

EMERGENCY PREPAREDNESS PLAN



ATS Institute of Technology

(MDT College of Health Sciences dba ATS Institute of Technology)

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BACKGROUND AND PURPOSE

This emergency preparedness plan has been developed to enable ATS to respond efficiently and quickly to safeguard the people present at this location. Then the plan provides for the protection or restoration of records and facilities so that we can continue to function in the event of a disaster or emergency. The rationale is that we will act to protect life as well as preserve the intellectual and physical assets of our students, faculty, staff and the institution.

EMERGENCY CONTACTS

Primary Contact

Yelena Bykov, 440-668-6585

Secondary Contact

Misti Ludwig: 312-498-4916

Insurance Provider

Lakeshore Insurance

EMERGENCY NOTIFICATION SYSTEMS

In the event that the school has an incident on site that requires immediate response, ATS will call 911. The call would result in both the fire department and the police responding to that call.

In the event of a life-threatening emergency, 911 will be called, followed by building management. In the event of a building wide event, an alarm will sound, alerting everyone in the vicinity that evacuation is necessary. Students not on campus will be notified that campus is closed via text and/or email.

ATS' campus is located within an office building in downtown Chicago. ATS will follow the building's procedures which are listed at <http://25eastwashington.info/main.cfm?sid=e-procedures>.

Community Contacts:

- Chicago Police Department, (312) 744-5000

Internal Communication:

In order to notify students, faculty and staff of an emergency on site, we have three tools in place. The situation will dictate which tools are utilized:

1. Fire Alarm System
2. Public Media
Radio channel WBBM 780 (780 AM or 105.9 FM)
3. Student, faculty, and staff provided emergency contact numbers and school designated emails.

TYPES OF EMERGENCY SITUATIONS

The following natural hazards, threats and vulnerabilities have been identified as things that are most likely to occur and impact this institution:

Natural Hazards

- Earthquakes
- Tornadoes
- Lightening
- Severe wind
- Extreme temperatures (hot or cold)
- Winter precipitation (ice or snow)

Biological Hazards

- Infectious diseases
- Contaminated food outbreaks
- Toxic materials in campus laboratories

Violence

- Hostile environment (any individual made to feel threatened or unsafe)
- Weapons on campus
- Fights
- Bomb threats

Hazards related to Buildings

- Fire
- Power Outage
- Structural failures

Hazards present in the Community

- Airport nearby
- Chemical explosions (Liquid Nitrogen Tank in driveway 19)

Vulnerabilities

- Paper Records loss
- Computer systems failure

Those hazards, threats, and vulnerabilities identified as the most likely are: weather, fire, and violence. The following policies actions are in place to attempt to prevent or to mitigate the impact of these potential issues:

SEVERE WEATHER/EMERGENCY SCHOOL CLOSURE

In the event of inclement weather, the nursing program administrator will decide whether to close the school due to hazardous conditions. In-person sessions may be moved to an online session as notified. Online sessions will meet as scheduled. Any additional changes will be communicated to students by LMS announcements.

If the school is closed, clinical experiences are still required as scheduled. Notification of any clinical changes will be made by school email/lms.

The method of communication for school closure will be provided to students in advance. See school website for the updates.

EVACUATION PLAN NOTICES

As a result of a school emergency, the primary or secondary emergency contact, and facilities manager will make a decision about when, and what emergency response actions should be taken. The decision is weighed carefully against all presenting variables. The emergency contact will give the evacuation / relocation directive when the conditions outside the school are safer than inside. This could be a result of fire in the school building, chemical accident in the building, explosion, or threat of explosion, or any other incident that might place students or school staff in danger, or render the building unsafe.

- We have marked all exits with lighted EXIT signs
- Developed building and site maps
- Marked those maps to indicate the nearest exit, and
- Posted them in all central locations

EVACUATIONS

In the event of a fire drill or emergency situation where the building has to be vacated, the fire alarms will be sounded. The alarms are located at each entrance, just inside the door.

- Faculty and students will proceed out of the room to the nearest exit and out of the building.
- The faculty member shall be the last person to leave the classroom, closing the door and bringing the Attendance Records with him/her.
- Absolute silence is to be maintained from the first sounding of the fire alarm until everyone is out of the building.
- Everyone is to assemble at the Palmer House Hilton, 17 East Monroe Street, Chicago, IL.
- Attendance will be taken to ensure that everyone has exited the building.
- Everyone must be checked off before leaving the premises.
- Everyone must wait for a signal from the nursing program administrator direction to return to the building or exiting of the premises.

SHUT DOWN PLAN

Code Blue

In the event that there is a need to shut down the facility due to violence or a weapon on site, every faculty member, staff member, and administrator will receive a “Code Blue” text message on his/her cellular phone and/or email address. “Code Blue” means lock the door, seal the room, and stay inside until notified.

SHELTER IN PLACE

Code Yellow

If we must take shelter due to a tornado or storm warning that we have received, every faculty member, staff member, and administrator will receive a “Code Yellow” text message on his/her cellular phone, pager, and email address. “Code Yellow” means take shelter inside this facility.

Weather emergencies such as a tornado require taking shelter inside the building. The places that have been identified as the most secure for such emergencies are those parts of the building with no windows or immediate access to the outside.

- Lower level Pedway

ALL CLEAR

If either Code Blue or Code Yellow has been issued, every person is to remain sheltered until the onsite administrator or his designee has broadcast “All Clear”.

Misti Ludwig
312-498-4916

CRITICAL OPERATIONS AND RECORDS

It is not possible to avoid every potential disaster. Therefore, we have identified those assets, operations, and records that are critical to the ability of this institution to recover from a disaster. The following is a prioritized list of our critical assets, operations, and records, along with the procedures we have in place to recover operations or recreate records.

- Human resources (students, faculty, and staff)
- Financial Transactions (cash and checks on hand)
- Computer Systems
 - A. College Office and Brightspace - online (including student transcripts)
 - B. Quickbooks
 - C. Campus Ivy and Financial Aid Electronic Records
 - D. Hubspot – admission record
 - E. Shadow Health, ExamSoft, and ATI - Clinical evaluation tools, Faculty employment records, Clinical contracts
 - F. PolicyTech- all Policies, procedures, licenses

RECOVERY PLAN

The first priority will always be the safety and protection of all students, faculty and staff members present on the premises. The Evacuation Plan, the Shutdown Plan, and the Shelter in Place Plans have been designed to protect everyone on site. Having that primary object in mind, the following activities are to be performed to mitigate the possible impact of disasters.

Human Resources

Employee records are housed a fireproof cabinet. Their information is also backed up within the payroll site, Paychex.

Financial Transactions

The Bursar and Administrative Assistant should take any cash and checks on hand with them in the event of evacuations. Financial transactions are monitored and stored on a server that is backed up with a cloud server.

Computer Systems

Automatic daily off site backups will protect all computer systems. Computer systems recovery will initiate with the IT department in continuously backing up the system by server and cloud storage.

Paper Records

Paper records are maintained in fireproof metal cabinets as a back-up to electronic records. The records are located in the administrative offices. Paper records include:

Academic Records

Currently enrolled students
Permanent records of former students
Clinical records

Faculty and Staff employment
Licenses, warranties, service agreements

Copies of the records are also found in the Student Information System or Google workspace that is accessible by internet connection.

Classroom and Clinical Site Activities

Faculty shall maintain grades, attendance, and other current semester records pertaining to students' progress in a specific class on an electronic device that must be taken with them, e.g. a flash drive, the LMS, SIS, or laptop computer.

ALTERNATE LOCATIONS

If the facility at 25 East Washington Street, Chicago, Illinois is inhabitable for an extended period of time, the administrative process will operate remotely.

Classroom instructional space would be arranged as soon as possible. All clinical site activities would resume when classroom activities resume, at the appointed clinical sites. Faculty, staff and students will be contacted using the Emergency Notification System after alternate locations have been arranged.

EMERGENCY PREPAREDNESS PLAN TRAINING

All students, faculty, and staff will receive a copy of the Emergency Preparedness Plan during orientation.

The Emergency Preparedness Team shall consist of:

Nursing Programs Administrator
Office Assistants
Faculty Member

The Emergency Preparedness Team shall actively seek input from our community contacts, students, faculty, and staff. The team will make recommendations to improve our preparedness, and act as a community watch team to alert the Primary and/or Secondary Emergency Contact of situations requiring attention. It will also maintain the system to ensure that emergency contact information is up to date, and ensure the Emergency Notification System is operational.

Exposure Control Plan

POLICY

ATS Institute of Technology is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Blood borne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
 - Implementation of various methods of exposure control, including:
 - Universal precautions
 - Personal protective equipment
 - Housekeeping
 - Radiation Protection Plan
 - Hepatitis B vaccination
 - Post-exposure evaluation and follow-up
 - Communication of hazards to employees and training
 - Recordkeeping
 - Procedures for evaluating circumstances surrounding exposure incidents and implementation
- methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The Nursing Program Administrator (hereafter NPA) is responsible for implementation of the ECP. The NPA will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: 312-300-0980 ext. 2153

- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

- The NPA will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The NPA will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: 312-300-0980 ext. 2153

- The NPA will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: 312-300-0980 ext. 2153

- The NPA will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: 312-300-0980 ext. 2153

EXPOSURE TO BLOODBORNE PATHOGENS AND INFECTIOUS DISEASE PLAN

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

All employees can review this plan at any time during their work shifts by contacting the NPA. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The NPA is responsible for reviewing and updating the ECP annually or more frequently if necessary, to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The Specific engineering controls and work practice controls used are listed below:

- Sharps disposal containers are inspected and maintained or replaced by the lab manager every six weeks or whenever necessary to prevent overfilling.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by the NPA. PPE is located in the laboratory supply closet. Keys to the closet can be obtained in the administrative offices on campus.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in the biohazard containers located in the Lab.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded.

Sharps disposal containers are available in the Lab.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

Radiation Protection Plan

The equipment on campus does not contain or emit any radiation materials.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the NPA at the following number 312-300-0980 ext. 2153.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred on the ATS Institute of Technology Incident Report form located on the database.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The NPA ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's blood borne pathogens standard.

The DOE or MID ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- Description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- Circumstances of exposure
- if possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The NPA provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The NPA will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

The NPA will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

EMPLOYEE TRAINING

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by the NPA. All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA blood borne pathogen standard

- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available in the administrative offices.

RECORD KEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the faculty files.

The training records include:

- the dates of the training sessions
 - the contents or a summary of the training sessions
 - the names and qualifications of persons conducting the training
 - the names and job titles of all persons attending the training sessions
- Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the NPA).

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." The NPA is responsible for maintenance of the required medical records. These confidential records are kept in the employee file for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the NPA.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the NPA.

HEPATITIS B VACCINATION

The NPA will provide information to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

Vaccination is encouraged unless:

- 1) Documentation exists that the employee has previously received the series;
- 2) Antibody testing reveals that the employee is immune; or
- 3) Medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date. Documentation of refusal of the vaccination is kept in the faculty files.

Following the medical evaluation after an exposure, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.