



KYCOM

Emergency Operations

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UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

Office of the Dean

Date: November 9, 2021

To: KYCOM Faculty and Staff

RE: Incident Response Plan

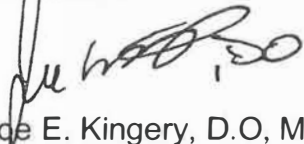
Greetings,

Emergency preparedness begins with every member of the Kentucky College of Osteopathic Medicine (KYCOM) campus community, and being called upon to assist in an emergency situation at some point is almost certain. Severe weather, medical emergencies, fire, and disruptive behavior are only examples of incidents we could experience on our campus. As such, I suggest that every member of the KYCOM community prepare themselves for potential emergencies by becoming acquainted with KYCOM's Incident Response Plan.

I give my utmost support to this plan and urge faculty, staff, and students to do their share in the emergency preparedness efforts of KYCOM.

Thank you for making the safety of our campus community a priority by becoming familiar with this Incident Response Plan, and being prepared to respond appropriately to emergent situations.

Sincerely,



Joe E. Kingery, D.O, MBA, FACOFP
Dean, UP-KYCOM



Purpose

Kentucky College of Osteopathic Medicine's (KYCOM) Incident Response Plan (Plan) serves as a guide for responding to incidents caused by either natural or human action, which has potential to threaten the health and safety or disrupt the operations of KYCOM's campus community. The plan was designed to ensure a set response in the event of an emergency. Due to the unpredictability of emergencies, these procedures have been designed to ensure the protection of students, employees, and visitors, as well as KYCOM's properties.

The objectives of KYCOM's Incident Response Plan are:

- Protect the safety of faculty, staff, students, and visitors
- Safeguard property
- Communicate with affected populations
- Restore KYCOM to normal operations and business continuity
- Provide quick reference and guidance in emergency situations

KYCOM's Incident Response Plan applies to its facilities, as well as emergencies occurring within proximity to campus.

KYCOM is dependent on the City of Pikeville Police and Fire Departments for critical resources in responding to emergent situations. In the event of an emergency, anyone on campus with information should take the initiative to contact 911. Nothing should delay notification to first responders. Additionally, all campus emergency notifications will utilize the Bear Alert system.

Additionally, KYCOM students will be introduced to the emergency operations of the clinical site for which they are assigned at the site orientation. KYCOM encourages students to familiarize themselves with the emergency procedures for each clinical rotation site.



Emergency Contact Information

General Emergency	911
UPIKE Public Safety	606-477-0262
UPIKE Sexual Misconduct	606-218-5344
UPIKE Campus Nurse	606-218-5048
THRIVE Counseling Center	606-218-HELP
Humana Student Assistance Program	1-855-270-3349
Pikeville Police Department	606-437-6236
Pikeville Fire Department	606-437-6234
Pike Co. Health Department	606-437-5500
Pikeville Medical Center	606-218-3500
American Red Cross	606-629-3344
Poison Control Center	1-800-362-0101

LEVELS OF RESPONSE

Incident Classification	Description	Examples (not limited to)
Level 1 Critical Incident	<ol style="list-style-type: none"> 1. Little or no impact on people or activities outside of affected area. 2. Can be resolved quickly 3. Impacted departments coordinate directly with Facilities and/or Public Safety 4. Limited outside assistance required 	<ul style="list-style-type: none"> • Odor complaint • Small Fire • Localized chemical spill • Localized power failure • Water leak • Minor weather incident
Level 2 Campus Crisis	<ol style="list-style-type: none"> 1. Disrupts sizable portion of the campus community 2. Threat to life, health, property, or critical functions 3. Extended response time required 4. External agencies needed 	<ul style="list-style-type: none"> • Explosion/Fire • Structural issue • Significant hazardous material release • Extensive power or utility outage • Major weather incident
Level 3 Disaster	<ol style="list-style-type: none"> 1. Disrupts entire campus 2. Severe threat to life, health, property or critical functions 3. Effects of disaster are wide-ranging and complex 4. Normal operations suspended 5. External agencies required 6. Incident command center activated 	<ul style="list-style-type: none"> • Active shooter • Terrorism • Widespread medical emergency • Mass casualties • Uncontained hazardous material spill • Major weather incident



KYCOM EMERGENCY PROCEDURES

QUICK REFERENCE



Bomb Threat/Suspicious Items

- Document any communication
- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262
- Do not touch or handle any suspicious items or packages
- Restrict access to area
- Notify supervisor

Disruptive Behavior

- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262
- Provide name, location, details of the situation, number of people involved
- If safe to do so, exit the building or area immediately
- If exit is impossible, go to a room, barricade the door, keep quiet, remain in place until all clear is given by law enforcement

Fire – In the event of a fire or when the alarm sounds

- Evacuate the building immediately using building emergency plan procedures
- Do not use elevators
- Assist those with mobility difficulties
- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262
- Do not re-enter the building until instructed by authorized personnel

Hazardous Materials

- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262
- Document and provide information on type and size of spill (if known)
- Evacuate the immediate area and building if necessary
- Obtain decontamination instructions from the proper authorities
- Do not re-enter the area until all clear is given by authorized personnel

Medical Emergencies

- Contact 911
- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262
- Provide name, location, number of injured, and description of injuries
- Remain on the call if the dispatcher requests

Severe Weather

- Take immediate shelter
- Stay away from windows
- Monitor local news media
- Monitor UPIKE social media
- Contact UPIKE Public Safety at 606-218-5940 or 606-477-0262



COVID-19 Policy

Purpose

The University of Pikeville (UPIKE) is committed to maintaining a safe and healthy environment across the campus community and strongly encourages all students and employees to obtain the COVID-19 vaccination (vaccination). The vaccination is not currently required for students and employees at UPIKE; however, the university has determined certain precautions to be imperative to the health and safety of campus. Precautions and guidance for students and employees regarding the COVID-19 virus are outlined in this policy.

Policy

Students and employees of UPIKE are strongly encouraged to obtain the COVID-19 vaccination. However, the vaccination is not currently required to reside, attend classes, and work at UPIKE. All members of the campus community, as well as visitors to UPIKE are required to wear masks that sufficiently cover the nose and mouth while indoors and outside the boundaries of their family group. Family groups are determined to be those individuals who you spend a significant amount of time with each day on campus (e.g. share the same office space).

Vaccinated Students and Employees

Vaccinated students and employees are exempt from periodic COVID-19 testing. However, all members of the campus community should be tested immediately if they become symptomatic. Vaccinated students and employees that receive a documented notice of exposure must receive a COVID-19 test within the recommended three (3) to five (5) day timeframe after exposure and may remain on campus so long as they are not demonstrating symptoms of the COVID-19 virus and wear a mask at all times while indoors (even in your family group) for fourteen (14) days.

Vaccinated students and employees who test positive for COVID-19 will be required to leave campus immediately and must remain quarantined for a period of ten (10) days. Exceptions for students will be considered by administration on a case-by-case basis. Students that remain on campus after receiving a positive test for COVID-19 will be housed in a residence hall distinguished for isolation and will have meals and necessities delivered.

Unvaccinated Students and Employees

Unvaccinated students and employees who receive a documented notice of exposure will be placed in quarantine for ten (10) days. They may then return to campus upon completion of the ten (10) day quarantine period.

Employees that choose to decline the vaccination will be required to submit to COVID-19 periodic testing upon request. Employees may choose to decline testing; however, refusal to be tested will result in a fourteen (14) day suspension without pay.

Unvaccinated employees who test positive for COVID-19 will be required to leave campus immediately and must remain quarantined for a period of ten (10) days. Those employees may be permitted to work remotely if feasible for their job duties and approved by their supervisor. Alternatively, the employee may use accrued sick leave during the quarantine period.

Unvaccinated students who receive a positive COVID-19 test will be required to leave campus immediately, if feasible. Exceptions may be made by administration on a case-by-case basis. Students that remain on campus after receiving a positive test for COVID-19 will be housed in a residence hall distinguished for isolation and will have meals and necessities delivered.

All information regarding vaccination status and/or testing results will be kept confidential and shared only with those UPIKE employees who have a need to know.

Medical Emergencies

Medical emergencies include any life-threatening illnesses or a sudden occurrence or worsening of an injury that poses a threat to life or limb.

In the event of a medical emergency the following guidelines should be followed:

1. Protect yourself

- Be aware of potential ongoing hazards to you and others resulting from the medical emergency.
- Take actions to minimize any such hazards if possible, including
 - Fleeing or sheltering in place
 - Donning personal protective equipment (PPE)

2. Call 911

There are a wide variety of medical conditions that you may encounter. If you witness someone in need of medical assistance call 911.

3. Provide support/assistance while awaiting first responders

Be prepared to remain on the phone with the emergency dispatcher. The dispatcher will gather critical information and may provide instructions on how to provide care until first responders arrive.

KYCOM recommends that all students, faculty, and staff consider completing a First Aid and CPR course. These courses provide the opportunity to learn and practice emergency techniques so that if an emergency occurs you will be confident in your skills.

4. Ask someone to gather needed emergency supplies and equipment

- First aid kit locations:
 - 4th floor clinic lobby office
 - 5th floor Student Affairs workroom
 - 9th floor
- Automatic External Defibrillator (AED) locations:
 - 3rd floor near Dean's Suite
 - 4th floor Community Clinic Lobby
 - 9th floor Fellows office
- Bleeding Control Kit locations:
 - 4th floor Community Clinic lobby
 - 9th floor Fellows office
- Vital signs monitoring cart locations:
 - 4th floor
 - 9th floor

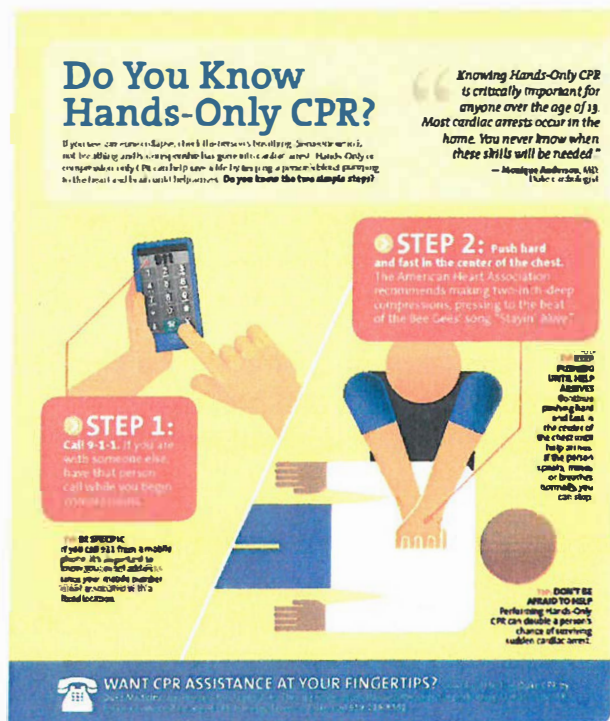
- Wheelchair
 - 4th floor
- Narcan kit
 - 4th floor

5. Call Public Safety

6. File an Incident Report

Below are some specific medical emergencies you might encounter:

Cardiac Arrest



Source: www.dukehealth.org (updated June 7, 2021)

Drug Overdose

Drug emergencies are not always easy to identify. If you suspect someone has overdosed, or if you suspect someone is experiencing withdrawal, call 911 for immediate medical assistance and provide first aid if it is safe to do so.

If possible, try to determine which drug(s) were taken and when and secure any obvious medicine bottles or drugs.

- Do NOT jeopardize your own safety. Some drugs can cause violent and unpredictable behavior. Call for professional assistance.
- Do NOT try to reason with someone who is on drugs. Do not expect them to behave reasonably.
- Do NOT offer your opinions when giving help.
- Check the person's airway, breathing, and pulse. If necessary, begin CPR.

If the person has a pulse, but is not breathing adequately (breathing very shallowly / 10 breaths per minute or less / blue under fingernails or at gums), assist breathing if possible, and consider giving Narcan (naloxone) if available.

If the person is unconscious but breathing, carefully place him or her in the recovery position:



Source: [What is the recovery position and is it always 'safe'? \(realdealondrugs.blogspot.com\)](http://realdealondrugs.blogspot.com)

If the person is conscious, loosen the clothing, keep the person warm, and provide reassurance. Try to keep the person calm. If an overdose is suspected, try to prevent them from taking more drugs.

Alcohol Poisoning

Call 911 immediately if person is:

- Unconscious, cannot be woken up or can only be awakened for a short time.

- Poorly aware of surroundings.
- Exhibits respiratory difficulties, including slow, labored breathing – 10 breaths per minute or less is a **MEDICAL EMERGENCY**.
- Blue under the fingernails or at gums.
- Cold, clammy, and has bluish skin
- Vomiting while semiconscious or unconscious.

If you know someone who has had too much to drink:

- **DO NOT LEAVE THE PERSON ALONE.** Blood alcohol levels can continue to rise even after a person has passed out.
- Place the person in the recovery position (see diagram above).
- Do not put a person in a cold shower – it can cause the person to go into shock.
- Coffee will not sober a person up – the only thing that can sober someone up is **TIME**.
- When in doubt, call 911.

Seizures

Seizures can be caused by a variety of conditions and disorders. While some people have had seizure conditions for a number of years, others may experience their first seizure in your presence. The following provides information on how you can assist someone experiencing seizure activity:

Seizure

A **seizure** is abnormal electrical activity in the brain. Seizures are often caused by a medical condition called *epilepsy*, and they usually stop within a few minutes. Seizures also can be caused by head injury, low blood sugar, heat-related injury, poisoning, or cardiac arrest.

Signs of a Seizure

Signs of a seizure may differ. Some people who are having a seizure may

- Lose muscle control
- Fall to the ground
- Stop responding
- Have jerking movements of the arms, legs, and sometimes other parts of the body

However, not all seizures look like this. Other people might become unresponsive and have a glassy-eyed stare.

During the seizure, a person may bite their tongue, cheek, or mouth. You can give first aid for that injury when the seizure is over. After a seizure, the person might be confused, slow to respond, or even fall asleep.

Caution

If someone is having a seizure, don't put anything in the person's mouth. This can actually hurt instead of help. The most important first aid action you can take for a person having a seizure is to protect them from injury.

Actions to Take: During a Seizure

- Move furniture or other objects out of the way.
- Place something soft under the person's head.
- Never hold the person down or put something in the mouth.

Actions to Take: After a Seizure

- Quickly check to see if the person is responsive and breathing.
- Stay with the person until someone with more advanced training arrives and takes over.
- If the person is having trouble breathing because of vomiting or fluids in their mouth, roll them onto their side.
- If they are unresponsive and are not breathing normally or are only gasping, give CPR.

Bleeding From the Mouth

If the person has bitten their tongue, cheek, or mouth and is bleeding, give first aid after the seizure. See the [Bleeding From the Mouth](#) section in [Injury Emergencies](#).

Bleeding From the Mouth

Bleeding from the mouth can usually be stopped with pressure. If a mouth injury is severe, blood or broken teeth can block the airway and cause breathing problems.

Actions to Take: Control Bleeding From the Mouth

- If bleeding is coming from the tongue, lip, or cheek and you can reach it easily, apply pressure with gauze or a clean cloth (Figure 62).
- If you haven't phoned 9-1-1 and you can't stop the bleeding in 5 to 10 minutes, or if the person has trouble breathing, phone or ask someone else to phone 9-1-1.

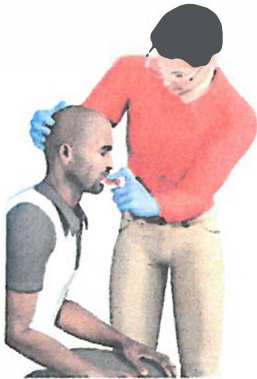


Figure 62. If the bleeding is from the tongue, lip, or cheek, press the bleeding area with sterile gauze or a clean cloth.

Injury Emergencies

For any injury emergency, your first steps will be to make sure the scene is safe, get the first aid kit, and put on PPE.

External Bleeding

Minor bleeding occurs from small cuts or scrapes. With all bleeding injuries, your first action should be to identify 2 factors to guide your care:

- The amount of bleeding
- The location of the bleeding

Minor bleeding is easily controlled, often with a simple adhesive bandage. For minor cuts anywhere on the body, wash the area with soap and water, and then apply a dressing to the wound. Once the bleeding has stopped, you can apply an antibiotic ointment, if the person has no known allergies, and an adhesive bandage. This method has been proven to help wounds heal faster and more effectively.

If the wound is bleeding more than can easily be stopped with an adhesive bandage, you will need to determine whether it is non-life-threatening or life-threatening bleeding.

Consider a wound to be life-threatening if the flow of blood is continuous and steady and if the volume of loss appears large, about equal to half of a 12-ounce can. You do not want to wait for blood to accumulate to take action because cuts that may seem more moderate at first can become severe if the person is on certain types of blood-thinning medications, like aspirin. It is important to not underestimate the amount of blood loss; be prepared to take action.

Phone or ask someone else to phone 9-1-1 if:

- There is a lot of bleeding
- You cannot stop the bleeding
- You see signs of shock
- You suspect a head, neck, or spine injury
- You are not sure what to do

Direct Pressure and Bandaging

Many people confuse the terms *dressing* and *bandage*. Here is what they mean and how they work together:

- A **dressing** is a clean material used directly on a wound to stop bleeding. It can be a piece of gauze or any other clean piece of cloth.
- A **bandage** is material used to protect or cover an injured body part. A bandage can also be used to help keep pressure on a wound.

If necessary, you can hold gauze dressings in place over a wound with a bandage ([Figure 58](#)).

Actions to Take: Control Non-Life-Threatening Bleeding With Direct Pressure and Bandaging

- Apply dressings over the bleeding area, and put direct pressure on the dressings
 - Use the heel of your hand to apply pressure directly to the wound.
- If the bleeding is not life threatening, apply a dressing to the bleeding area
 - Put direct pressure on the dressings by using the heel of one hand, with the other hand stacked on top of the first. If possible, keep your arms straight while applying pressure downward onto the wound. Direct pressure should be firm, steady, and constant.
- Do not remove pressure from the wound to add more dressings. Also, do not remove a dressing once it's in place because this could cause the wound to bleed more. Continue holding firm pressure until help arrives or the bleeding stops. Releasing pressure too soon can allow the wound to start bleeding again.
- If the bleeding does not stop, press harder. Keep pressure on the wound until it stops bleeding.
- Once the bleeding stops, or if you cannot keep pressure on the wound, wrap a bandage firmly over the dressings to hold them in place.
- A person who is bleeding should be seen by a healthcare provider as soon as possible because the person may need stitches or a tetanus shot.

Tourniquet

If the person has severe bleeding on an arm or a leg, you'll need to use a tourniquet. Because uncontrolled bleeding can lead to more complications, phone 9-1-1 and get an AED, if one is available. Life-threatening bleeding can occur from a variety of traumatic injuries, such as car accidents, cuts from glass, accidents involving saws or other tools, knife penetration injuries, gunshot wounds, or falls from a height. You should always phone 9-1-1 first when there is life-threatening bleeding.

The first aid kit should contain a premade or manufactured tourniquet. If it doesn't, we recommend adding it to your kit, especially if your workplace meets the requirements of Class B locations. If applied correctly, a tourniquet should stop the bleeding. Tightening the tourniquet may cause pain, but it will minimize blood loss.

Actions to Take: Use a Manufactured Tourniquet

- Apply the tourniquet 2 to 3 inches above the bleeding site.
- Do not place the tourniquet on a joint.
- Pull the free end of the tourniquet to make it as tight as possible, and then secure it.
- Twist the windlass, or knob, until the bleeding stops.
- You need to twist the windlass as tight as possible to stop the life-threatening bleeding. This may cause the person discomfort or pain.
- Secure the windlass in the clip and note the time the tourniquet was applied.

If you do not have a manufactured tourniquet or if one fails to stop bleeding, apply direct pressure with a hemostatic dressing, if available. A *hemostatic dressing* is a wound dressing that contains an agent that promotes blood clotting. If direct pressure with or without a hemostatic dressing fails to stop the life-threatening bleeding, a first aid provider trained in the use of an improvised tourniquet may consider using one.

If the bleeding is severe and is located on a body part that is not the arm or leg, such as the head, neck, chest, abdomen, shoulders, or hips, you can pack the wound and then apply pressure as noted above. *Packing the wound* means to take a material like gauze or clothing and place it tightly into the wound (Figure 6Q). You would then apply pressure and a compression dressing.

Head, Neck, and Spine Injuries

With any kind of head, neck, or spine injury, be cautious about moving the injured person. Suspect a head, neck, or spine injury if the person

- Fell from a height
- Was injured by a strong blow to the head
- Was injured while diving
- Was involved in a car crash
- Was riding a bicycle or motorbike involved in a crash, especially when not wearing a helmet or when the helmet broke in the crash

A person with a head injury may show these signs

- Does not respond or only moans
- Acts sleepy or confused
- Vomits
- Has trouble seeing, walking, or moving any part of the body
- Has a seizure

If a person's head injury results in a change in consciousness, worsening signs or symptoms, or other cause for concern, a healthcare provider or EMS personnel should evaluate the person as soon as possible. If the person becomes unresponsive, phone 9-1-1.

A person with these signs should not play sports, drive a car, ride a bike, or work with heavy machinery until a healthcare provider says it's OK to do so.

Spine Injury

Suspect possible spine damage if an injured person

- Is 65 years or older
- Was in a car or bicycle crash
- Has fallen
- Has tingling or is weak in the extremities
- Has pain or tenderness in the neck or back
- Appears intoxicated or not fully alert
- Has other painful injuries, especially to the head or neck

Caution

The spine protects the spine cord, so when a person has a spine injury, do not twist or turn the head or neck unless it's necessary to do any of the following:

- Turn the person faceup to give CPR
- Move the person out of danger
- Reposition the person because of breathing problems, vomiting, or fluids in the mouth

Actions to Take: Possible Head, Neck, or Spine Injury

- Phone 9-1-1 and get the first aid kit and AED
- Have the person remain as still as possible. Do not twist or turn the person's head or neck unless absolutely necessary
- Stay with the person until advanced help arrives

With this type of injury, you may have to control external bleeding. This is why it is important to get the first aid kit. Getting the AED is also important in case the person's condition worsens and you need to give CPR until someone with more advanced training arrives and takes over.

Diabetes and Low Blood Sugar

Diabetes is a disease that affects the levels of sugar in the blood. Too much or too little sugar causes problems. Some people with diabetes take medication, such as insulin, to maintain their sugar levels. Low blood sugar can occur if someone with diabetes has not eaten or is vomiting, has not eaten enough food for the level of activity, or has injected too much insulin.

Signs of Low Blood Sugar in a Person With Diabetes

If the person's blood sugar does get too low, behavior can change. Signs of low blood sugar can come on quickly. When a person with diabetes has low blood sugar, the person may become:

- Irritable or confused
- Hungry or weak
- Sleepy
- Sweaty

In some cases, the person might even have a seizure.

Actions to Take: Signs of Low Blood Sugar

If the person can't sit up or swallow:

- Phone or have someone else phone 9-1-1. Do not try to give the person anything to eat or drink.

If the person can sit up and swallow:

- Ask the person to eat or drink something with sugar that can rapidly restore blood glucose levels. These items include glucose tablets, orange juice, soft chewy candy, jelly beans, or fruit leather.
- Have the person sit quietly or lie down.
- If the person does not improve within 10 minutes, phone or have someone else phone 9-1-1.

Source: American Heart Association Heart Saver First Aid (2020)

BLOODBORNE PATHOGENS / EXPOSURE CONTROL PLAN (ECP)

Bloodborne Pathogens (BBP) are infectious microorganisms that can be present in human blood and cause disease in humans. In addition, human pathogens may be present in other body fluids, tissues, and human-derived cultures commonly referred to as Other Potentially Infectious Materials (OPIM). Personnel in many different roles (including students, faculty, staff, and affiliates at KYCOM) may be at risk for occupational exposure to BBP and/or OPIM while performing their regular duties. To protect such personnel, the Occupational Safety & Health Administration (OSHA) published the Bloodborne Pathogens Standard (29 CFR 1910.1030) in 1991.

In order to protect "at risk" personnel, OSHA requires employers to take the following measures:

- Implement the use of Universal Precautions
- Implement the use of Engineering Controls, Work Practice Controls, and Personal Protective Equipment (PPE)
- Provide the Hepatitis B vaccination at no cost to the employee
- Provide post-exposure evaluation and follow-up in case of exposure
- Use labels and signs to communicate hazards
- Provide proper containment and disposal of Regulated Medical Waste (RMW)
- Provide training to personnel
- Maintain personnel medical and training records

KYCOM has established this policy to protect employees, students, and affiliates from exposure to bloodborne pathogens and other potentially infectious materials during the course of their work and/or research training.

Program Administration

Supervisor Responsibilities:

- Determining whether their personnel are "at risk" for exposure to BBP.
- Making the ECP available to "at risk" personnel.
- Implementing the ECP and ensuring compliance with it.
- Ensuring "at risk" personnel complete KYCOM's BBP training annually.
- Providing "at risk" personnel with training on the specific hazards encountered in the work/research place, and the controls used to minimize/eliminate the risk of exposure, that are required by the BBP Standard.

- Maintaining all documentation required by OSHA for "at risk" personnel.
- Providing and maintaining all necessary safety controls (engineering controls, administrative controls, and personal protective equipment) to minimize/eliminate the risk of exposure.
- Completing and filing an incident report no later than 72 hours post exposure.
- Ensuring that all required medical actions, including post-exposure evaluation and follow-up, take place in a timely manner.

"At Risk" personnel are responsible for:

- Reviewing and understanding the ECP.
- Completing the BBP training annually, as well as all required trainings specific to their work environment and duties.
- Complying with the Methods of Implementation and Control.
- Accepting or declining the Hepatitis B vaccination.
- Reporting all exposure incidents to their supervisor and seeking medical assistance, if necessary, as soon as possible.

Determination of Occupational Exposure Risk in UPIKE-KYCOM Personnel

Any person who works, studies, or volunteers at KYCOM, and who may come in contact with blood or other potentially infectious materials during the course of their regular duties at KYCOM – regardless of the use of personal protective equipment – may be at risk for occupational exposure to BBP.

The "at risk" determination should be made by the responsible department or supervisor based on the expected level of risk inherent to the assigned work or research duties. "At risk" personnel shall comply with the BBP Standard and follow the procedures specified in this ECP.

A. Universal Precautions

Universal Precautions must be used to prevent exposure to bloodborne pathogens and other infectious materials in the workplace. This is accomplished by:

- Treating blood and OPIM as if they were infectious
- Avoiding direct contact with blood and OPIM

- Utilizing the proper engineering and administrative controls, as well as the necessary PPE, to prevent exposure.

B. Engineering Controls

Engineering controls constitute the first line of defense against exposure to infectious agents by removing the hazard or placing a barrier between the worker and the hazard.

C. Administrative Controls

Administrative controls are measures that reduce the risk of exposure to infectious agents by altering the manner in which a task or procedure is performed.

D. Personal Protective Equipment

Personal Protective Equipment (PPE) constitutes the last line of defense against exposure to infectious agents. PPE should be worn when the implementation of engineering and work practice controls is not sufficient to eliminate the risk of exposure.

E. Handwashing Facilities

Handwashing facilities should be available to personnel who are at risk for exposure to infectious materials. If there isn't any handwashing facility near the location where exposure may occur, supervisors must provide other alternatives such as antiseptic towelettes or an antiseptic cleanser and paper towels (or clean cloth/towel). In that case, the hands should be washed with soap and water as soon as possible.

F. Emergency Showers, Eyewashes, and Drench Hoses

Safety showers and eyewashes/drench hoses - or in their absence, a safety station with eyewash solution - should be available in buildings where infectious materials are being handled, such as research and teaching laboratories.

G. Work Area Restrictions

In work areas where there is risk of exposure to infectious materials, personnel are not allowed to eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses. Food and beverages should not be stored in refrigerators, freezers, shelves, cabinets, countertops or bench tops, on in the same area where infectious materials are stored or are being handled.

All procedures and tasks should be conducted in a manner that minimizes splashing, spraying, splattering and generation of droplets of infectious materials. Mouth pipetting and handling of infectious materials with bare hands are strictly forbidden.

H. Regulated Medical Waste Disposal

Regulated Medical Waste (RMW) - also known as infectious or biohazardous waste - generated at KYCOM must be disposed of safely following the guidance of the Kentucky Energy and Environmental Cabinet's Division of Waste Management. For more information, see [Table 1 - Regulatory Overview of Medical Waste in Kentucky.pdf](#)

I. Needles and Other Sharps

Sharps are devices that can penetrate the skin including, but not limited to, needles, capillary tubes, scissors, scalpels, Pasteur and serological pipettes, pipette tips, pointed or edged plastic or glass, instruments, and broken glass. Contaminated sharps and needles must not be recapped, removed, bent, sheared or broken. For additional information on how to collect and dispose of contaminated sharps, see [Protecting Yourself When Handling Contaminated Sharps \(osha.gov\)](#).

J. Contaminated Equipment, Instruments, Devices and Other Items

Equipment, instruments, devices and other items that become contaminated with infectious materials must be decontaminated as soon as possible. In addition, contaminated equipment must be decontaminated prior to servicing, shipping, or final disposal, unless it is not possible. Unless otherwise specified, decontamination should be performed using 10% bleach, allowing a minimum contact time of 30 minutes. Equipment that cannot be decontaminated, or that is regularly used in laboratories with infectious materials (for work, storage, or disposal), should be labeled with a biohazard sign.

K. Housekeeping

Good housekeeping is crucial for the prevention of exposure to infectious materials. Areas that become contaminated with infectious materials should be decontaminated as soon as possible. All infectious materials and contaminated sharps should be disposed of properly in biowaste boxes and sharps containers, respectively. Infectious materials should be properly labeled and stored in secondary containers.

L. Communication of Hazards (Labels & Signs)

Infectious materials must be labeled with an appropriately sized red or orange biohazard label that may be accompanied by the word "biohazard". All infectious materials that leave the workplace must be appropriately labeled. Laboratories in which human blood or OPIM are used must have BSL-2 door signs posted on all entrances.

Only approved red biohazard bags will be used for the collection of biowaste in solid closable waste containers. Also, only approved sharps containers displaying the biohazard sign will be used for the collection of contaminated sharps. Supervisors will

ensure that all measures regarding communication of hazards are followed by their personnel.

Training

KYCOM personnel that may be at risk for occupational exposure to bloodborne pathogens or OPIM must receive initial and annual refresher BBP training. "BBP: CITI, OSHA Bloodborne Pathogens" can be completed [online at CITI online training](#). In addition, supervisors must provide specific training regarding procedures and tasks that carry a risk for exposure to infectious agents particular to their work environment.

The following topics are covered in the Safety Around Bloodborne Pathogens training:

- The OSHA BBP Standard and how to obtain a copy.
- The KYCOM ECP and how to obtain a copy.
- The Hepatitis B vaccine
- The appropriate actions to take, and persons to contact, in an emergency involving blood or OPIM.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that is available.
- The post-exposure evaluation and follow-up that KYCOM is required to provide following an exposure incident.
- The signs, labels, and color coding required by the OSHA BBP Standard and used at KYCOM.
- The methods to recognize tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident.

In addition to this training, supervisors must provide specific work-related details including:

- An explanation of the use and limitations of engineering controls, administrative controls, and PPE
- An explanation of the types, uses, location, handling, removal, decontamination and disposal of PPE.

Emergency Response to An Exposure

In case of exposure to blood or other potentially infectious materials, you must act fast to prevent possible serious health problems. Follow these key steps after the exposure:

A. Seek First Aid and/or Medical Attention Immediately

- Remove contaminated clothing.
- Wash any area exposed to blood or OPIM with tepid water and soap for 15 minutes.
- In case the exposed area has been injured, encourage bleeding if the wound is small, apply an antiseptic, and cover with sterile dressing.
- Seek medical attention immediately; depending on the severity of exposure/injury, go to your occupational health provider or call 911 for assistance in proceeding to the emergency room.

B. Report the Exposure

- Notify your supervisor of the exposure, who will complete a First Report of Injury (if you are an employee) or an Incident Report (for non-employees) within 72 hours of the incident.

C. Seek Post-Exposure Evaluation and Medical Follow-Up

Contact your occupational health provider within 24 hours of the exposure. Your occupational health provider will need to know the details of the exposure and your immunization status, including:

- The source and route of exposure: e.g., contaminated needlestick.
- Information about the potentially infectious material: e.g., department and name of patient it came from.
- Your immunization status.
- The nature of medical attention given in the first place.

Recordkeeping

A. Safety Training Records

Safety training records are documented and managed by KYCOM supervisors. In laboratories, the safety training records are kept in the Laboratory Safety Notebook. Training records include:

- The name, description, and date of the training sessions
- The names of persons conducting the trainings
- The names and job titles of all persons attending the training sessions.

B. Sharps Injury Log

All percutaneous injuries from contaminated sharps should also be recorded in a Sharps Injury Log.

The details of all exposure incidents must be recorded, including:

- The date of the incident
- The type and brand of the device involved, if available
- The department or work area where the incident occurred
- An explanation of how the incident occurred
- Follow-up measures to help prevent reoccurrence

For more information on OSHA injury and illness recordkeeping requirements, see [Recordkeeping - Overview | Occupational Safety and Health Administration \(osha.gov\)](#).

Active Shooter/Violent Intruder Procedures

Definition:

An active shooter or violent intruder is when individuals attempt to cause bodily harm by using firearms or other weapons (s). Active shooter situations are primarily unpredictable and evolve very quickly. According to statistics from the FBI through studies of active shooter incidents from 2000 to 2013, most situations were over within two to five minutes. Thus, everyone must be prepared to react very quickly to an active shooter situation.

The University of Pikeville utilizes the Bear Alert system for notification of incidents such as active shooter situations. However, a person may find themselves being in immediate proximity to the situation as it starts. Thus, it is essential to remember the following to protect oneself best.

REMEMBER: RUN – HIDE – FIGHT

The FBI video of RUN – HIDE – FIGHT can be viewed at: <https://youtu.be/TeOdxKozra0> and <https://youtu.be/55v7fP5nn9c>. These videos show how quickly an event can unfold and how to react using the run, hide, fight method.

RUN – when an active shooter is in your vicinity.

- If you determine escape is possible, evacuate the area as quickly as possible.
- Evacuate even if others do not agree.
- Leave your belongings behind.
- Help others, if possible.
- Alert others as you exit the area/building and warn others not to enter.
- Call 911 as soon as it is safe to do so.

HIDE – if you cannot evacuate, hide.

- Lock the interior door(s).
- Barricade the door with anything heavy you can find (e.g., desks, tables, bookcases, etc.).
- Place cell phones in silent mode. Vibrate mode can still make loud sounds which can allow the attacker to find you. Do NOT turn off your phone.
- Turn off any lights, radios, and computer monitors if safe to do so.
- Close any blinds in the room.
- Hide behind large, sturdy objects.
- Remain as quiet as possible.
- Do not respond to any unfamiliar voice unless you can verify it is from a police officer with certainty.
- Stay in place until the “ALL CLEAR” signal is received.

FIGHT – if your life is in imminent danger with no option for escape or hiding.

- Attempt to incapacitate the shooter.
- Act with physical aggression.

- Try to stay together as a group while you fight. There is strength in numbers.
- Use anything you have available as a weapon, such as pens, pencils, scissors, chairs, computer monitors, lamps, or other blunt objects. Realize fighting will likely involve significant risk and cannot be accomplished half-heartedly. Give it all the strength, energy, and courage you have. Do not hesitate to be violent.
- Use your knowledge of the facility to your advantage. Think about areas you can use to your advantage to attack the suspect from.

Evaluate – continue to re-evaluate the situation. Situations change, especially with violence. You should continuously evaluate:

- The status of the threat.
- The proximity of the threat.
- Is it now better to RUN, HIDE, or FIGHT?

When law enforcement arrives:

- Remain as calm as possible and follow instructions.
- Keep your hands visible at all times. Law enforcement initially may not know who the threats are. Therefore, your hands need to be seen at all times by them so you do not appear as a possible threat. Put down anything that is in your hands.
- Follow their instructions completely.
- Know that help for the injured is on the way.

Before a situation occurs, plan ahead. Think.

- Where would I run, and what exits are available?
- Where would I hide, and what would I use to barricade the door(s)?
- How would I fight, and what would I use as a weapon in this room?

The above procedure is a guideline. It is the responsibility of each person to be aware of their surroundings and to plan for emergencies.

Sources:

<https://www.fbi.gov/about/partnerships/office-of-partner-engagement/active-shooter-resources>

https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

HAZARDOUS MATERIALS EMERGENCY PLAN

This Hazardous Materials Emergency Plan is intended to ensure compliance with Occupational Health and Safety Administration (OSHA) requirements for the adoption of the United Nations Globally Harmonized System (Hazcom 2012/GHS) and provide a safe work environment for KYCOM students, employees, affiliates, and visitors.

KYCOM is committed to providing a safe and healthy workplace for all staff. We have adopted this plan to prevent illness and injury produced by exposure to hazardous substances and comply with OSHA Hazard Communication Standard.

Container Labeling

Primary Containers: Designated employees will ensure all containers of hazardous materials received for use or shipped by this organization are clearly labeled according to the regulated requirements of Hazcom 2012 (GHS). This information should include the name of the material (trade name or chemical name), hazard pictogram(s), signal word, hazard statements, precautionary statements, and the manufacturer or distributor's name, address and emergency contact information.

Secondary Containers: When the contents of large containers are broken down into smaller or secondary containers for in-house use (such as spray bottles), a supervisor must ensure that the label shows the chemical identity and appropriate warnings as required by OSHA.

Portable Containers and Pipes: Portable containers are those in which an employee or contractor transfers chemicals from a labeled container to a portable one solely for immediate use. Designated supervisors will ensure all containers of hazardous chemicals are clearly labeled with the identity and appropriate hazard warnings.

Hazardous Chemical Inventory

Designated employees will be responsible for compiling, maintaining and updating a list of all known hazardous materials used on site by employees or contractors. The inventory shall be kept at each work location.

- Employees and contractors shall be allowed to review the inventory and obtain information at any time during their work shift. Supervisors shall be responsible to ensure the inventory is available at all times.
- When new chemicals are received designated employees will update the inventory as required, including the date the chemical was introduced. Supervisors will ensure that separate lists of hazardous chemicals used at each location are maintained and posted in individual work areas.
- Designated employees collect, manage, monitor and update inventory. Employees must first obtain approval from their supervisor for all new hazardous chemicals to be shipped or used by employees.

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Employee Training – Hazardous Chemicals

Any employee who is exposed or may be exposed to hazardous chemicals will receive training. Retraining will also be provided when a new hazard is introduced into the workplace or new hazard information becomes available for chemicals already in use. Supervisors will receive additional training on chemical hazards and protective measures so they can monitor staff and provide appropriate safety advice.

Hazcom training will include but not be limited to:

- Overview of OSHA's Hazard Communication Standard
- Description of the physical risks of chemicals used such as fire or explosion
- Description of the health risks, including the signs and symptoms of exposure and any medical conditions that might be aggravated by exposure
- Overexposure procedures
- Information on how to detect the presence of a hazardous chemical release such as the odor or visual appearance
- Description of protective measures against chemical exposure such as engineering and work practice controls
- Personal protective equipment (PPE) usage and maintenance
- Procedures for spills and leaks of hazardous substances
- How to read and interpret information on Hazcom 2012/GHS labels

Based on:

<https://worksafeky.com/wp-content/uploads/Sample-Hazard-Communication-Safety-Program.docx>



**University of Pikeville
Kentucky College of Osteopathic Medicine
Office of the Dean**

Alcohol at Restricted Events

Policy Contact: Student Affairs, Kentucky College of Osteopathic Medicine
Policy Category: Administration
Policy Number: 4.2 (f)
Review: Annually

Purpose

University of Pikeville – Kentucky College of Osteopathic Medicine (KYCOM) allows the use of alcoholic beverages on campus at approved restricted group events and under specific guidelines. This policy establishes criteria for responsible use of alcoholic beverages at approved KYCOM restricted events.

Policy

KYCOM is committed to maintaining a safe and inviting campus environment for its students, community members, and visitors. This policy provides a consistent approach to alcohol usage on campus, and adheres to federal, state, and local laws/ordinances. All persons present at restricted KYCOM group events must comply with all Kentucky laws, and the policy rules outlined below:

1. Organizations desiring to offer alcoholic beverages at restricted events must request approval from Student Affairs via the online form, no later than 30 days prior to the scheduled event. Only requests made by an officer of an organization recognized by Student Affairs will be considered.
2. Unless otherwise requested in writing and approved by the Dean of KYCOM, provision and/or use of alcoholic beverages is limited to wine and beer;
3. The student organization hosting the event must provide Student Affairs with a guest list prior to the event;
4. Student organizations may not use organizational funds to purchase alcohol for events;
5. Non-alcoholic beverages must also be available at restricted events, and must be featured as prominently as alcoholic beverages throughout the event;
6. Food items, must be available throughout the event;
7. All alcoholic beverages must be served by a designated vendor/bartender, licensed to sell and serve alcohol in the state of Kentucky;
8. Outside containers are strictly prohibited at all KYCOM restricted events where alcoholic beverages may be served;
9. All containers containing alcoholic beverages must remain at the event location;

General Disclaimer:

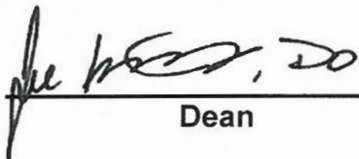
The information available is not to be treated as a contract, but rather a unilateral statement of policy. The university reserves the right to revoke, modify or suspend any of its policies and procedures at any time without notice.



**University of Pikeville
Kentucky College of Osteopathic Medicine
Office of the Dean**

10. KYCOM representatives are strictly prohibited from serving and/or receiving payment for alcoholic beverages and may not purchase/provide alcoholic beverages for direct consumption;
11. The organization responsible for the event must provide Student Affairs with a list of event monitors (1 per 50 attendees) that are not permitted to consume alcoholic beverages prior to or during the event;
12. Alcoholic beverages must be ceased from being served no later than 1 hour prior to the end of the event;
13. A designated driver program is advisable and recommended.

The Graduate and Health Professions Office of Student Affairs is responsible for reviewing and approving the provision of alcoholic beverages at restricted events hosted by KYCOM student organizations. Examination schedules, practical's, and other academic considerations will take precedence and be reviewed prior to the approval of any KYCOM hosted event. The student organization hosting the event assumes the responsibility for compliance with all applicable laws, ordinances and university policy. Violation of this policy may constitute misconduct and may result in disciplinary action.



Dean

November 19, 2021

Last Approved Date

General Disclaimer:

The information available is not to be treated as a contract, but rather a unilateral statement of policy. The university reserves the right to revoke, modify or suspend any of its policies and procedures at any time without notice.

EARTHQUAKE EMERGENCY ACTION PLAN

This Emergency Action Plan (EAP) outlines the appropriate actions that employees, students, and visitors at UPIKE-KYCOM should take before, during, and after an earthquake.

Why have an earthquake EAP for Kentucky?

Earthquakes have occurred in and around Kentucky in the past and continue to occur.

The strongest historic earthquake recorded inside Kentucky's borders was the magnitude 5.2 Sharpsburg earthquake of July 27, 1980, in Bath County. The quake caused an estimated \$3 million in damage in Maysville.

The 2012 Perry County earthquake (magnitude 4.2) caused minor damage to the Letcher County Courthouse in southeastern Kentucky.

The most significant earthquakes to have affected Kentucky occurred from December 1811 to February 1812 in the New Madrid Seismic Zone. At least three large earthquakes, each estimated to have been greater than magnitude 7, occurred during that period. Though the state was sparsely settled then, these earthquakes affected the whole commonwealth. The New Madrid Seismic Zone is the most active seismic zone in the central and eastern United States, and a repeat of earthquakes with the same magnitude as the 1811-12 earthquakes could cause significant damage in Kentucky.

Source: *Earthquake, Kentucky Geological Survey, University of Kentucky (uky.edu)*

Preparing for an Earthquake:

Earthquakes cannot be predicted. The following are best practices to prepare for earthquakes:

- Consider maintaining an emergency supply kit for your office. Recommendations on contents can be found at <http://emergency.cdc.gov/disasters/earthquakes/supplies.asp>
- Store heavy or breakable objects in closed cabinets, as low as possible.
- Secure refrigerators, book shelves, appliances, bookcases and other heavy items to walls to prevent them from falling during an earthquake.
- Evaluate where hanging objects are placed. Mirrors, pictures, or other hangings near seating or sleeping areas could fall and cause injury. Arrange these items so they do not pose a fall hazard to those below.

- Participate in the nationwide annual earthquake drill, “The Great Shakeout” to learn how to drop, cover, and hold on.

Procedures during an Earthquake:

- If **inside** when the shaking starts:
 - Drop, cover, and hold on. Move as little as possible.
 - If you’re in bed, stay there. Curl up and hold on. Protect your head with a pillow.
 - Stay away from windows to avoid being injured by shattered glass.
 - Stay indoors until the shaking stops and you are sure it is safe to exit. If you must leave the building after the shaking stops, use stairs rather than an elevator in case there are aftershocks, power outages, or other damage.
- If **outside** when the shaking starts:
 - Find a clear spot and drop to the ground. Stay there until the shaking stops (away from buildings, power lines, trees, streetlights).
 - If you are in a vehicle pull over to a clear location and stop. Avoid bridges, overpasses and power lines, if possible. Stay in your vehicle until the shaking stops. Then, drive carefully, avoiding bridges and ramps that may have been damaged.
 - If a power line falls on your vehicle, do not get out. Call 911 and wait for assistance.

After the Earthquake:

Once the earthquake has stopped:

- Exit the building if safe to do so and move to the designated assembly area.
- If the building loses power during the earthquake and you are unable to safely navigate your way out of the building due to low visibility; remain in place and notify UPIKE Public Safety of your location or dial 911.
- Move to the designated assembly area and take account of your co-workers, students, and peers; report missing persons to UPIKE Public Safety.

- Do not re-enter any building until it is cleared by UPIKE Public Safety, Physical Plant, emergency response personnel (police / fire / EMS), Environmental Health and Safety, or another university official.
- The university will assess buildings for damages, chemical and physical hazards, and utility failures prior to authorizing re-occupancy of buildings. If you witness trapped or injured people, contact UPIKE Public Safety or dial 911.
- Never re-enter a building that appears to have structural damage.

Consider the following after an earthquake:

- Limit cell phone usage to text messaging only to allow emergency response communications to function properly.
- Monitor Bear Alert for updates.
- Remain aware of the potential for aftershocks to occur in the days or weeks following the initial earthquake. Aftershocks are typically less severe than the initial earthquake but can still result in significant damage.
- Buildings, parking structures, and roadways may remain closed for a period of time following an earthquake while damage assessments and repairs are conducted.
- Be aware that utilities such as gas, power, and water lines may be damaged. If you are aware of a gas leak, power outage, utility failure, or other building damage, report the issue to UPIKE Public Safety.

Weather Emergency

KYCOM is committed to protecting students, faculty, staff, and guests from all types of hazardous weather including, but not limited to, tornadoes, severe thunderstorms, flooding, extreme heat, and winter weather. KYCOM encourages all students, faculty, staff, and guests to be aware of changing weather and prepared to take appropriate safety precautions, as needed, for their specific location.

The National Weather Service (NWS) provides alert and warning information through weather.gov and maintains a listing of third-party sources that can deliver email and SMS weather alerts to individual subscribers' smartphone and electronic devices. Additionally, most cell phones are equipped with Wireless Emergency Alerts (WEA), which are free, text-like notifications that inform subscribers of a dangerous situation.

The university will monitor all weather conditions, and if warranted classes may be cancelled and/or the campus may be closed. Information regarding cancellation of classes or closing of the campus will be shared by Bear Alert and email. No notification of a change in the schedule indicates that that KYCOM will operate as usual. Decisions regarding alterations of class schedules due to extreme weather will be made by the President of the University in conjunction with the Chief of Public Safety.

Fire

If you discover a fire, alert those closest to the fire and evacuate. If safe to do so, pull the fire alarm as you evacuate. Once outside of the building, call 911 and notify UPIKE Public Safety.

Actions – Remember R-A-C-E

- R – REMOVE anyone in immediate danger
- A – Alarm – Pull the fire alarm
- C – Contain the fire by closing windows and doors
- E – Evacuate the building

When you hear a fire alarm:

- Do not ignore a fire alarm.
- Close, but do not lock doors.
- Evacuate the building.
- Assist others in exiting the building.
- Do not use elevators.
- Avoid smoke-filled areas.

Safe evacuation techniques

- Feel the door from top to bottom using the backside of your hand, if it is hot do not proceed.
- If the door is cool, crouch low and open the door slowly. Close the door quickly if smoke is present.
- If no smoke is present, exit the building using the nearest stairwell or exit.
- If heavy smoke is encountered in a stairwell, go back and try another stairwell.
- Gather outside at a safe distance from the building.

Lockdown

A lockdown will be initiated when there is a violent or dangerous situation that poses an immediate serious threat to campus. This includes situations occurring in the area surrounding campus.

Actions:

- All exterior doors will be locked to the outside, unless first responders direct otherwise.
- Lock doors to your immediate area.
- If your room cannot be locked, determine if there is a nearby location that can be reached safely and then secured.
- Turn off lights.
- Close interior blinds.
- Turn off computer monitors.
- Place cell phone in silent mode.
- Take cover behind heavy furniture.
- No one will be permitted to leave until first responders provide an all clear.
- If the threat is in the nearby area, but not on campus, monitors may be placed at doors to allow only authorized access.

Email/Cybersecurity Threat

Threats or harassment via email or other online interface may be directed at a specific individual, or it may be part of a larger cyber emergency. Email threats, like any other threats, should be taken seriously.

Immediate Response:

- Retain the message
- If physical harm is threatened, contact UPIKE Public Safety
- Contact the Information Technology Helpdesk
- Print a copy of the correspondence, making sure to include any associated information
- Take a screenshot or photograph of the displayed threat

Evacuation

An evacuation will be initiated when it is necessary for individuals to exit the building. Evacuations may affect only the Coal Building, or could be campus wide. Fire, bomb threat, hazardous material emergency, and power failures are examples of events that could trigger an evacuation.

Upon receipt of an evacuation notification you should:

- Turn off your computer if you have time
- Take personal items with you, time permitting
- Follow the map posted displaying the best route for evacuation
- Use the stairs, not the elevator
- Close all doors as you leave the area
- Assist anyone requiring extra assistance
- Do not go back into the building until directed to

Explosion

An explosion can be caused by a rapid expansion of gas from chemical reactions or incendiary devices. Signs of an explosion may be a very loud noise, a series of noises, and/or vibrations, fire, smoke, falling debris, or damage to the building.

Immediate actions in the event of an explosion:

- Take cover under tables, desks, or other object that can provide protection against falling debris.
- When safe to do so, evacuate the building as quickly as possible. If there is a fire remain low to the ground.
- Use stairs only.
- Assist others in evacuating the building.
- Activate a fire alarm.
- Move to a clear area at least 500 feet away from the building.
- Dial 911 to report the incident.
- Report any injured, missing, or trapped individuals to emergency personnel.
- If you become trapped, tap on a pipe or wall, and call out so that rescuers can find your location.
- Do not re-enter the building.
- Do not make rescue attempts, wait for emergency personnel.

Civil Unrest

A protest of public demonstration to display approval or disagreement with any topic will often be peaceful and non-obstructive. A protest should not be disrupted unless one or more of the following conditions exist, which indicate civil unrest on campus:

- Disruption of KYCOM's normal day to day operations.
- Obstruction of access to offices, buildings, or other campus facilities.
- Threat of physical harm to persons or damage to campus facilities
- Unauthorized entry into or occupation of any room, building, or campus area.
This includes improper use of KYCOM property, equipment, or facilities.

Immediate action

If any of the above conditions exist, UPIKE Public Safety should be notified.