Emergency Action Plan

I. Activation of EMS Procedures
   A. Check and treat for life-threatening situation
      1. Severe bleeding or blood loss
      2. Deep wounds
      3. Impaired circulation
      4. Spinal injury
      5. Neck injury
      6. Back injury
   B. Check airway, breathing, and circulation/control bleeding
   C. Secondary Survey: check vital signs
      1. Pulse
      2. Respiration
      3. Blood pressure
      4. Temperature
      5. Skin color
      6. Pupils
      7. State of consciousness
      8. Abnormal nerve response
      9. Movement
   D. Call EMS (911). Provide important information:
      1. Describe situation
      2. Type of suspected injury and vital signs
      3. Exact location
         Rio Tinto Stadium
         9256 South State Street
         Sandy, Utah 84070
      4. Injured person’s name and age
      5. Identify self
      6. Assign a look-out for ambulance
   E. Stabilization and immobilization of athlete/emergency splinting
   F. Manage and monitor situation
      1. Control bleeding
      2. Treat for shock
      3. Monitor vital signs
      4. Stay with injured athlete/help him/her to be comfortable
   G. Upon arrival of EMT
      1. Relate pertinent information
      2. Assist if needed

II. Situations that require EMS activation.
   A. Unconsciousness
   B. Shock
   C. Severe bleeding or blood loss
   D. Deep wounds impaired circulation
   E. Spinal injury
   F. Neck injury
   G. Back injury
   H. Breathing obstruction
   I. Lack of pulse
   J. Signs of heart attack

III. Emergency Telephone Numbers
    EMS ---------------------------------------------------------- 911
    Police ----------------------------------------------- 911
    Fire Department -------------------------- 911
    Hospital (Salt Lake Regional Medical Center)------------------ 801-350-4111
    Poison Control ------------------------------------------ 800-222-1222

IV Non-emergency telephone numbers
   Police---------------------------------------------------------- 801-568-2930
Emergency Action Plan

Fire Department---------------------------------- 801-568-7214
Head Trainer (Tyson Pace)----------------------  Cell: 801-819-6610
Assistant Trainer (Kevin Christen)--------------  Cell: 801-916-9897
Team Manager (Salvador Perez)-------------------Cell: 801-897-6957

Team Physician: Dr. Andrew Cooper (Orthopedic)-------------------Office: 801-533-2002
                                               Cell: 801-598-9725

Hospital:
Salt Lake Regional Medical Center------------------- 801-350-4111
1050 East South Temple                                          E.R. 801-350-4631
Salt Lake City, UT

Directions to Rio Tinto Stadium coming from the South:

Take 15 north to 9000 South, go east (Right) on 9000 South to State Street, go south (Right) on State Street to 9256 South State Street, ambulance entrance is on the south side of the stadium.

Directions to Rio Tinto Stadium coming from the North:

Take 15 south to 9000 South, go east (Left) on 9000 South to State Street, go south (Right) on State Street to 9256 South State Street, ambulance entrance is on the south side of the stadium.
Weber State University Bloodborne Pathogens Post-Exposure Procedures & Forms

Introduction
This information is designed to:

1. Assist WSU personnel and health care interns to respond correctly after an occupational exposure to human blood
2. Ensure compliance with the OSHA Bloodborne Pathogens Standard
3. Facilitate timely resolution of workers compensation claims resulting from exposures

What is an occupational bloodborne pathogen exposure?
An occupational bloodborne pathogen exposure is contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

What are the possible exposure methods?
Methods of exposure: An occupational exposure to human blood other potentially infectious material occurs in one or more of the following ways:

1. A stick with a contaminated sharp object (i.e., needle)
2. A splash to the eyes, nose, or mouth (i.e., mucous membrane)
3. A contact with non-intact skin (i.e., cut on hand)
4. Prolonged contact with intact skin

Post Exposure Procedures
Involving a needle stick or other potential exposure to a bloodborne pathogen by an employee, student intern, or assigned volunteer
Revised August 2003

1. Cleanse the wound and surrounding area with soap and water (for a needle stick), or flush eyes, nose or mouth with copious amounts of tap water (for a splash to the face).

2. Inform your supervisor or clinical instructor to call the appropriate infection control/blood exposure triage staff on duty, and alert them to expect you for immediate evaluation and treatment. (Evaluation must be completed within two hours of exposure. If the Health Care practitioner has any questions about the course of action or evaluation of the exposure potential, refer them to Dr. Chris Baliga, an infectious disease physician at McKay Dee Hospital. Dr. Baliga's 24-hour telephone number is (801) 387-7900.)

3. Report to the hospital triage staff according to where the exposure occurs:
   o On campus or in McKay-Dee Hospital:
     Report to the McKay-Dee Hospital Emergency Room, 4401 Harrison, and ask for the Health Coordinator, Natalie Kovack. Telephone (801) 387-7726.
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- Off campus exposure or in any other hospital:
  Report to the nearest hospital, and ask for the Blood Exposure Triage Staff.

4. Tell the triage staff you experienced an occupational blood exposure covered by WSU’s Workers Compensation Insurance. (Refer billing questions to the EH&S workers compensation coordinator at (801) 626-7547, 8:00 a.m. through 5:00 p.m., Monday through Friday.)

5. Request the source individual to complete the Consent or Refusal (By source individual) for HIV, HBV, and HCV Infectivity Testing form, if appropriate. (Once the source individual gives consent for testing, your department is responsible for coordinating blood testing.)

6. Inform the EH&S Specialist of your exposure as soon as possible at (801) 626-7823.

7. Complete the WSU Occupational Bloodborne Pathogens Exposure Incident form within 24-hours of your exposure, and send a copy to WSU EH&S, MC 3002.

If hospital triage personnel determine the risk is low, you may request follow up treatment IHC WorkMed (387-6151).
Follow up treatment should begin within 48 hours following exposure, and includes initial screening; counseling concerning risk, health, and relationships; and follow up testing.

Direct questions about these procedures to WSU’s Environmental Health and Safety Specialist, Telephone (801) 626-7823; fax (801) 626-8530; address: 3002 University Circle, Ogden, UT 84408-3002.

IHC WorkMed is WSU’s preferred Workers Compensation provider.

What are the exposed bloodborne individual's responsibilities?
The exposed individual is responsible for:

1. Becoming familiar with post-exposure procedures before an exposure occurs
2. Obtaining medical treatment and follow up. (See "Post Exposure Procedures" above)
3. Completing necessary forms
4. Notifying his/her supervisor or clinical instructor of your exposure

What are the responsibilities of the department?
The department is responsible for:

1. Disseminating post exposure information to faculty, staff, and interns who are at risk for exposures to human blood
2. Coordinating blood testing of the source individual once consent is given

What are the responsibilities of the supervisor?
The supervisor or clinical instructor is responsible to:

1. Becoming familiar with these procedures before an exposure occurs
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2. Knowing the location of the nearest health care provider able to perform post-exposure evaluation and treatment

3. Having available rapid access to the health care provider's telephone number

Forms

Forms are available for download at http://www.weber.edu/ehs/

- **Supervisor's Report of Incident**
  The supervisor or instructor of the exposed individual must complete and submit this form to EH&S within 24 hours following an occupational exposure to human blood or other bio-hazardous material.

- **Incident Information Form**
  The exposed individual must complete and submit this form to EH&S within 24 hours following an occupational exposure to human blood or other bio-hazardous material.

- **Source Individual's Consent or Refusal for Infectivity Testing Form**
  The individual whose blood or bio-hazardous material was involved in the occupational exposure (not the exposed individual) must complete and sign this form before submitting to testing.

- **Refusal of Post-Exposure Medical Evaluation Form**
  The exposed individual must complete this form only if refusing post-exposure medical evaluation by a health care professional.

- **A printable copy of the information on this page.**