

EMERGENCY PREPAREDNESS

Introduction

The following sections provide general safety guidelines and procedures for emergency preparedness. This chapter covers the following topics:

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Emergency Preparedness

An emergency consists of any situation that poses immediate and extreme danger to people, property, or processes. Because most emergencies are sudden, severe, and unexpected, it is extremely important to prepare ahead of time for a possible emergency. Proper preparation helps ensure safety and survival.

The Emergency Management section of the UT Arlington Police Department (UTAPD), is responsible for reviewing and updating the University's emergency response plans regularly. For more information regarding emergency preparedness is available on the [Emergency Management](#) website.

Emergency Assistance

Regardless of the type of emergency in progress, dial the UTAPD emergency number, 817-272-3003. Sound the fire alarm immediately to evacuate the building if smoke or fire is detected, or whenever a situation poses immediate danger to people, property, or processes. In addition, you may contact the City of Arlington emergency dispatcher by dialing 9-911 from a campus phone line or 911 from a cell phone.

Remain calm, notify others, and respond to the emergency as appropriate. Do not attempt to handle any emergency situation in which you do not have training (e.g., fire-fighting, first aid, spill response, etc.).

When you call to report an emergency, provide the operator with the following information:

- Building or area name
- Location
- Brief description of the emergency
- Your name

The following sections offer specific safety guidelines and procedures for handling different types of emergencies.

Bomb Threats

Bomb threats and other threats of violence are serious emergencies that require prompt attention. The following sections offer guidance for handling bomb threats.

How to Handle a Threatening Phone Call

If you receive a bomb threat over the phone, remain calm and act courteous. If feasible, notify another person to listen on another extension. Take notes on the caller's threat, tone, voice characteristics, and background noise. If the caller seems talkative, ask questions such as the following:

- When will the bomb go off?
- How much time remains?
- Where is the bomb located?
- What kind of bomb is it?
- How do you know about this bomb?
- What is your name?
- Do you know there are people in the building who could be hurt or killed?

IMPORTANT:

If you receive a threatening phone call, remain calm and take notes. Try to find out as much as possible about the caller and threat.

The following is an example of sounds to note while the caller is on the phone:

Caller's Identity

Male / Female
Approximate Age

Voice Characteristics

Loud Voice / Soft Voice
High Pitched Voice / Low Pitched Voice
Intoxicated

Accent

Local Accent / Foreign Accent

Speech

Fast Speech / Slow Speech
Distinct Speech / Slurred Speech
Nasal Speech / Lisp Speech
Normal Speech

Manner

Calm / Angry
Rational / Irrational
Coherent / Incoherent
Emotional / Laughing

Language/Grammar

Excellent Grammar
Fair Grammar
Foul Grammar

Good Grammar
Poor Grammar

Background Noises

Voices in Background
Animals in Background

Music in Background
Street Traffic in Background

Notify UTAPD immediately of the bomb threat using their emergency number, 817-272-3003.

UTAPD Response to Bomb Threats

UTAPD regards all bomb threats as serious. After learning of a bomb threat, the UTAPD notifies administration and other key personnel. UTAPD will proceed according to their bomb threat procedures, which may include searching the building, including trash cans and restrooms, for anything "suspicious" or "out of the ordinary." After interviewing the person who received the bomb threat, UTAPD will determine what corrective action to take.

UTAPD has the authority to evacuate a building if circumstances warrant this precaution. Building evacuations may be conducted by sounding the fire alarm. If a fire alarm is used in response to a bomb threat, UTAPD will advise Environmental Health & Safety (EH&S).

Handling Suspicious-Looking Items

If you locate a suspicious-looking item, do not handle the item. Clear the area of personnel and notify the UTAPD immediately using their emergency number, 817-272-3003.

Emergency Power

Some buildings on campus provide automatic emergency power during electrical outages. The emergency power only supports essential life safety equipment such as elevators, outlets for essential equipment and machinery. Contact the Office of Facilities Management (OFM) to determine if other emergency outlets are located in your work area.

Evacuation Plans

A written evacuation plan for emergencies is essential for each major University building. Evacuation exercises are particularly important for student residence facilities. Studies show that when occupants discuss, plan, implement, and practice evacuation plans, they are better able to protect themselves and others.

[Evacuation Route Maps](#) for campus buildings can be located on the [Fire & Life Safety page](#) of the [EH&S website](#).

First Aid & Medical Emergencies

The primary objective of first aid is to save lives. First aid training can help treat and/or prevent further complications from sudden illness or accidental injury. This information will help in aiding those in need.

People who provide first aid must remember the following:

- Get help immediately by calling the UTAPD emergency line, 817-272-3003.
- Avoid panic and inspire confidence.
- When performing first aid, ensure that patients are conscious and breathing.
- Preventing heavy blood loss will help prevent shock.
- Do only what is necessary until Emergency Medical Services (EMS) arrives on scene.

The following sections provide general information for handling common injuries and illnesses.

Cardio-Pulmonary Resuscitation (CPR)

When a person stops breathing, immediate assistance is necessary. If the person stops breathing due to choking, follow the first aid instructions for choking victims. If the person stops breathing due to a hazardous atmosphere, move the victim to fresh air immediately.

IMPORTANT:

Always wear personal protective equipment when entering hazardous atmospheres. Do not attempt a rescue without adequate protection or proper training.

NOTE:

Someone formally trained in CPR should provide assistance to victims who are not breathing and victims who do not have a pulse.

Hands-Only CPR for Adults

1. Check Responsiveness:

- Tap the person's shoulder and shout, "Are you OK?"
- Look for normal breathing. Call 817-272-3003 if there is no response start Hands-Only CPR.

Hands-Only CPR should not be used for adults whose cardiac arrest is due to drug overdose, near-drowning, or an un-witnessed cardiac arrest. In these cases, do a conventional CPR combination of chest compressions and rescue breathing.

2. To Administer Chest Compressions:

- Place the heel of your hand on the center of the person's chest.
- Place the heel of your other hand on top of your first hand, lacing fingers together.
- Keep arms straight and your shoulders directly over your hands.
- Push hard and fast, compressing chest at least 2 inches.
- Let chest rise completely before pushing down again.
- Compress at least 100 times per minute.

3. Stop Only if:

- The person starts breathing normally.
- A trained responder or emergency help takes over.
- You are too exhausted to continue.
- There is an automated external defibrillator (AED) to use.

4. Use an AED As Soon As It Is Available:

- Turn on the AED. It will give you step-by-step instructions.
- Wipe the chest dry.
- Attach the pads.
- Make sure surrounding area is dry.
- Make sure no one is touching the person.
- Push the "Analyze" button if necessary.
- If a shock is advised, push the "Shock" button.
- Resume compressions and follow AED prompts.

Choking

If the Person Is Conscious but Not Able to Breathe or Talk:

1. Give Back Blows:

- Give up to 5 blows between the shoulder blades with the heel of your hand.

2. If Person Is Still Choking, Do Thrusts:

If the person is not pregnant or obese, do abdominal thrusts:

- Stand behind the person and wrap your arms around the waist.
- Place your clenched fist just above the person's navel. Grab your fist with your other hand.
- Quickly pull inward and upward.
- Continue cycles of 5 back blows and 5 abdominal thrusts until the object is coughed up or the person starts to breathe or cough.
- Take the object out of his mouth only if you can see it. Never do a finger sweep unless you can see the object in the person's mouth.

If the person is obese or pregnant, do high abdominal thrusts:

- Stand behind the person, wrap your arms around them, and position your hands at the base of the breast bone.
- Quickly pull inward and upward.
- Repeat until the object is dislodged.

3. Give CPR, if Necessary:

- If the obstruction comes out, but the person is not breathing, or if the person becomes unconscious, start CPR.
- When emergency medical personnel arrive, they will take over and may do CPR or take the person to the hospital, if needed.

Bleeding Cuts or Wounds

1. Stop Bleeding:

- Apply direct pressure on the cut or wound with a clean cloth, tissue, or piece of gauze until bleeding stops.
- If blood soaks through the material, don't remove it. Put more cloth or gauze on top of it and continue to apply pressure.
- If the wound is on the arm or leg, raise limb above the heart to help slow bleeding.
- Wash your hands again after giving first aid and before cleaning and dressing the wound.
- Do not apply a tourniquet unless the bleeding is severe and not stopped with direct pressure.

2. Clean Cut or Wound:

- Gently clean with soap and warm water. Try to rinse soap out of wound to prevent irritation.
- Don't use hydrogen peroxide or iodine, which can damage tissue.

3. Protect the Wound:

- Apply antibiotic cream to reduce risk of infection and cover with a sterile bandage.
- Change the bandage daily to keep the wound clean and dry.

4. When to Call for EMS:

- The wound is deep or the edges are jagged or gaping open.

- The wound is on the person’s face.
- The wound has dirt or debris that won’t come out.
- The wound shows signs of infection, such as inflammation, tenderness, or a thick discharge, or if the person runs a temperature over 100° F.
- The area around the wound feels numb.
- Red streaks form around the wound.
- The person has a puncture wound or deep cut and hasn’t had a tetanus shot in the past five years, or anyone who hasn’t had a tetanus shot in the past 10 years.

Shock Treatment

1. Lay the Person Down, if Possible:

- Elevate the person's feet about 12 inches unless head, neck, or back is injured or you suspect broken hip or leg bones.
- Do not raise the person's head.
- Turn the person on side if he or she is vomiting or bleeding from the mouth.

2. Begin CPR, if necessary. If the person is not breathing or breathing seems dangerously weak:

- For a child, start CPR for children.
- For an adult, start adult CPR.
- Check breathing every 5 minutes until help arrives.

3. Treat Obvious Injuries.

4. Keep Person Warm and Comfortable:

- Loosen restrictive clothing.
- Cover with coat or blanket.
- Keep the person still. Do not move the person unless there is danger.
- Reassure the person.
- Do not give person anything to eat or drink.

Seizures Treatment

Seizures need emergency care unless you know the person has a history of seizures and can be treated for a brief seizure at work.

1. Prevent Choking:

- Loosen clothing around the person's neck.
- Roll the person on his or her side to keep the airway open.
- Don't put anything into the person's mouth.

2. Protect From Injury:

- Move sharp objects, such as glassware or furniture, away from the person.
- Ask bystanders to give the person room.
- Do not restrain or hold down the person.

3. Treatment:

- If the person has a history of seizures, he or she may have medications to treat them. Give the medications according to the prescribed directions.
- Medications or brain imaging may be needed at the hospital.
- Stay with the person until emergency help arrives.

Eye Injury Treatment

1. For chemical exposure:
 - Do not rub eyes.
 - Immediately wash out the eye with water. Use whatever is closest—eye wash station, water fountain, shower, or garden hose.
 - Get medical help while you are doing this, or after 15 to 20 minutes of continuous flushing.
 - Do not bandage the eye.
2. For a blow to the eye:
 - Apply a cold compress, but don't put pressure on the eye.
 - Patient may take over-the-counter acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain.
 - If there is bruising, bleeding, change in vision, or the eye hurts when it moves, seek medical assistance right away.
3. For a Foreign Particle in Eye:
 - Do not allow the patient to rub their eye.
 - Have patient pull the lower lid down and blink repeatedly.
 - If particle is still there, rinse with eyewash.
 - If rinsing doesn't help, close eye, bandage it lightly, and seek medical help.

Poisoning Treatment

Call 817-272-3003 if the person:

- Has collapsed
- Has stopped breathing or is having trouble breathing
- Is having a seizure or convulsions
- Is unconscious or not alert

If the person is alert and has done any of the following, call the Poison Control Center at 1-800-222-1222:

- Swallowed too much medicine or the wrong kind
- Inhaled poison
- Got poison on the skin or in the eye
- Swallowed a household product or other chemical
- Treat symptoms as directed

Thermal Burns Treatment

For All Burns:

1. Stop Burning Immediately.
 - Put out fire or stop the person's contact with hot liquid, steam, or other material.
 - Help the person "stop, drop, and roll" to smother flames.
 - Remove smoldering material from the person.
 - Remove hot or burned clothing. If clothing sticks to skin, cut or tear around it.
2. Remove Constrictive Clothing Immediately.
 - Take off jewelry, belts, and tight clothing. Burns can swell quickly.

For First-Degree Burns (Affecting Top Layer of Skin):

1. Cool Burn:

- Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.
- Use compresses if running water isn't available.

2. Protect Burn:

- Cover with sterile, non-adhesive bandage or clean cloth.
- Do not apply butter or ointments, which can cause infection.

3. Treat Pain:

- Give over-the-counter pain reliever such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or naproxen (Aleve).

4. Seek medical help if:

- You see signs of infection, such as increased pain, redness, swelling, fever, or oozing.
- The person needs tetanus or booster shot, depending on date of last injection. Tetanus booster should be given every 10 years.
- Redness and pain last more than a few hours.
- Pain worsens.

For Second-Degree Burns (Affecting Top 2 Layers of Skin):

1. Cool Burn:

- Immerse in cool water for 10 or 15 minutes.
- Use compresses if running water isn't available.
- Don't apply ice. It can lower body temperature and cause further damage.
- Don't break blisters or apply butter or ointments, which can cause infection.

2. Protect Burn:

- Cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.

3. Prevent Shock:

- Unless the person has a head, neck, or leg injury, or it would cause discomfort:
 - Lay the person flat.
 - Elevate feet about 12 inches.
 - Elevate burn area above heart level, if possible.
 - Cover the person with coat or blanket.

For Third-Degree Burns:

1. Call 911

2. Protect Burn Area:

- Cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that that won't leave lint in wound.
- Separate burned toes and fingers with dry, sterile dressings.
- Do not soak burn in water or apply ointments or butter, which can cause infection.

3. Prevent Shock

- Unless the person has a head, neck, or leg injury or it would cause discomfort:
 - Lay the person flat.
 - Elevate feet about 12 inches.

- Elevate burn area above heart level, if possible.
- Cover the person with coat or blanket.
- For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.
- Have a person with a face burn sit up.
- Check pulse and breathing to monitor for shock until emergency help arrives.

Chemical Burns and Chemical Splashes

1. Protect Yourself:

- Put on gloves or apron, if possible.
- Avoid exposing yourself to chemicals.

2. Rinse and Clear Burn Area:

- Flood area with cool water for at least 20 minutes or until help arrives (use an emergency shower or sink if available).
- Make sure water doesn't flow onto another part of the person's body or onto you.
- If possible, don't use a strong stream of water.
- As you flush burn (not before), remove jewelry or articles of clothing with chemical on them, unless they're stuck to the person's body.
- After flushing the burn, follow instructions on the label of the chemical product, if available.
- Don't try to neutralize the burn with acid or alkali. This could cause a chemical reaction that would worsen the burn.
- Do not put antibiotic ointment on the burn.

3. Cover a Small Burn Area:

- You can wrap a small burn with dry, sterile gauze or clean cloth.

Insect Sting Allergy Treatment

If the person does not have severe allergy symptoms:

1. Remove the Stinger:

- Scrape the area with a fingernail or use tweezers to remove it.
- Don't pinch the stinger - that can inject more venom.

2. Control Swelling:

- Ice the area.
- If stung on the arm or leg, elevate it.
- Remove any tight-fitting jewelry from the area of the sting. As it swells, rings or bracelets might become hard to get off.

3. Treat Symptoms:

- For pain, take an over-the-counter painkiller like acetaminophen or ibuprofen. Do not give aspirin to anyone under age 18.
- For itchiness, take an antihistamine. You can also apply a mixture of baking soda and water or calamine lotion.

4. Follow-Up:

- It might take 2-5 days for the area to heal. Keep it clean to prevent infection.

If the person does have severe allergy symptoms (anaphylaxis), call 817- 272-3003:

1. Seek emergency care if the person has these symptoms, or a history of severe allergic reactions (anaphylaxis), even if there are no symptoms:
 - Difficulty breathing or wheezing
 - Tightness in the throat or a feeling that the airways are closing
 - Hoarseness or trouble speaking
 - Nausea, abdominal pain, or vomiting
 - Fast heartbeat or pulse
 - Skin that itches, tingles, swells, or turns red
 - Anxiety or dizziness
 - Loss of consciousness

2. Inject Epinephrine Immediately
 - If the person has an anaphylaxis action plan from a doctor for injecting epinephrine and other emergency measures, follow it. Otherwise, if the person carries an epinephrine shot or one is available:
 - Inject epinephrine if the person is unable to.
 - If the person has a history of anaphylaxis, don't wait for signs of a severe reaction to inject epinephrine.
 - Read and follow patient instructions carefully.
 - Inject epinephrine into outer muscle of the thigh. Avoid injecting into a vein or buttock muscles.
 - Do not inject medicine into hands or feet, which can cause tissue damage. If this happens, notify emergency room staff.
 - The person may need more than one injection if there's no improvement after the first. For an adult, inject again after 10 to 20 minutes. For a child, inject again after 5 to 30 minutes.

3. Do CPR if the Person Stops Breathing
 - For a child, start CPR for children.
 - For an adult, start adult CPR.

Snake Bite Treatment

- Get Emergency Help

- For all but minor wounds:
 - Control Bleeding
 - Apply direct pressure to the wound
 - Keep the Person Warm
 - Treat Shock
 - If person has cool and clammy skin, weak and rapid pulse, nausea, or is faint or unconscious, see Shock Treatment.

- For Minor Injury:
 - Clean wound with soap and water, and cover.
 - Take the person to a medical clinic or emergency room for further cleaning.
 - Even a minor wound must be carefully cleaned to avoid infection.
 - Medical treatment will depend on the severity of the injury.

For a minor bite, the health care provider will clean the wound and may prescribe an antibiotic. For a serious injury, health care providers will stabilize the person's airway, breathing, and circulation. Surgery may be necessary.

Spill Response

Shops, labs, and areas with hazardous chemicals should have spill clean-up supplies on hand. Call EH&S at 817-272-2185 or UTAPD emergency, 817-272-3003, to report potential hazards from oil spills, fuel spills, chemical spills and other spills. EH&S has a Chemical Spill Response Team that is equipped and trained to handle spills.

See UT Arlington's [Laboratory Safety Manual](#) for more information on chemical or biological response procedures.

Weather Emergencies

Weather emergency concerns primarily include high winds, heavy rains, lightning, and tornadoes. The following sections provide general guidelines for handling various weather emergencies.

Heavy Rain/High Winds

Heavy rain and high winds provide dangerous driving conditions. Motorists should be aware of local weather conditions and avoid roads that tend to flood in heavy rains.

IMPORTANT:

Do not drive in flooded areas or attempt to cross moving water in an automobile. Moving water can easily capsize a car or truck and drown the victim. Avoid creeks, rivers, ditches, and flooded roads during heavy rains. Keep children from playing in these areas during inclement weather.

High winds can topple trees, outdoor equipment, and electrical lines. Avoid downed power lines and notify the utility company of power outages. If an electrical line falls across your car, do not move the car or try to get out. Stay where you are until help arrives.

Lightning

Lightning is nature's worst destroyer. A typical lightning bolt contains several hundred million volts at 30,000 or more amperes.

- Lightning need not strike a person directly to be dangerous.
- Lightning can crash down from a virtually clear sky.
- Stay away from open doors or windows during an electrical storm.
- Avoid using the telephone or television set and keep clear of all metal objects such as pipes and electrical appliances during a storm.
- Do not go outside.

If you find yourself caught in a storm away from a protected building:

- Avoid tree lines.
- Stay away from unprotected storm shelters.
- Stay away from flag poles, towers, and metal fences.
- Do not wade, swim, or go boating in a thunderstorm.
- A closed automobile provides a protective metal shell.
- If caught in the open, stay low.

Tornado

Tornadoes produce violent winds that can damage homes, vehicles, people, and wildlife. The primary dangers associated with tornadoes are high winds and flying debris. Severe thunderstorms and hail commonly precede a tornado. A dark funnel cloud or roaring noise (similar to a train) is evidence of an actual tornado.

A **tornado watch** is issued when weather conditions are ideal for a tornado to form.

A **tornado warning** is issued when a tornado is actually identified in the immediate vicinity.

- If a tornado warning is issued, seek shelter immediately.
- Stay away from windows, doors, and outside walls.
- Do not drive to shelter, unless you are already in a vehicle when the warning is issued. Drive to the nearest building or seek shelter in a ditch or ravine.
- Never try to outrun a tornado in your vehicle.
- If you are in a school, hospital, factory, shopping mall, or other public area, go to the designated shelter area. Interior halls on the lowest floors are usually best.
- If you are at a home or in a building, go to an interior room on the lowest level (e.g., bathroom, closet, hall, etc.). Get under a piece of sturdy furniture if possible.

Winter Weather

Wear appropriate clothing for local weather conditions and keep your vehicle in good working order. If the roads become slick with ice, use extreme caution or avoid driving.

- Slippery streets increase stopping distances. Drive slowly in winter weather.
- Choose shoes that provide the best footing for the weather.
- Clear walkways and steps of snow and ice. Use handrails where available.
- Clean snow and ice from all vehicle windows before attempting to drive.