



EMERGENCY PROCEDURES GUIDE

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FACILITY INFORMATION

NAME OF ERC FACILITY	ADDRESS	CITY & ZIP CODE	MAIN FACILITY PHONE	FACILITY FAX
ADMINISTRATIVE OFFICES	10. S College Ave.	Fayetteville, 72701	479-872-1800	479-872-4654
BURDICK HOUSE	1268 A Jaro Lane	Springdale, 72764		
CHILD DEVELOPMENT CENTERS				
Farmington CDC	56 W. Main St.	Farmington, 72730	479-267-5760	479-267-5769
Fayetteville CDC	1760 N. Woodland	Fayetteville, 72703	479-443-4420	479-443-0547
Huntsville CDC	913 N. College	Huntsville, 72740	479-738-1751	479-738-1752
Siloam Springs CDC	1300 N. Patriot	Siloam Springs, 72761	479-373-6488	479-373-6584
Springdale CDC	2871 American St	Springdale, 72764	479-927-1350	479-927-2452
ICF HOMES				
Jones Home	2005 Kim Ave.	Springdale, 72764	479-872-4664	479-872-4667
Norman Home	2000 Kim Ave.	Springdale, 72764	479-872-4670	
Richardson Home	2006 Kim Ave.	Springdale, 72764	479-872-4659	479-872-2342
LIFE SKILLS	1763 Ford Ave.	Springdale, 72764	479-872-4663	479-872-4651
RICHARDSON INDUSTRIES	3917 S. Old Missouri Rd	Springdale, 72764	479-872-1800	479-872-4654
WAIVER OFFICE	1792 E. Joyce Blvd., Suite 2	Fayetteville, 72703	479-287-4535	479-287-4549

ERC EMERGENCY CONTACTS

NOTE: During any type of emergency situation, a chain of command should be established to facilitate the coordination of communication and procedures during the emergency. Decisions that affect the ERC facility involved will be made by the Emergency Coordinator of that facility and the Program Director in coordination with the Executive Director, or designee.

		Cell Phone	Work Phone
CO-Executive Director	Barbara Ludwig	479-273-6622	479-872-1800x623
Director of Operations	Natasha Dennis	479-981-2878	479-872-1800x218
Adult Services Director	Zarah Reed	479-422-1663	479-872-1800
RI Program Manager	John Salina	479-422-3311	479-872-4663x10
LS Manager	Karen Cherico	479-966-2632	479-287-4535
Waiver Director	Kristin Crist	515-991-0158	479-872-4653
ICF Administrator	Phillip Capiello	479-231-7082	
Children Services Director	Patricia Fleshman	479-231-7083	
Asst Director/Huntsville Coordinator	Natasha Dennis	479-981-1377	479-738-1751
Farmington Coordinator	Shana Sayle	479-595-9121	479-267-5760
Fayetteville Coordinator	Adam Humphrey	479-595-9121	479-443-4420
Siloam Springs Coordinator	Jamie Short	479-427-1038	479-373-6488
Springdale Coordinator	Race Cunningham	479-466-4190	479-927-1350
Transportation Coordinator	Martin Gutierrez	479-320-6636	
Maintenance Coordinator	Arnold Key	479-799-9407	
IT/Systems Administrator	Josh Jordan	479-231-6414	479-872-1800x211

COMMUNITY EMERGENCY CONTACTS

FOR ALL FACILITIES		NWA RED CROSS	
Emergency police/fire/ambulance	911	Office of Long Term Care Long Term Care Ombudsman	479-306-4688
Poison Control Hotline	1-800-376-4766	<u>Utilities</u> – Electric (Farmington) SWEPCO (Fayetteville) AR Electric Co-op (Siloam Springs) SWEPCO (Springdale) Ozark Electric	501-682-8485 501-682-8952
Adult Abuse Hotline	1-800-482-8049	<u>Utilities</u> – Water (Farmington) City of Fayetteville (Fayetteville) City of... (Huntsville) City of... (Siloam Springs) City of... (Springdale) City of...	479-751-3841 479-521-1938 479-524-2300 479-751-2342
MEDICAL FACILITIES			
Fayetteville & Farmington Washington Regional Hospital Huntsville	479-713-1000		479-521-1258 479-521-1258 479-738-6133
Boston Mtn Rural Health Siloam Springs	479-738-5500		479-524-3513
SS Memorial Hospital Springdale	479-524-3141		479-751-5751
Northwest Reg Medical Center	479-751-5711	<u>Utilities</u> – Gas (Farmington) SourceGas (Fayetteville) SourceGas (Huntsville) Empire Gas (Siloam Springs) SourceGas (Springdale) BlackHills Energy	479-521-5330 479-582-8800 479-738-5164 479-373-1099 888-890-5554
HEALTH DEPARTMENTS		Washington County Office of Emergency Management	(479) 444-1722
Fayetteville, Farmington & Springdale Washington County HD	479-521-8181		
Siloam Springs Benton County HD	479-986-1300		
Huntsville Madison County HD	479-738-2612		

COMMUNITY NONEMERGENCY CONTACTS

DUNK	479-750-1833
NON-EMERGENCY POLICE	
Farmington	479-267-3411
Fayetteville	479-587-3555
Huntsville	479-738-6556
Siloam Springs	479-524-4118
Springdale	479-750-8543
NON-EMERGENCY FIRE	
Farmington	479-267-3338
Fayetteville	479-443-7802
Huntsville	479-738-2321
Siloam Springs	479-524-3103
Springdale	479-751-4510
Tankersley (Food/Water Supply)	479-521-1545

QUICK REFERENCE

Evacuation

- Smoke in the building
- Fire (or explosion) in or near building
- Gas Leak
- Bomb Threat

Evacuation and Relocation

- Hazardous Spill may require relocation
- Fire in or near building may require relocation
- Other event causing significant damage to building

Shelter in Place

- Tornado
- Earthquake
- Hazardous Chemical Spill may require Shelter in Place until advised to relocate
- Threat of Violence

The emergency kit is located in the medication rooms.

Always take the emergency kit, Nurse Phone, and any medications with you. Include emergency contact information for persons served and emergency services.

Persons with special medical needs will be attended by the nursing staff or other qualified personnel, ensuring any medications that are on-site for a person served will be taken with the person served in the event of the emergency relocation.

EVACUATION

PROCEDURE:

1. For fire: Pull fire alarm.
2. For other reasons: Verbal order to evacuate by Emergency Coordinator/Supervisor.
3. Evacuate to the designated area (see evacuation map), at least fifty feet from the building.
4. Account for all persons served and staff at the start of the evacuation and at the completion of the evacuation.

PERSONNEL ROLES IN EVACUATIONS

Emergency Coordinator

Is generally the facility coordinator/supervisor/designee. He/she is in charge during any emergency. He/she will evacuate with the Emergency Notebook and Cell Phone.

Nursing Staff/designee

Evacuate with first aid kit/evacuation pack. If safe to do so, evacuate with medications that will be needed. Transport them in a secure container. Attend to medically fragile persons served and any others injured during evacuation. If no nurse available in the facility, a staff member trained in first aid and medication monitoring will assume this role. Call 911 and notify the Director of Residential Services.

Take roll to ensure all persons served have been evacuated. Check all rooms, bathrooms, closets, etc. to ensure everyone is evacuating. Close windows and doors.

Assist where needed.

Administrative Staff

EVACUATION and RELOCATION

- Fire in or near the facility
- Hazardous Spill may require relocation
- Threat of violence
- Extensive damage to the facility

PROCEDURES

1. Follow evacuation procedures
2. The emergency coordinator will ensure notification poster is attached to the facility entrance providing the relocation site and contact information.
3. The emergency coordinator will coordinate transportation using ERC vehicles, which are stored on the property. Backup vehicles are maintained at Life Skills building (1763 Ford Ave., Springdale).

EMERGENCY RELOCATION SITES FOR ALL ERC FACILITIES

RI & ADMIN OFFICES	Life Skills Building, 1763 Ford Ave., Springdale	479-872-4663
LIFE SKILLS	Richardson Industries – as determined by Evacuation Coordinator	479-872-1800
ICF HOMES	Life Skills Building, 1763 Ford Ave., Springdale	479-872-4663
	*Generator, Full Kitchen, Full Bathing Facilities, and 30 beds on site.	
WAIVER OFFICES	Richardson Industries, 3917 S. Old Missouri Rd., Springdale	479-872-1800

SHELTER IN PLACE

- Tornado
- Earthquake
- Hazardous Chemical Spill – may require Shelter in Place until advised to relocate
- Threat of Violence

PROCEDURES

1. All staff and persons served will remain in the building until directed otherwise by the Emergency Coordinator.
2. Any persons served or staff outside the facility will be brought inside and accounted for.

LOCKDOWN – Emergency Procedures

GOAL – To maintain a secure facility when there is an outside threat. Persons Served will NOT be alerted unless necessary.

PROCEDURES:

1. Supervisor on duty will determine if an outside threat warrants a lockdown and then will:
 - a. Notify staff of all three ICF Homes by calling the house line of each ICF Home
 - b. The Supervisor will call 911 and the Program Coordinator or designee.
2. Persons served and staff who are outside the building should be directed to go inside the nearest building and remain there until the “all clear” has been given by the supervisor.

FIRE

PROCEDURE:

1. Pull fire alarm and notify site coordinator.
2. Evacuate.
3. If an exit is blocked, find the next closest exit. Maps should be located by all exits.

Small fires

- Use fire extinguishers for small limited fires.
- Their locations are noted on the facility map.

Remember the acronym **P.A.S.S.** when using a fire extinguisher:

P - Pull the pin.

A - Aim at the base of the fire.

S - Squeeze the handle trigger.

S - Sweep from side to side, stand approximately six (6) feet back from the fire when using an extinguisher.

TORNADO/SEVERE WEATHER

TERMINOLOGY

A “WATCH” – means conditions are favorable for tornado or severe weather.

A “WARNING” – means a tornado has been spotted or is imminent. Take shelter immediately.

Monitor weather reports continuously.

SIGNALS

Tornado watches and warnings will be monitored by a radio in the administrative area of the facility.

When you hear tornado sirens or as determined by the supervisor on duty take shelter immediately in the area of your building that has been designated as a “tornado safe area”. These are indicated on the emergency maps posted throughout all ERC facilities.

PROCEDURES

1. All clients and staff gather in the living room.
2. All doors and windows should be closed.
3. Avoid the west side of the building if at all possible.
4. Stay away from glass windows, if possible
5. A battery-operated weather radio should be within hearing distance to monitor weather reports.

MEDICAL EMERGENCIES

DEFINITION – An unexpected serious occurrence demanding immediate action to aid the injured/ill person(s).

PROCEDURES:

1. The situation should be assessed for personal risk factors prior to assistance or intervention.
2. Call 911 or send someone else to call 911 for assistance.
3. Notify on site nursing staff, if applicable.
4. Use Universal Precautions. Gloves should be worn before touching blood and body fluids, mucous membranes, or non-intact skin of all patients (clients), for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each patient/client. Personal Protective Equipment (PPE) can be located in _____
5. Do not move or allow the injured person(s) to be moved.

Medical Emergency	Warning Signs	What to Do
Allergic Reaction	Trouble breathing Swelling of the tongue or face Signs of shock	Call 911 and get a first aid kit and AED If the person has an epinephrine pen, hold the pen in your hand and remove the cap. Press the injector hard against the person’s thigh, about halfway between the hip and the knee. Hold the pen in place for about 10 seconds. Remove the pen by pulling it straight out, and without touching the end with the needle. Rub, or have the person rub, the injection site for 10 seconds. Get the person to a medical professional immediately.
Amputated Body Part		Take care of any bleeding from the injured person first. Rinse the amputated part with clean water, then cover or wrap with a clean dressing. Place in watertight plastic bag.

		<p>Place bag in another container with ice or ice and water. Label with name, date, and time. Make sure the amputated part and the injured person arrive at the hospital at the same time.</p>
<p>Asthma Attack</p>	<p>Breathing very fast or very slowly. Trouble with every breath. Noisy breathing. Trouble speaking.</p>	<p>Assist the person with the use of their inhaler, if they have one. If they don't have one, call 911. Shake the medicine, and put the medicine canister into the mouthpiece. Attach spacer if there is one. Have the person breathe out slowly, and place the inhaler over or inside the mouth. Have the person push down on the canister (or do it for them if they are unable) as they breathe in deeply. Have them hold their breath for a few seconds, and then breathe out slowly.</p>
<p>Back or Neck Injuries</p>	<p>Suspect a head, neck, or back injury if the person fell from a height, took a blow to the head, was injured while driving or was in a car crash, or was involved in a bicycle or motorbike crash without a helmet or the helmet broke in the crash. Tingling or weakness in extremities. Pain or tenderness in neck or back. Appears intoxicated or not fully alert.</p>	<p>Do not turn head or neck unless it's absolutely necessary to provide CPR, to move the person out of danger, or the person is having trouble breathing, is vomiting, or has fluids in the mouth. Call 911 and get a first aid kit and AED. Have the person remain as still as possible, and wait for someone with more advanced training to arrive.</p>

	Has other painful injuries, especially in the head or neck.	
Bites or Stings		<p>Get a first aid kit and wear PPE. Call 911 if needed.</p> <p>Clean the bite or sting area with soap and water, and use dressings and pressure to stop any bleeding.</p> <p>Call a healthcare provider for any bites that break the skin.</p> <p>Apply a bag of ice and water wrapped in a towel for 20 minutes for bruising and swelling.</p>
Bleeding		<ol style="list-style-type: none"> 1. Apply pressure over wound with sterile bandage or clean cloth 2. Elevate bleeding part, if possible, until help arrives 3. For nose bleeds, lean head down and apply pressure to the nose until bleeding stops. Call 911 if gushing blood, or if bleeding does not stop after 15 minutes.
Burns - Severe		<p>Run cold, but not ice cold, water over the burn area for 10 minutes.</p> <p>Never use ice.</p> <p>Apply a dry dressing to the burn area, and get the person to a medical professional.</p>
Choking	<p>Mild choking – the person will be able to cough, breathe, and speak.</p> <p>Sever choking – the person will not be able to cough, breathe, or speak, and they may grab their throat signifying that they are choking.</p>	<p>For mild choking, stand-by and allow the person to cough. Do not pat their back.</p> <p>For severe choking, stand or kneel behind the person and wrap your arms around the person’s waist so that your fists are in front.</p> <p>Make a fist with one hand and place the thumb side of your fist slightly above the belly button.</p> <p>Grasp your fist with your other hand, and give quick upward thrusts into the abdomen until the object blocking the airway comes out.</p>

		<p>If the object doesn't come out and the person becomes unresponsive, call 911 and get an AED, lower them to the ground and provide CPR, checking the mouth after every 30 compressions for the object. Remove it if possible.</p> <p>Call 911 and get a first aid kit and AED. Wear PPE. Provide CPR if needed, and the scene is safe to do so. Do not attempt to move wires or enter an area with down lines. Contact authorities. Get the person to a medical professional.</p>
Electrical Shock	<p>There may be marks or burns where the electricity entered and exited the body. May stop breathing, or cardiac arrest.</p>	<p>Call 911 and get a first aid kit. Rinse eyes with water for 15 minutes. If there is only one affected eye, be sure that that eye is positioned below the uninjured eye so chemicals are washed into the good eye. Call 911 and get a first aid kit. Tell the person to keep both eyes closed until someone with more advanced training takes over.</p>
Eye Injuries - Chemical		<p>Call 911 and get a first aid kit. Tell the person to keep both eyes closed until someone with more advanced training takes over.</p>
Eye Injuries – Cut/Scratch		<p>Call 911 and get a first aid kit. Tell the person to keep both eyes closed until someone with more advanced training takes over.</p>
Eye Injuries – Foreign Object		<p>Call 911 and get a first aid kit. Tell the person to keep both eyes closed until someone with more advanced training takes over.</p>
Seizure		<ol style="list-style-type: none"> 1. Stay calm 2. Do Not restrain movement 3. Do Not try to place anything in the person's mouth 4. Remove eyeglasses and loosen tight clothing 5. Clear area of objects that could injure the person 6. Provide reassurance to the person 7. Stay with the person until he/she is fully aware 8. Follow Seizure Procedure

Missing Person – Emergency Procedures

In the event a staff person identifies a client is missing, that staff person will immediately notify the supervisor on duty.

The supervisor will immediately verify the client is not in any of the office buildings, other day program locations, or nearby outside area.

If the client is found within the facility area, but unsupervised, the supervisor will:

- Notify the Program Coordinator or designee
- The Program Coordinator or designee will begin an investigation, and complete necessary licensure paperwork

If the client is not found within 30 minutes in the facility area(s), the supervisor on duty will:

- Notify the Program Coordinator or designee
- Call the Police Department by dialing 911.
- Call the client's guardian/parent/advocate
- Cooperate with law enforcement in the search for the missing client.
- The Program Coordinator or designee will begin an investigation, and complete necessary licensure paperwork.

POWER OUTAGE

PROCEDURES

1. Staff will notify supervisor on duty of power outage
2. Supervisor will notify the following:
 - a. Program Coordinator or designee
 - b. Maintenance Coordinator
 - c. The appropriate power company to determine/discover if the power outage is confined to the facility or is more widespread
 - i. Unless the power failure is accompanied by any emergency situation requiring evaluation (e.g. fire, flood, etc.) clients will be kept inside.
 - ii. If condition requires evacuation, staff will follow emergency evacuation procedures
 - d. Flashlights will be gathered and 15-minute checks will be completed until power restored
 - e. Refrigeration temperatures will need to be checked and appropriate relocation of items will be made, if needed.
 - f. Licensure notifications will be made in accordance with regulations.

VIOLENT or THREATENING SITUATION

PROCEDURES:

1. Determine a threatening situation and notify supervisor on duty.
2. Supervisor will assess the situation and call 911, if warranted
3. Exterior doors will be locked, provided the threat is not inside the building
 - a. Clients and staff will remain in the ICF Homes in the living area, if determined to be safe
 - b. Client and staff will relocate to emergency relocation site, if needed, until further directions
4. DO NOT try to confront the violent person.
5. Follow the instructions of emergency personnel.
6. Remain in safe area until all clear is given.

KNOWN OR SUSPECTED WEAPONS:

1. Do not attempt to take weapon.
2. Remain calm and one staff is to maintain eyes on.

EARTHQUAKE

PROCEDURES

1. Stay indoors
 2. Drop, Cover, and Hold – Take cover under a sturdy table or against an inside wall and hold on. Cover face and head with arms.
 3. Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures and furniture.
 4. Once shaking stops, follow evacuation procedures.
-
1. If outdoors, persons served and staff are to move away from the building and into an open area, away from utility poles or overhead wires.
 2. Do not come into contact with downed utility poles or wires.
 3. Do not re-enter the building.

BOMB THREAT

PROCEDURES

1. Follow Immediate Evacuation Procedures
2. Collect and document the following information:

QUESTIONS TO ASK IF A BOMB THREAT IS CALLED IN BY

PHONE:

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Did you place the bomb? IF YES...why?
7. If NO – do you know who did?
8. What is your address?
9. What is your name?

WRITE DOWN THE EXACT WORDING OF THE BOMB THREAT...

Length of call: _____ Time of call: _____
Date of call: _____
Call made to this number: _____

IMPORTANT INFORMATION TO COLLECT

Sex of caller: Male Female
Age: Child Teenager Adult Elderly
Race: Caucasian Black Hispanic Oriental

Was the caller's voice...

Calm Angry Loud Soft
Excited Slow Rapid Deep
High Nasal Slurred Disguised
Normal Very distinct Did it sound familiar?

If so – who did it sound like? _____

Was the caller...

Stuttering Coughing Clearing their throat
Crying Laughing Deep breathing

BOMB THREAT LANGUAGE:

Well-spoken Foul Incoherent Taped
Was the message read from a script? Yes No

BACKGROUND NOISES/SOUNDS

No noise at all
Street noises Factory machinery Music
Voices Pots/pans/cooking noises Static
Office machines Animal noises Children
COMMENTS: _____

INTRUDER ON CAMPUS / IOC

GOAL – To maintain calm and order and not disrupt the daily program any more than necessary. Clients will NOT be alerted unless necessary.

PROCEDURES

1. Staff should stop any stranger in the building who they are not familiar with and inquire as to his/her business in the facility.
2. If it is determined that this person poses a threat to staff and/or clients, 911 should be called immediately and supervisor on duty notified
3. If danger exists, clients should be evacuated to a safe area away from the intruder.
4. If evacuation is not an option, clients and staff should “shelter in place” and put heavy furniture to block the door or shove a door stop under the door to prevent entry.

HAZARDOUS CHEMICAL SPILL

PROCEDURES

1. Remain inside the building unless directed to evacuate by emergency services personnel.
2. Windows and doors will be closed.
3. All fans, air conditioners and ventilators will be turned off at the breaker box by the Emergency Coordinator.
4. All persons served and staff will gather in the living room.
5. Use plastic sheeting, shower curtains, or towels to seal off window and door gaps.

PREPAREDNESS

- All staff members are certified in CPR and First Aid
- Evacuation diagrams are posted in all areas of the facility
- Facility Safety Inspections are conducted monthly (and includes inspection of fire extinguishers)
- Facility Inspections are conducted annually by external sources (i.e., DUNK, Fire Marshal, Health Department)
- Emergency Drills are routinely conducted
- Safety Reports are submitted quarterly to the Health and Safety Committee for review
- Entry into the facility requires a code, therefore reducing the likelihood of unauthorized “visitors”
- Emergency Books are maintained at each facility , containing contact information for each child and staff member
- Each facility maintains an Evacuation Pack which contains: weather radio, first aid kit, flashlight, batteries, tissues, hand sanitizer, whistle, disposable cups, wet wipes, pen/paper, and an emergency survival blanket.

CONTINUATION OF ESSENTIAL SERVICES

In the event of an emergency in which regular services have been interrupted, certain basic services will continue. The Life Skills building has a generator to provide electric and water services to persons served. This building also has a shower, kitchen and sleeping capabilities for all persons served in the ICF/DD program. In the event these medications are not accessible, the nurse on duty will be responsible for making contact with the pharmacy and primary care physicians to locate essential replacement medications for persons served. A three day supply of food is on site at all times at the ICF/DD program per OLTC regulation. In the event that food and/or shelter is not available via the methods described above, the Program Coordinator or designee will contact the local Red Cross for assistance.

EVACUATION MAP

ERC _____ PROGRAM HAS

RELOCATED TO:

X *Polly Gyills*
Reviewed and Approved
Director of Residential Services

X
Local Emergency Management

Date Reviewed: 6/11/19

