2 Layers of Skin)
 - a. Immerse in cool water for 10 or 15 minutes.
 - b. Use compresses if running water isn't available.
 - c. Don't apply ice. It can lower body temperature and cause further pain and damage.
 - d. Don't break blisters or apply butter or ointments, which can cause infection.
 - e. Cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.
 - f. Lay the person flat.
 - g. Elevate feet about 12 inches.
 - h. Elevate burn area above heart level, if possible.
 - i. Cover the person with a coat or blanket.
6. For **Third-Degree Burns**
 - a. Call 911 and Public Safety
 - b. Cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that that won't leave lint in wound.

- a. Separate burned toes and fingers with dry, sterile dressings.
- b. Do not soak the burn in water or apply ointments or butter, which can cause infection.
- c. Lay the person flat.
- d. Elevate feet about 12 inches.
- e. Elevate burn area above heart level, if possible.
- f. Cover the person with a coat or blanket.
- g. For an airway burn, do not place a pillow under the person's head when the person is lying down. This can close the airway.
- h. Have a person with a facial burn sit up.
- i. Check pulse and breathing to monitor for shock until emergency help arrives.

7. For **Chemical Burns:**

- a. Remove yourself or the person with the burn from the accident area.
- b. Remove any contaminated clothing.
- c. Wash the injured area to dilute or remove the substance, using large volumes of water. Wash for at least 20 minutes, taking care not to allow runoff to contact unaffected parts of your body. Gently brush away any solid materials, again avoiding unaffected body surfaces.
- d. Especially wash away any chemical in your or the person's eye. Sometimes the best way to get large amounts of water to your eye is to step into the shower

Heat Exhaustion and Heat Stroke

Heat Exhaustion

Heat exhaustion is one of the heat-related syndromes. These syndromes range in severity and seriousness from mild to potentially life-threatening. Other types of heat-related illnesses include heat rash, heat cramps, heat syncope and heatstroke.

Heat exhaustion can occur when your body loses too much water or salt — usually because of excessive sweating or dehydration. It can begin suddenly or happen over time, usually after working, exercising, or playing in the heat.

Signs and symptoms include:

- Cool, moist skin with goose bumps when in the heat
- Heavy sweating
- Faintness
- Dizziness
- Fatigue
- Weak, rapid pulse
- Low blood pressure upon standing
- Muscle cramps
- Nausea or vomiting
- Headache
- Extreme thirst
- Mild confusion
- Decreased urine output

Treatment Protocol

1. Call 911 and Public Safety
2. Move the person out of the heat and into a shady or air-conditioned place.
3. Lay the person down and elevate the legs and feet slightly.
4. Remove tight or heavy clothing.
5. Have the person sip chilled water, a decaffeinated sports drink containing electrolytes or other nonalcoholic beverage without caffeine.
6. Cool the person by spraying or sponging with cool water and fanning.
7. Monitor the person carefully.

Heat Stroke

Heatstroke occurs when your body temperature rises rapidly and you're unable to cool down. It can be life-threatening by causing damage to your brain and other vital organs. It may be caused by strenuous activity in the heat or by being in a hot place for too long. Heatstroke can occur without any previous heat-related condition, such as heat exhaustion.

Signs and symptoms include:

- Fever of 104 degrees Fahrenheit (40 degrees Celsius) or greater
- Changes in mental status or behavior, such as confusion, agitation, and slurred speech
- Hot, dry skin or heavy sweating
- Nausea and vomiting
- Flushed skin
- Rapid pulse
- Rapid breathing
- Headache
- Fainting
- Seizure
- Coma

Treatment Protocol

1. Call 911 and Public Safety
2. Move the person out of the heat
3. Cool the person by whatever means available
 - a. Fever of 104 degrees Fahrenheit (40 degrees Celsius) or greater
 - b. Changes in mental status or behavior, such as confusion, agitation, and slurred speech
 - c. Hot, dry skin or heavy sweating
 - d. Nausea and vomiting
 - e. Flushed skin
 - f. Rapid pulse
 - g. Rapid breathing
 - h. Headache
 - i. Fainting
 - j. Seizure

4. If the person is conscious, offer chilled water, a sports drink containing electrolytes or other nonalcoholic beverage without caffeine.
5. Begin CPR if the person loses consciousness and shows no signs of circulation, such as breathing, coughing or movement.



Bites and Stings

Most insect bites and stings are mild and can be treated at work. They might cause itching, swelling, and stinging that go away in a day or two. Some bites or stings can transmit disease-causing bacteria, viruses, or parasites. Stings from bees, yellow jackets, wasps, hornets, and fire ants might cause a severe allergic reaction (see anaphylaxis).

For Mild Reactions

To treat a mild reaction to an insect bite or sting:

- Move to a safe area to avoid more bites or stings.
- Remove any stingers.
- Gently wash the area with soap and water.
- Apply a cloth dampened with cold water or filled with ice to the area of the bite or sting for 10 to 20 minutes. This helps reduce pain and swelling.
- If the injury is on an arm or leg, raise it.
- Apply to the affected area calamine lotion, baking soda paste, or 0.5% or 1% hydrocortisone cream. Do this several times a day until symptoms go away.
- Take an anti-itch medicine (antihistamine) by mouth to reduce itching. Options include nonprescription cetirizine, fexofenadine (Allegra Allergy, Children's Allegra Allergy), loratadine (Claritin).
- Take a nonprescription pain reliever as needed.

Call 911 and Public Safety:

-If patient is having a serious reaction that suggests anaphylaxis, even if it's just one or two signs or symptoms:

- Trouble breathing
- Swelling of the lips, face, eyelids, or throat
- Dizziness, fainting or unconsciousness
- A weak and rapid pulse
- Hives
- Nausea, vomiting or diarrhea

Take these actions immediately while waiting for medical help:

- Ask whether the injured person is carrying an epinephrine autoinjector (EpiPen, Auvi-Q, others). Ask whether you should help inject the medication. This is usually done by pressing the autoinjector against the thigh and holding it in place for several seconds.
- Loosen tight clothing and cover the person with a blanket.
- Don't offer anything to drink.
- If needed, position the person on their left side to prevent choking on vomit.

For Animal Bites:

- Allow the wound to bleed some unless there has been large blood loss, or the wound is bleeding uncontrolled.
- Flush and wash the wound thoroughly with soap and water
- Apply an antibiotic cream or ointment and cover the bite with a clean sterile bandage
- Instruct the patient to seek prompt medical care if:
 - The wound is a deep puncture or you're not sure how serious it is.
 - The skin is badly torn, crushed or bleeding significantly — first apply pressure with a bandage or clean cloth to stop the bleeding.
 - You notice increasing swelling, redness, pain, or oozing, which are warning signs of infection.
 - You have questions about the risk of rabies or about rabies prevention. If the bite was caused by a cat or a dog, try to confirm that the animal's rabies vaccination is up to date. If the bite was caused by a wild animal, seek advice from your doctor about which animals are most likely to carry rabies.
 - Bats often carry rabies and can infect humans without leaving obvious signs of a bite. Therefore, the Centers for Disease Control and Prevention recommends that people in contact with bats — or even those who are sleeping and awaken to find a bat in the bedroom — seek medical advice about rabies shots, even if they don't think they've been bitten.
 - The patient hasn't had a tetanus shot in the past 10 years — or five years if the wound is deep or dirty. They may need a booster shot.
- Notify Public Safety and the Peninsula Humane Society.

Section 3: Shortness of Breath (SOB)

Shortness of Breath Acronym: P.A.S.T.E

P - Progression	Find out whether any external factor such as movement is making the situation better or worse
A - Associated Chest Pain	This will elicit descriptions of the patient's pain in and around chest area
S - Sputum Production (Color)	Is the patient coughing up sputum. Mucus-like sputum can be an indication of infection or any problem in respiratory system
T - Talking	Is the patient still verbally responsive and coherent? Do they seem confused or tired?
E - Exercise Tolerance	Check whether the condition of the patient is worsening with time

Asthma/Allergic Reaction (Anaphylaxis)

Asthma is a chronic inflammatory disorder of the airways that causes three primary changes in the lungs:

- Inflammation (swelling) of the lining of the airways
- Bronchoconstriction (tightening of the bands of smooth muscles surrounding the airways) which reduces the width of the airways
- Excess mucus production that further narrows the airways



Asthma is an obstructive disease that may cause permanent changes (remodeling) if not properly treated. Asthma is a disease that cannot be cured but can be controlled.

Anaphylaxis is a severe, systemic allergic reaction characterized by multisystem involvement, including the skin, airway, vascular system, and gastrointestinal tract. Severe cases may result in complete obstruction of the airway, cardiovascular collapse, and death.

Symptoms

Although symptoms may vary for each person with asthma, the primary symptoms of an asthma episode may include:








- Wheeze
- Cough
- Shortness of Breath
- Chest tightness
- Retractions

Protocol

1. Try to keep patient calm
 2. Call 911 and Public Safety at (650) 738-7000
 3. Try to identify cause (Etiology) and remove patient from allergen
 4. Assist patient with Inhaler or Epinephrine Pen (EpiPen)
 5. Have individual sit down or lie on floor
 6. Stay with individual until EMS arrives
 7. Monitor airway and breathing
 8. Administer CPR if needed
- Provide ambulance inhaler



Metered Dose Inhaler (MDI) with Holding Chamber

	<ul style="list-style-type: none"> • Remove cap to inhaler • Shake the inhaler for at least 10 seconds
	<ul style="list-style-type: none"> • Insert inhaler into spacer (<i>technique will vary with type of spacer; refer to manufacturer's instructions</i>). • Tilt your head back slightly and breathe out until lungs are completely empty
	<ul style="list-style-type: none"> • Put the mouthpiece into your mouth between your teeth and close lips around it. Do not block opening with your tongue
	<ul style="list-style-type: none"> • Press down once on the inhaler canister
	<ul style="list-style-type: none"> • Breathe in deeply and slowly through your mouth for about 5 to 7 seconds. You may have a holding chamber/spacer that has a built whistle, which will alert you if you are breathing in too fast
	<ul style="list-style-type: none"> • Hold your breath as you count slowly to 10, if you can
	<ul style="list-style-type: none"> • Wait at least 1 minute between puffs, and repeat as prescribed

Triggers and Control Strategies

Trigger	Etiology	Control Strategy
Infection	Colds, upper respiratory tract infections, influenza, sinusitis, and respiratory syncytial virus (RSV) may aggravate asthma symptoms.	<p>Diagnosing and treating upper respiratory tract infections and disease (rhinitis/sinusitis) is an integral part of managing asthma.</p> <ul style="list-style-type: none"> • Wash hands often. • Use paper towels. • Don't share cups, toothbrushes, towels, or tissues. • Keep hands away from face. • Get an influenza shot yearly.
Allergens	Animals, Cockroaches, Dust Mites, Molds and Yeast Spores, Pollens, Food/ Additives, Medical Conditions	<p>Animals: Best option is to find a new home for family pets. If removal is not acceptable,</p> <ul style="list-style-type: none"> • Remove pets from workspaces. • If pets (or working animals) are allowed in the workspace, keep them off furniture. • Wash the pet weekly to reduce the amount of dander. • Vacuum with high efficiency particulate accumulator (HEPA) filter and dust weekly. • Take allergy medications, as prescribed. • Damp dust weekly <p>Cockroaches: Infested buildings, kitchens, garbage, leaky faucets, and pipes</p> <ul style="list-style-type: none"> • Do not leave food or garbage exposed. • Store garbage in outside trash container. • Poison baits or traps are preferred to chemical agents. • Fixing leaky faucets will minimize cockroaches.

Dust Mites: Microscopic organisms found in carpeting, pillows, upholstery, stuffed animals, bedding,

Draperies:

- Vacuum with high efficiency particulate accumulator (HEPA) filter and dust weekly

Mold and Yeast Spores: Showers, restrooms, basements, materials, and containers stored in damp areas, leaky roofs, old books and newspapers, exercise and athletic mats, vaporizers/room humidifiers, aquariums, plants

- Fix leaky faucets and pipes.
- Clean visible mold with a stiff brush, hot water, and non-ammonia soap.
- Run a dehumidifier and empty collection bucket daily.
- Ensure shower areas are well ventilated.
- Throw away moldy items.

Pollens: Flowering trees and plants, cut flowers, grasses, weeds, gardens, nature walks, seasonal decorations

- Be aware of daily pollen counts in your area.
- Limit time outside during high pollen seasons.
- Keep windows closed and run air conditioner.
- Take allergy medications.

Foods/Additives: Peanuts, soy eggs, dairy products, fish, wheat, sulfites (found in dried fruits, shrimp, wine) food preservatives, additives such as MSG and food dyes.

Irritants Smoke, Dust/Chalk Dust, Weather, Aerosols, Strong Odors, and Fumes

- For some people's allergies and sensitizations, exposure to ANY amount of allergic food or chemical could lead to mild to life-threatening reactions.
- Be aware of ingredients in processed and homemade foods.
- Ensure District food distribution/consumption locations accurately label foods with potential allergens.

Medical Conditions: Acid reflux, sensitivity to aspirin, non-steroidal anti-inflammatory medications, and medications (NSAIDs) and beta-blockers

- Appropriate treatment of reflux can minimize asthma episodes.

Talk with health care provider about alternative medications.

Smoke: Exposure to any type of smoke—cigarette, cigar and secondhand smoke, wood, coal, leaf burning, industrial waste, chemistry labs, kitchen

- Permit NO smoking in the facility or around the person with asthma.
- Avoid exposure to outdoors while wildfire season is in effect.
- Use a respirator (N95 or greater)

Dust/Chalk Dust:

- Replace HEPA Filters
- Replace chalk boards with dry erase boards

Behaviors Laughing, Crying, Stress, Exercise-Induced

Weather:

- Monitor local weather forecast and high ozone alert days.
- Keep windows closed and use air conditioning when pollen, smog or humidity levels are high.
- Cover face with a face mask or wear a medical mask during weather changes or on days with poor air quality

Aerosols/Fumes:

Avoid or limit use of perfumes, scented deodorants, lotions, hairsprays, cleaning products, chemicals, candles, and incense.

- Minimize breathing in automobile and bus fumes when waiting for public transportation. Wear a scarf or stand at the front of the stop, not at the end near fumes.

Minimize irritants in facilities where known personnel suffer from asthma

Also referred to as exercise-induced bronchospasm, it is not a separate disease. Exercise can trigger an asthma episode. It is often caused by cold, dry air that can produce a spasm in the airways.

- Warm up before and cool down after exercising.
- Follow health care provider’s advice on pre-medication.
- Quick relief medications should always be available close by during physical exertion.

Monitor air quality and only exercise outside when air quality is good.

Hyperventilation

Hyperventilation is rapid or deep breathing, usually caused by anxiety or panic. This over breathing, as it is sometimes called, may actually leave you feeling breathless.

When you breathe, you inhale oxygen and exhale carbon dioxide. Excessive breathing may lead to low levels of carbon dioxide in your blood, which causes many of the symptoms that you may feel if you hyperventilate.

Symptoms and Diagnosis

Associated symptoms include:

- Dizziness or lightheadedness
- Shortness of breath
- Belching, bloating, dry mouth
- Weakness, confusion
- Sleep disturbances
- Numbness and tingling in your arms or around your mouth
- Muscle spasms in hands and feet, chest pain and palpitations

Treatment Protocol

The goal in treating hyperventilation is to raise the carbon dioxide level in the blood. There are several ways to do this:

1. Reassure the patient by using a calming tone, and help them relax by using some of these phrases:
 - a. You are doing fine
 - b. You are not having a heart attack
 - c. You are not going to die
2. Have the patient slow their breathing to increase carbon dioxide and decrease oxygen:
 - a. **Do not** have them breathe into a bag
 - b. Have the patient breathe with you, as you slow your breathing to pace theirs.
 - c. If the patient is noticeably anxious about something that can be identified, try to sequester the patient, or remove the stimulus.
3. Call 911 and Public Safety immediately if conditions do not improve within a few minutes

Choking

Choking is caused by improperly chewing of food or other object getting stuck in the upper airway. In adults, choking is caused by food that is not properly chewed. In addition, standard swallowing mechanisms of adults may be slowed if he or she is drinking alcohol, taking drugs, and has certain illnesses such as Parkinson's disease.

In children, choking is usually caused by chewing food incompletely and attempting to eat large pieces of food. Choking may also be caused by eating hard candy. Frequently, young children put small objects in their mouths, which may become lodged in their throats.

Choking Symptoms

- Difficulty speaking
- Trouble Breathing
- Congested face turning grey-blue color
- Distress signs, such as pointing to the throat or grasping the neck
- Difficulty or noisy breathing
- Skin, nails, and lips turning blue or dusky
- Squeaky sounds when trying to breathe
- Loss of consciousness

Treatment Protocol

Choking requires immediate action. If the person cannot speak or cough, begin the Heimlich Maneuver, a system of chest thrusts that work to clear the throat. The abdominal thrust and blow technique is a first aid procedure recommended by the American Red Cross to help alleviate someone's airway. This procedure is only done on someone who is choking and also conscious.

Heimlich Maneuver Process

1. Stand behind a choking adult, bringing your arms around the victim's abdomen. For a child, kneel down behind.
2. Make a fist with one hand, placing your thumb above the navel or belly button. The opposite hand reaches around the person and grasps the fist to provide support.
3. Bend the victim over at the waist to parallel the upper body with the ground.
4. Deliver five separate forceful blows between the person's shoulder blades with the heel of your hand.
5. Perform five upward chest thrusts, also known as the Heimlich maneuver.
6. Alternate between 5 blows and 5 chest thrusts until the object is expelled
7. Discontinue the blow and upward thrust when the person begins to cough, speak, or lose consciousness

Key Takeaways

- In adults, choking is caused by food that is not properly chewed.
- In children, choking is usually caused by chewing food incompletely and attempting to eat large pieces of food.
- Choking requires immediate action.
- Give CPR if the person becomes unconscious, starting with chest compressions (Give 2 breaths and then repeat 30 chest compressions).

Chapter 2: The Big 5 and Common Emergencies

SHELTER IN PLACE



- Used when outdoor conditions are worse than indoor environment
- Turn off HVAC Systems
- Remain indoors until further instruction

Chemical - Hazardous Materials Spill

Hazardous Materials events may cause a *shelter in place*. There is no one universal term or definition for a *Hazardous Material*:

1. In the workplace: **hazardous chemical** (OSHA)
2. When transported: **hazardous material** (DOT)
3. If it's otherwise regulated: **hazardous substance** (EPA)
4. When you can't use it anymore: **hazardous waste** (EPA)

SMCCCD maintains four Hazardous Materials Business Plans for each College and the District Office. To view the HMBP please contact the Director of Facilities or the Facility Manager for your respected campus.

In the event of a release, or threatened release of a hazardous material, please call 9-1-1, and/or call the Department of Public Safety at (650) 738-7000. The San Mateo County Community College District will immediately notify all employees and students through AlertMe. Notifications will be emailed, texted, and delivered through voice call to both cell phones and work land lines

both cell phones and work land lines. Incident notification will also be delivered to San Mateo County Health, the unified program agency.

Hazardous Material Spill Procedure: **S.I.N**

S Safety	Always keep your distance
	5. Approach upwind, updrift, and upstream
	6. Treat all HAZMAT scenes with respect and anticipate problems
I Isolate	1. Utilize caution tape or other barriers to prevent exposure
	2. Close doors, windows, turn off AC or set to minimize spread
	3. Deny Entry
N Notify	1. Call 9-1-1
	2. Call Public Safety Dispatch (650) 738-7000
	3. Send AlertMe Notification (RAVE)
	4. Call CalOES warning center 1-800-852-7550

Routes of Exposure

There are four main routes of exposure for biological material:

Percutaneous Injuries	Are injuries that occur through the skin. They can occur from needle sticks, open wounds, or punctures with contaminated objects. Exposures of this type are of particular concern due to the potential for immediate entry of an agent into an individual's bloodstream.
Inhalation	Exposures due to inhalation can occur when biological materials become aerosolized. Aerosols can occur from many procedures in the laboratory including pipetting, vortexing, and centrifuging. Work procedures must be performed in a way that will prevent or reduce the production of aerosols
Mucous Membrane	Mucous membrane exposures occur when biological material enters the eyes, nose, or mouth through splashes, splatter, or from contaminated hands.
Ingestion	Exposures from ingestion occur when biological materials are taken in through the mouth. This can occur from contaminated hands, eating or drinking in the lab, or poor laboratory hygiene

Large Spill

Large chemical spills require emergency response. Large spills are greater than 1 liter or may be spills containing highly toxic, volatile, or flammable chemicals. Immediately evacuate others in the area, close all doors and call 911 from any campus phone or (650) 738-7000 (Department of Public Safety)

If the nature of the spill presents a situation that may be immediately dangerous to life or health (IDLH) to building occupants or present significant fire risk, and you cannot safely or quickly alert others to leave the area, then activate a fire alarm, evacuate the area, and wait for emergency response to arrive. The following procedure must be followed by all employees when a large spill that involves more than one (1) liter of hazardous chemicals has occurred:



- Immediately notify **Public Safety**.
- Contain the spill with available equipment (e.g., pads, booms, and absorbent).
- Secure the area and alert other site personnel.
- **Do not attempt to clean the spill unless properly trained to do so.**
- Attend to injured personnel and call 9-1-1
- Evacuate the building as necessary.
- **Utilize Emergency Eyewashes and Showers as necessary**

Emergency showers and eyewashes

Before beginning work in the laboratory all employees must be familiar with the location of emergency showers and eyewashes and how to use them. The pathways to and around emergency equipment must be kept clear at all times to allow for unobstructed access.

Immediately flush eyes for at least 15 minutes. Delay can result in serious injury! Ask someone in the laboratory to assist you.

- Use your hands to open your eyelids while rotating the eyeballs in all directions to remove contamination from around the eyes.
- Seek medical attention after washing the affected area for 15 minutes and call 911 or go to the nearest emergency care facility

Emergency Showers

- Remove contaminated clothing, shoes, jewelry and your laboratory coat. Ask someone in the laboratory to assist you.
- Immediately flush the area with copious amounts of water for at least 15 minutes. If your eyes do not require flushing, attempt to protect the eyes from cross contamination.

Seek medical attention after washing the affected area for 15 minutes and call **911** or go to the nearest emergency care facility

Small Spill

Small chemical spills of low toxicity which do not present the potential for over exposure or a significant inhalation hazard by being volatile, or a dust can generally be safe to clean up by laboratory personnel. Small spill is general a spill involving a chemical that is not highly toxic, does not present a significant fire or environmental hazard, and is not in a public area such as a common hallway. **Large chemical spills** include spills of any quantity of highly toxic chemicals or chemicals in public areas or adjacent to drains. Large spills require emergency response.

How to handle a small spill:

- Evacuate all non-essential persons from the spill area.
- If needed call for medical assistance by dialing 911 from any campus phone or 650-738-7000.
- Confine the spill small area. Do not let it spread.

The following procedure will be followed by all employees when a small chemical spill less than 50ml has occurred:

- Notify the Facility Manager and/or supervisor.
- If toxic fumes are present, secure the area (with caution tapes, cones, or another method) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the SDS.
- Small spills must be handled in a safe manner while wearing the proper PPE.

Review the general spill cleanup procedures

Common Disinfectants Used in Laboratories

Type	Concentration	Vegetative Bacteria	Lipoviruses	Non lipid viruses	Mycobacteria	Bacterial Spores
Phenolic Compounds	1-5%	+	+			
Chlorine Compounds	0.01-5%	+	+	+	+	+
Iodine Compounds	25-1600ppm	+	+	+		
Ethyl Alcohol	70-85%	+	+			
Isopropyl Alcohol	70-85%	+	+			
Formaldehyde	4-8%	+	+	+	+	+
Glutaraldehyde	2%	+	+	+	+	+
Hydrogen Peroxide	6%	+	+			

Poor Air Quality

Poor air quality can also cause a *shelter in place*. The AQI is a nationally uniform color-coded index for reporting and forecasting daily air quality. It is used to report on the most common ambient air pollutants that are regulated under the Clean Air Act: ground-level ozone, particle pollution (PM10 and PM2.5), carbon monoxide (CO), nitrogen dioxide (NO2), and sulfur dioxide (SO2). The AQI tells the public how clean or polluted the air is and how to avoid health effects associated with poor air quality.

Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk
Moderate	51 to 100	Air quality is acceptable; however, for some pollutant there may be a moderate health concern for a very small number of people who are usually sensitive to air pollution
Unhealthy for sensitive groups	100 to 151	Members of sensitive groups may experience health effects. The general public is not likely to be affected
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects
Very Unhealthy	201 to 300	Health warnings of emergency conditions. The entire population is more likely to be affected
Hazardous	301 to 500	Health alert; everyone may experience more serious health effects

Effects of Common Air Pollutants

Air pollution can affect lung development and is implicated in the development of emphysema, asthma, and other respiratory diseases, such as chronic obstructive pulmonary disease (COPD).

Respiratory Effects	Cardiovascular Effects
Symptoms: <ul style="list-style-type: none"> ○ Cough ○ Phlegm ○ Chest Tightness ○ Wheezing ○ Shortness of Breath 	Symptoms: <ul style="list-style-type: none"> ○ Chest tightness ○ Chest pain ○ Palpitations ○ Shortness of Breath ○ Unusual Fatigue
Increased sickness and premature death from: <ul style="list-style-type: none"> ○ Asthma ○ Bronchitis (acute or chronic) ○ Emphysema ○ Pneumonia 	Increased sickness and premature death from: <ul style="list-style-type: none"> ○ Coronary artery disease ○ Abnormal heart rhythms ○ Congestive heart failure ○ Stroke
Development of new disease <ul style="list-style-type: none"> ○ Chronic bronchitis ○ Premature aging of the lungs 	

Procedures:

Before an Incident Occurs

- Subscribe to Air Now California & Air Quality Department of Education
- District units responsible for monitoring AQI
 - Emergency Management
 - Public Information Officer
 - Public Safety
 - Student Health
 - Facilities
 - Contact Campus and District leadership for policy direction if AQI Projection is to be between 100 – 151 (Orange)

Recommendations for when Conditions are Between 100 and 150 (Green, Yellow, and Orange)

- Consider Closing Campus
- Monitor Campus Recreation & Intramurals
- Promote caution & use personal judgement for athletes
- Monitor Vulnerable Populations
- Limit Campus Operations at Department Discretion (Athletics/SMAC/Recreation/& Affiliated Operations)
- Monitor SMCCCD Affiliated Operations, Outdoor Classes, Children Center Outdoor Activities, Children Camps
- Consider Instruction Relocation for classes in unfiltered buildings to filtered buildings

Recommendations for when Conditions are Between 151 and 200 (Red)

- All Instruction shall cease if projected AQI is greater than or equal to 151 for next operational period
AND/OR
- Sustained for more than four (4) hours in current operational period

Recommendations for when AQI Conditions are Projected to be 201 – 500 (Purple or Maroon)

- Advise Policy Group
- Send an AlertMe notification to students, faculty, and staff (SMS & Email)
- Place a banner on <https://emergency.smccd.info/> & on College Home Webpage



EVACUATION



FOR FIRE, EARTHQUAKE, OR INTERIOR HAZARDOS INCIDENT

- Activate nearest fire alarm
- Call 911
- Use fire extinguisher if able (Pull – Aim – Squeeze – Sweep)
- Use stairs, NOT elevators
- Assist persons with disabilities
- Meet at designed assembly areas
- Account for individuals
- Re-enter area only when authorized by emergency personnel

EVACUATION is implemented when conditions make it unsafe to remain in the building. This action provides for the orderly movement of students and staff along prescribed routes from inside school buildings to a designated outside area of safety.

EVACUATION is considered appropriate for, but is not limited to, the following types of emergencies:

- Bomb threat
- Chemical accident
- Explosion or threat of explosion
- Fire
- Earthquake

Evacuation Routes

Evacuation route maps will be posted conspicuously in each work area. The following information is marked on these maps:

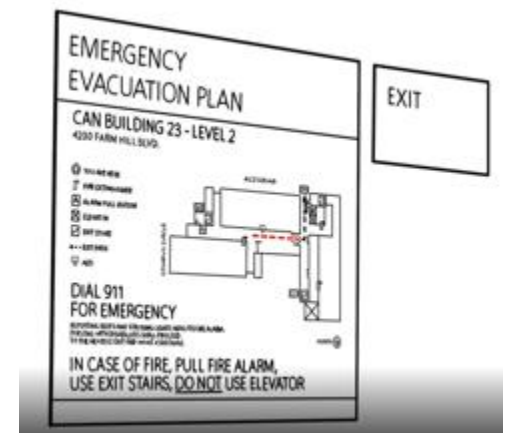
- Emergency exits
- Evacuation routes
- Locations of fire extinguishers
- Fire alarm pull stations' locations
- Emergency assembly areas
- Knox Box
- AEDs
- Lockdown buttons
- Elevator and stairwell locations
- Evacuation chairs
- Lab safety spill kits

All employees have been trained to locate and follow the evacuation route map for their work area.

Evacuation Procedures

The EAS System will admit an alarm, followed by a voice command that all facility personnel must evacuate the facility. This employee alarm system must comply with the requirements of 29 CFR 1910.165. Whenever the alarm sounds, all personnel must evacuate according to the designated primary routes or alternative routes to the predetermined

assembly areas or as directed by an Evacuation Monitor. All designated primary and alternative routes are posted in work areas.




Fire

1. Activate the nearest fire alarm/call 9-1-1 and Public Safety ext. 7000
2. A fire alarm is relayed from the alarm company to San Mateo County Communications, CSM Public Safety Department, and the fire alarm station is identified so that fire equipment can proceed directly to the area of trouble. Alarms can be activated through either a pull box or automatically through smoke- and heat-sensing devices or water pressure gauges in the automatic sprinkler systems.
3. Horns and strobes will be activated in the corridors and restrooms of most buildings and inside certain large spaces such as the gymnasium and theatre. When the automatic sprinkler is activated, a continuous bell will also sound. When the fire alarm sounds, the buildings will be evacuated at once. CSM has Building Captains and Floor Managers who will assist in the evacuation. Permission to return to classes will be indicated by the Incident Commander or Emergency Management.
4. Faculty are responsible for the instruction of students in procedures to be followed in the event of an alarm. Procedures are as follows:
 - a. In an orderly manner, proceed out the building by means of the nearest unblocked route.
 - b. Evacuation routes are delineated on emergency maps in every facility.
 - c. Building Captain shall check to ascertain that all persons have vacated the buildings.
 - d. Once outside a building, all persons must remain at least 100 feet from a building.
 - e. Each building has a designated emergency assembly area.
5. In case of fire or other emergency, automobiles should not be moved unless it can be done safely and not interfere with the movement of emergency personnel.
6. The first responsibility of all staff is that of saving lives, best accomplished by:
 - a. Activate nearest fire alarm
 - b. Call 9-1-1 and Public Safety
 - c. Utilize fire extinguishers for incipient fires. *See Fire Extinguisher Section below.*
7. All staff should be familiar with the location and type of fire extinguishers in areas which they frequent. The most common fire extinguishers found on district grounds are Multipurpose Dry Chemical extinguishers which are used for "A","B", or "C" fires. However, there are specialized fire extinguishers that use only Pressurized Water for "A" fires or Carbon Dioxide (Co2) for "B" and "C" fires in laboratories and other special hazard areas.
8. Nonemergency personnel may fight the fire ONLY if both of the following conditions apply:
 - a. The fire is small (e.g., trash can) and is not spreading to other areas; *and*
 - b. A readily accessible fire extinguisher is in working condition and personnel are trained to use it.
9. Do not activate a pull box in the event of an automobile fire in a parking lot, unless there is a direct facility exposure. Phone the Public Safety Office, (650) 738-7000 and/or call 911 (Provide parking lot name and number).

Fire Extinguishers

Fire Safety & Fire Extinguisher Use


Fire Class - A

- Ordinary Combustibles
 - Wood
 - Paper Cloth
 - Plastics
 - Roofing Material
 - Hay, Straw, Etc.




Fire Class - C

- Energized Electrical Equipment
 - Computers
 - Fax Machine
 - Power Cord
 - Engine Compartment on Car
 - De-energized equip is Class A fire




Fire Class - B

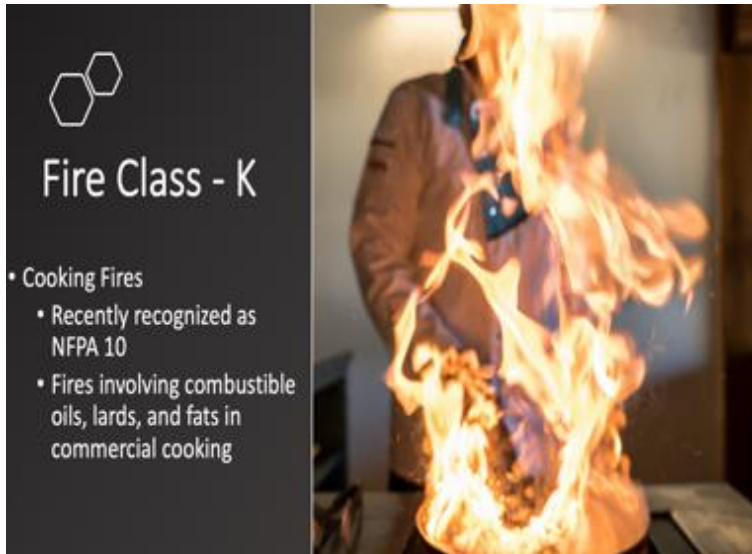
- Flammable Liquids
 - Gasoline
 - Oil
 - Grease
 - Solvents




Fire Class - D

- Combustible Metals
 - Magnesium
 - Sodium
 - Potassium
 - Titanium





Fire Science



- Three components are needed to start a fire
 1. Oxygen
 2. Heat
 3. Fuel
- Fire extinguishers remove one or more of the components

Fire Extinguisher Types



Pressurized Water

- Class "A" fires only
- 2.5 gal. water (up to 1 minute discharge time)
- Has pressure gauge to allow visual capacity check
- 30 – 40 ft. max effective range
- Can be started and stopped as necessary
- Extinguishes by cooling burning material below the ignition point
- Thumb can be used to break the stream



Carbon Dioxide (Co2)

- Class "B" or "C" fires
- 2.5 – 100lbs of Co2 (8 – 30 seconds of discharge time)
- Has no pressure gauge (capacity verified by weight)
- 3 – 8 ft. maximum effective range
- Extinguished by **smothering** burning materials
- Extinguisher is distinguished by the cone shaped discharge orifice

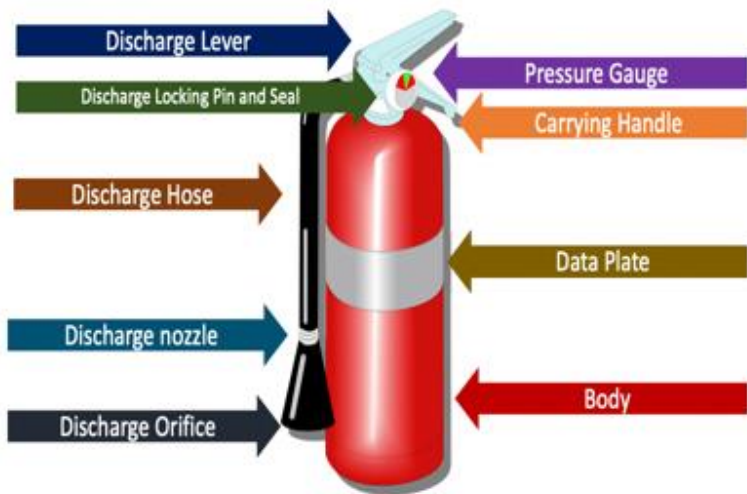


Multipurpose Dry Chemical

- Class "A", "B", or "C" fires
- 2.5 – 20lbs dry chemical (ammonium phosphate: 8 – 25 seconds of discharge time)
- Has pressure gauge to allow visual capacity check
- 5 – 20 ft. maximum effective range
- Extinguished by smothering burning materials
- Most common in our District



Fire Extinguisher Anatomy



LOCKDOWN/ BARRICADE

FOR IMMEDIATE THREATS OF VIOLENCE – ACTIVE SHOOTER



LOCKDOWN / BARRICADE is implemented when the imminent threat of violence or gunfire is identified on the campus, or the school is directed to do so by law enforcement. During a **LOCKDOWN / BARRICADE**, students are to always remain in designated classrooms or lockdown locations. Do not evacuate until room is cleared by law enforcement or site administration. This response is considered appropriate for, but not limited to, the following types of emergencies:

- Gunfire
- Threat of extreme violence outside the classroom
- Immediate danger in the surrounding community

LOCKDOWN / BARRICADE:

- Is a response to an immediate danger; it is not preceded by any warning
- Demands quick action; an active shooter, for example, can fire one round per second
- Requires common sense thinking under duress; do what must be done to best ensure survival of students and staff
- If it is possible to safely get off campus with students, take that action immediately (Run)
- If it is not possible to get off campus, quickly lockdown inside a safe room and barricade the entrance (Hide)
- Once a room is secured, no one is allowed to enter or exit under any circumstances
- In the extreme instance that a Violent Intruder is able to enter a room, occupants should be prepared to fight back (Fight)

RUN

- Only attempt this if you are confident the suspect(s) is not in the immediate vicinity
- Safely get off campus; find a position of cover or safe place for assembly
- Guide/instruct others you encounter on the way to follow you to safety
- Call 911 immediately to report location and request emergency services if necessary
- Once in a safe place – stay there

HIDE / LOCKDOWN / BARRICADE:

- Clear all hallways; get students and staff inside immediately
- Once locked and barricaded inside a room, follow all protocols for Lockdown/Barricade as practiced
- Direct all those in the room to remain still and quiet; turn off/silence cellphones
- If unable to find cover inside a secure room, quickly seek out a hiding place on campus

FIGHT:

- If confronted by an assailant, as a last resort, consider trying to disrupt or incapacitate through aggressive force or by using items in the environment such as fire extinguishers or chairs
- There are documented instances where aggressive action on the part of the victims resulted in stopping the attacker
- Fighting back is NOT an expectation, merely one option for a last resort response

LOOK, LISTEN, AND LEAVE: FIRE ALARM

- **LOOK** - open the classroom door and look out. Do you see smoke or fire? Is the path to your pre-planned evacuation spot clear of obstacles? Do you notice anything out of the ordinary?
- **LISTEN** - in addition to the alarm, are there other sounds? Do you hear anything that would indicate it is unsafe to leave the room (explosions, panicked voices, the discharge of a weapon)?
- **LEAVE** - having determined it is safe to do so, direct students to leave the room toward the pre-determined evacuation spot.



DROP, COVER, & HOLD ON

EARTHQUAKE

DROP, COVER AND HOLD ON is the immediate action taken in the event of an earthquake or explosion and protects students and staff from flying and falling debris. It is an appropriate action for, but is not limited to, the following types of emergencies:

- Earthquake
- Explosion

DROP, COVER, AND HOLD ON:

- Must be practiced for immediate and automatic response
- Is the single most useful action to protect from injury in an earthquake
- In the event it is impossible to duck under sturdy furniture, continue to cover face and head with arms and hold onto something sturdy
- Requires an awareness that most injury in earthquakes is caused by breaking glass or falling objects
- Requires an awareness that fire alarms and sprinkler systems may go off in buildings during an earthquake, even if there is no fire
- Requires alert attention to aftershocks
- Requires that staff and students assist those with special needs to ensure safe cover for all
- Evacuate only if there is damage to the building, the building is on fire, or location is in a tsunami zone

SECURE CAMPUS

DANGER IN SURROUNDING COMMUNITY



SECURE CAMPUS is implemented when the threat of violence or police action in the surrounding community requires precautionary measures to ensure the safety of staff and students. When a campus is in **SECURE CAMPUS** status, classroom instruction and/or activity may continue as long as all classroom and office doors are locked and all students and staff remain inside through the duration of the event. Outer gates and other entrance/ exit points can be closed (**NOT LOCKED**) to deter a potential perpetrator from entering school grounds.

This response is considered appropriate for, but not limited to, the following types of emergencies:

- Potential threat of violence in the surrounding community
- Law enforcement activity in the surrounding community

A **SECURE CAMPUS** response may be elevated to **LOCKDOWN / BARRICADE** in which case instruction immediately ceases and students and staff follow **LOCKDOWN / BARRICADE** procedures.

SECURE CAMPUS

- Is intended to prevent a potential threat present in the community from entering campus
- Heightens school safety while honoring instructional time
- Requires that all exterior classroom / office doors are locked and remain locked
- Is intended to prevent intruders from entering occupied areas of the building
- Requires that students and staff remain in **SECURE CAMPUS** status until **ALL CLEAR** is issued by School Incident Commander

Power Outage

Power outages can occur at any time during the day or night and can affect the continuity of operations when power reinstatement is delayed. Outages can be classified by internal, external, or planned outages. Determining the cause while providing for life-safety shall be the priority in all events.

PG&E policy also implements a Public Safety Power Shutoff (PSPS Event) where the existence of one or more environmental conditions creating extreme fire danger may result in the shutoff of power for public safety.

If a power outage occurs:

1. The College President, (or administrator in charge), is responsible for making the decision to close and re-open the campus.
2. Life Safety is the first priority.
3. College and District leadership are cognizant that conditions may vary across campuses, and some locations will suffer a greater impact from power loss.
4. College and District leadership are cognizant that conditions may vary across campuses, and some locations will suffer a greater impact from power loss.
5. The concept of operational periods shall be utilized to make "go/no go" decisions regarding campus closure/re-openings.
6. Check generators and backup power systems to ensure that electrical power is switched to support critical systems.
7. Turn off all noncritical electrical systems and equipment.
8. Drain systems and equipment pressurized with water in areas exposed to prolonged freezing temperatures or move them to heated areas if feasible.

Upon restoration of power, the following measures will be taken:

- Ensure that generators and other backup systems are switched so that power is not fed back into the regular power system.
- Examine insulation systems for piping, vessels, and tanks.
- Examine electrical motors and drives.
- Check valve positions for all pressurized systems and equipment.
- Examine all electrical equipment and wiring systems.
- Make sure all warning systems are operational.
- Check the integrity of all fire detection and suppression systems.
- Ensure that all alarm systems are operational.

Procedure for Students, Staff, and Faculty

- Remain calm
- Call the Department of Public Safety
- Advise the dispatcher of your name, location, telephone number, and additional locations that are without power. The dispatcher will immediately notify the appropriate department or agency of the outage
- Provide assistance to other individuals in your immediate area
- Secure files, turn off computers, unplug electronic equipment, and lock windows and doors as you leave
- If you are in a unlit area, proceed cautiously to an area that has emergency lights’
- If you are trapped in an elevator, remain calm. Use the emergency telephone, or emergency call button. Public Safety Officers, facilities, or the fire department will be dispatched to your location for assistance
- Stand-by for instruction from Public Safety personnel and/or Administration

Operational Periods & Actions

Operational Period	Action
10:30pm to 6:30am	If power is not restored by 6:30 am all classes starting before 12:00 pm are canceled.
6:30am to 12:00pm	If power is lost while classes are in session, campus shall remain open for as long as it is feasible and safe. If the decision is made to close the campus then all classes starting before 12:00 pm will be canceled
12:00pm to 5:00pm	If power is lost while classes are in session, campus shall remain open for as long as it is feasible and safe. If the decision is made to close the campus then all classes starting before 5:00 pm will be canceled
5:pm to 10:30pm	If power is not restored by 5:00 pm then all evening classes are canceled. All evening classes are canceled if power is lost between 5:00 pm and 10:30 time period.

Preparing for a Power Outage

Before any kind of power outage or closure takes place, we suggest that you prepare for unanticipated events by:

- Communicate the possibility to students and assuring them that their safety and wellbeing is paramount.
- Collect preferred contact information for your students in Canvas with a preferred email address and text number, if possible. At minimum, ensure that students are able to receive announcements from your Canvas page.
- Recommend students update their notifications in Canvas to “Daily” and for announcements to “Immediately.”
- Prepare a draft message ahead of time to have ready-to-send. This message can be queued up as an announcement with a delay date of 2022, which can be released in the event of an emergency.
- Encourage students to sign up for Campus emergency alerts here: **ALERTME** (<https://smccd.edu/alertme/>)

Once Power is Restored

Be cognizant of the fact that the impact of a power outage may outlast the actual power outage. Students’ lives may have been disrupted, and it may take them a little time to get fully connected again

Student Communication:

- Reach out to students to let them know that you are back online and available.
- Remind and assure them that extensions exist for any assignments that were disrupted during the power outage.

. Or just summarize your finer points in a few concise paragraphs.

Chapter 3: SMCCCD’s Emergency Drill/ Equipment Protocols

Lockdown/Barricade Drill

Lockdown/barricade is implemented when there is an imminent threat of violence, or when directed by law enforcement. *Lockdown/barricade* is a protective action against human threat while *Shelter-in-Place* protects against environmental threat. **Lockdown/barricade** requires closing and locking doors and barricading with heavy objects. No one is allowed to enter or exit until door-to-door release by law enforcement or the Incident Commander. During **lockdown/barricade**, students are to remain in designated classrooms or lockdown locations at all times. Do not evacuate until room is cleared by law enforcement or site administration. This response is considered appropriate for, but not limited to, the following types of emergencies:

- Gunfire
- Threat of extreme violence outside the classroom
- Immediate danger in the surrounding community

Lockdown/Barricade Drill Procedures

1. Notification of the drill will be delivered through AlertMe, and the Emergency Alert System (EAS).
2. Campus doors with ACAMS (digital locks) will be triggered to close by Public Safety.
3. Clear all hallways; get students and staff inside immediately.
4. Secure rooms by locking doors (if a lock is available) and engage lockdown button (if one is available).
5. Use tables, chairs, or anything that can be moved to barricade the entry to your secured location.
6. Once a room is secured, no one should be allowed to enter or exit.
7. Direct all those in the room to remain still and quiet. Relocate against the wall least visible to the outside and most out of the line of harm.
8. Close blinds and turn off lights. If the door has a window, cover with a pre-cut piece of heavy black construction paper.
9. Turn off television, LCD projector, document camera, etc. The room should be dark and quiet.
10. Turn off/silence cellphones.
11. If unable to locate a secure room, quickly seek out a hiding place on campus.
- 12. Building Captains shall participate in the drill, and barricade themselves in a secured location with their radios silenced.**
13. Remain silent in a secured location until the drill is terminated by notification of AlertMe and the EAS

End of Drill Procedures

1. Unlock doors, turn lights back on, and remove any barricades.
2. Field questions by students and stress the importance of the training.
3. Complete survey (administered by email) to provide training feedback.

The Great Shake Out and Evacuation Drill

The Great Shake Out is an annual opportunity to practice safety measures and emergency preparedness during a large-scale-earthquakes. Drop, Cover, and Hold On is the immediate action taken during an earthquake to protect students and staff from flying and falling debris.

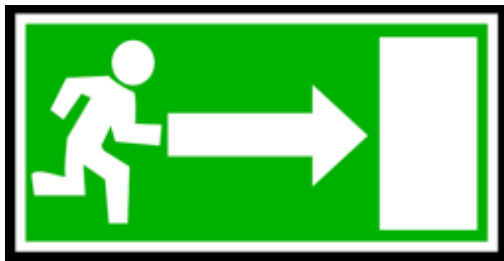
What to do On-Campus: *Drop, Cover, and Hold On*

1. The Office of Emergency Management/Public Safety will send out an alert over the Emergency Notification System (AlertMe) and the **Emergency/Employee Alert System (EAS) at 10:21am**. All students and employees will receive text messages and emails.
2. At first recognition of the alert, instruct students to move away from windows.
3. Initiate Drop, Cover, and Hold On procedures.
4. Immediately drop to the floor under desks, chairs, and tables.
5. With back to windows, place head between knees, hold on to a table leg with one hand and cover the back of the neck with the other arm.
6. Move as little as possible
7. If a person is unable to find protection under sturdy furniture, direct them to shelter against an interior wall and turn away from windows and other glass.
8. Any person in a wheelchair should shelter against an interior wall. Turn back to windows, lock the wheels, and if possible, protect head, and neck with arms.
9. If outside, find a clear spot and drop to the ground away from buildings, trees, power lines, etc.
10. Building Captains need to participate as all other employees in this part of the drill
11. Wait for further communication from EAS and AlertMe to **Evacuate** students to predetermined Evacuation Assembly Area.



What to do On-Campus: *Evacuation*

1. The Office of Emergency Management/Public Safety will send out an alert over the Emergency Notification System (AlertMe) and the **Emergency Alert System (EAS) at 10:22am**. All students and employees will receive text messages and emails.
2. Prepare students to leave all belongings and calmly exit the building
3. Building Captains need to gather Go Packs and radios to assist all in evacuating. If Building Captains do not have radios (some are being reconditioned), please use your cell phones to contact Public Safety Dispatch (738-7000) with evacuation updates and to communicate true emergencies. Many Building Captains are currently working remotely, so evacuation confirmation on each campus will be established by each Campus Public Safety Captain.
4. Ensure that the door is closed but unlocked.
5. Take care to ensure the safety and address the unique needs of students or staff with disabilities according to protocols.
6. Emphasize that the class remain masked while inside District facilities in route to the Evacuation Assembly Area (EAA). EAAs are marked on evacuation maps and are demarcated with green/white signage in designated parking lots.
7. Appoint a responsible student to lead class while teacher brings up the rear, seeing that everyone has cleared the room. Give clear directions for all students to go to designated Evacuation Assembly Area.
8. Use the designated evacuation routes and reassemble in the assigned Evacuation Assembly Area.
9. If you are unable to locate an Evacuation Assembly Area, stay clear of buildings.
10. Take attendance once class is safely in assembly location.
11. Wait until **ALL CLEAR** announcement is issued via AlertMe and return to school buildings and normal class routine.



Radio Protocols

Who has Radios?

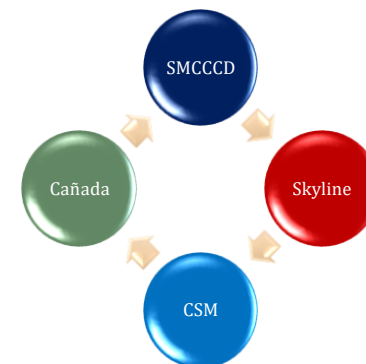
- Public Safety
- Facilities
- PIOs
- Administration
- EOC
- Campus Health Center
- ITS
- Bookstores
- Child Development Centers

UHF Radio Channels

Channel	Location Repeated
Maintenance (CAÑ, CSM, SKY)	Campus Only
Public Safety	Transmits & Receives District Wide
Local 1	Not repeated. Campus Only
Local 2	Not repeated. Campus Only

Public Safety Channel

- Use Public Safety Channel to hail Public Safety
- They need to change channels to respond, so please be patient



Radio Etiquette

1. Do not 'step-on' or interrupt parties already engaged in conversation
2. Do not use for trivial of confidential conversations
3. As a courtesy, be aware of the volume of your radio; radios can be disruptive to those around you
4. Do not use foul language; the FCC considers this a grievous offense and will revoke our license

Radio Clear Text

Status	Description	Other
<ul style="list-style-type: none"> • ACKNOWLEDGE (10-4/Copy) • IN ROUTE/RESPONDING • ON SCENE • CLEAR • STAGED • RETURNING • UNKNOWN 	<ul style="list-style-type: none"> • RACE • SEX • AGE • HEAD TO TOE VEHICLES (Make, Model, Year, Color) • BUILDING • LOCATION (A, B, C, D or Cardinal) 	<ul style="list-style-type: none"> • HIPPA • PATIENT VS VICTIM • SEARCH • EVACUATED • DECEASED • TRAFFIC • REPEAT

END OF DOCUMENT

(Continue to next pages for Campus Maps)

FAQs

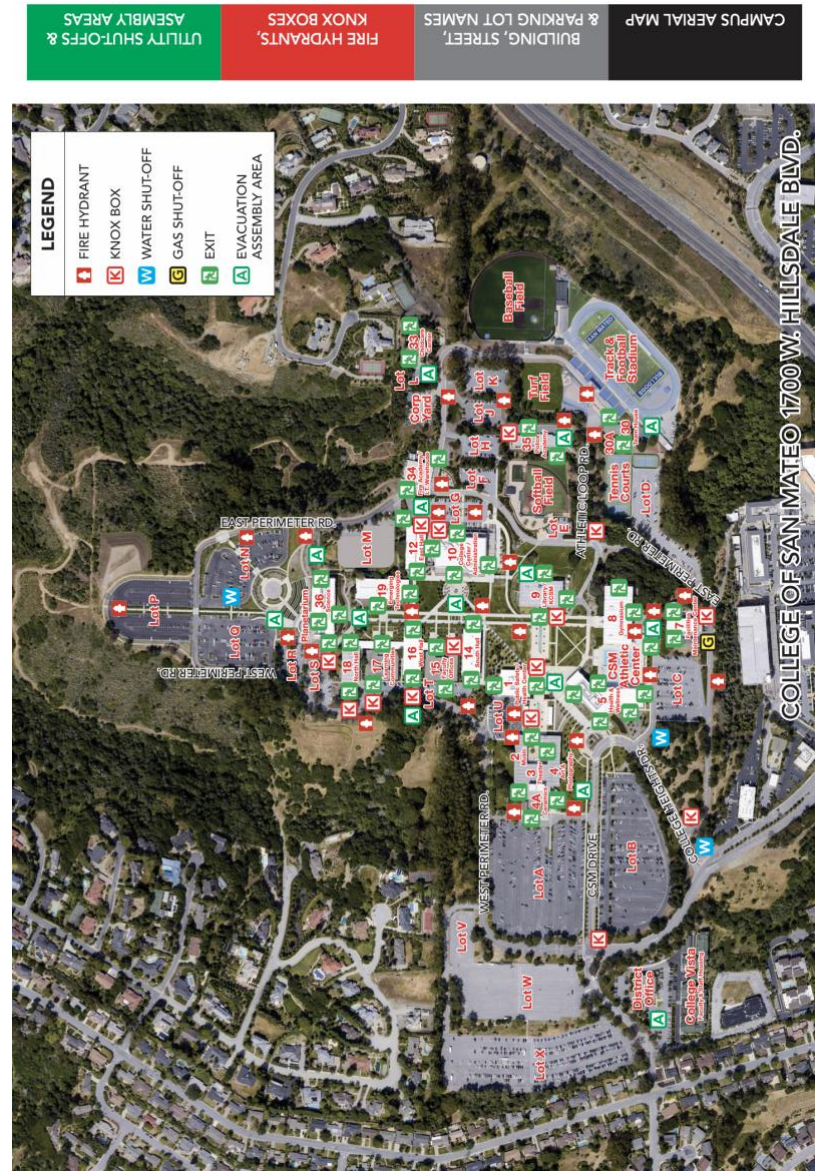
- Filters on the repeater will filter out as much 'outside' chatter as possible
- Radios ARE programed to travel between campuses
- UHF Radios have been identified for daily usage for Facilities & Public Safety. Also identified for primary usage during an emergency

District Office Map

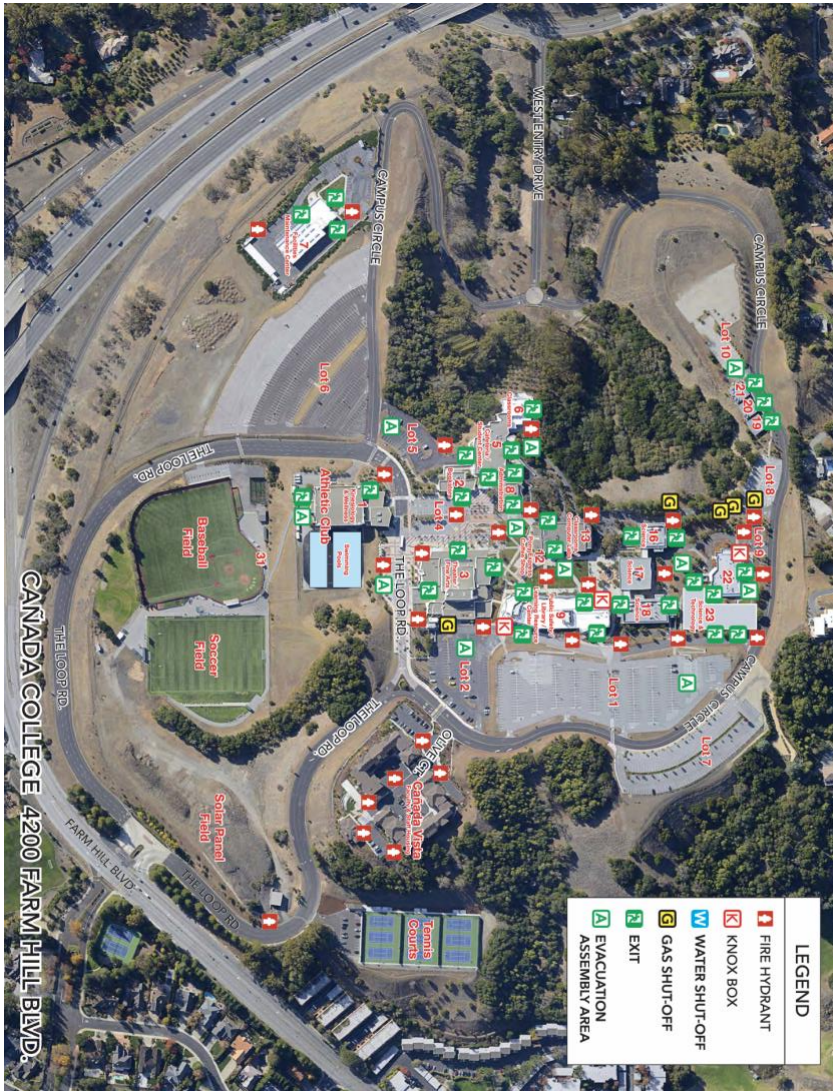


CAMPUS AERIAL MAP	BUILDING, STREET, & PARKING LOT NAMES	FIRE HYDRANTS, KNOX BOXES	UTILITY SHUT-OFFS, BUILDING EXITS, & ASSEMBLY AREAS
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College of San Mateo Map

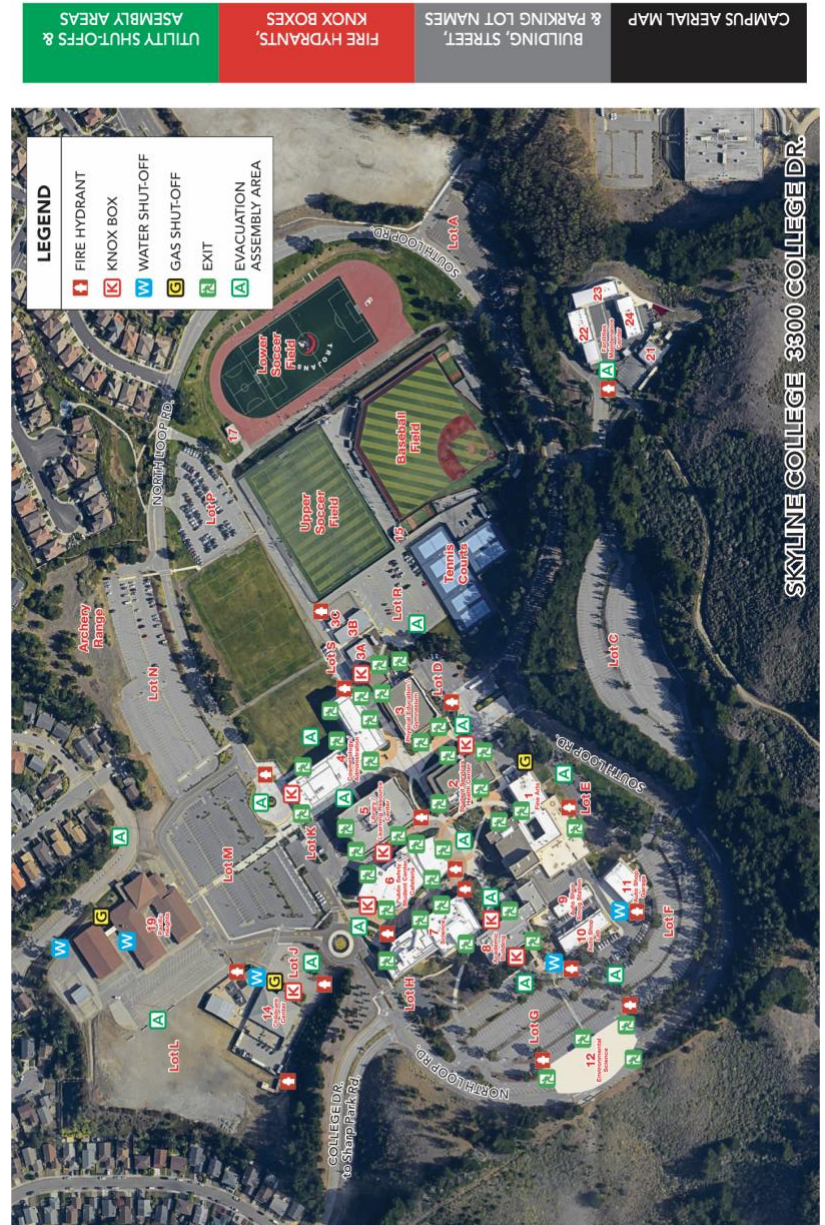


Cañada College Map



CAMPUS AERIAL MAP	BUILDING, STREET, & PARKING LOT NAMES	FIRE HYDRANTS, KNOX BOXES	UTILITY SHUT-OFFS & ASSEMBLY AREAS
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Skyline College Map



CAMPUS AERIAL MAP & PARKING LOT NAMES	BUILDING, STREET, & PARKING LOT NAMES	FIRE HYDRANTS, KNOX BOXES	UTILITY SHUT-OFFS & ASSEMBLY AREAS
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SKYLINE COLLEGE 3800 COLLEGE DR.