Facility Information
- Location: 2nd Floor CVS, 1621 SW 13th Street, Gainesville, FL 32608
- Phone Number: 352-733-1161 (staff typically available M-F during normal business hours)

Emergency Phone Numbers
- Gainesville Fire Departments
  - Gainesville Fire Rescue Stations
    - Phone: 352-334-5078
    - Address: Multiple Locations
  - Alachua County Fire Station 10
    - Phone: 352-384-3101
    - Address: 930 SE 5th St, Gainesville, FL 32601
- Gainesville Police
  - Phone: 352-393-7500
  - Address: 545 NW 8th Ave, Gainesville, FL 32601

Emergency Action Procedures
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MEDICAL EMERGENCIES

Heart attack, loss of consciousness, large loss of blood, serious accident or seizure, fall

1. **CALL 911 IMMEDIATELY**

2. Provide the following information to emergency dispatch
   a. Nature of medical emergency
   b. Location of the emergency (address, building, room number)

   2nd Floor CVS
   1621 SW 13th Street
   Gainesville, FL 32608
   c. Your name and phone number from which you are calling

3. **BRING AED TO PATIENT IN CASE NEEDED OR IF PATIENT’S STATUS DECLINES QUICKLY**

4. **MEET EMS AT CVS DOOR DOWNSTAIRS**

5. Faculty/CI and students that are Basic Life Support (BLS) Certified must assist patient until emergency medical staff has arrived on scene

6. Move patients and other students away from the area for crowd control around the medically compromised patient

7. Do not move victim unless absolutely necessary

8. Continue monitoring patients VITAL SIGNS until EMS arrives

9. If patient is conscious, ask about the following and write information down to give to EMS
   a. Last intake of food/drink
   b. Allergies
   c. Medications
   d. Current/past medical conditions

**Information might not be possible to gather when EMS arrives if patient starts to decline in status**

10. **DO NOT GIVE PATIENT FOOD OR WATER**

11. If BLS personnel is not available, attempt to provide the following assistance to the patient:
   a. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids, use PPE)
   b. Clear the air passages using the Heimlich Maneuver in case of choking
   c. In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment.
       Attempt first aid ONLY if trained and qualified.

**First Aid Kit is labeled and located in the bottom drawer of the cabinet at the computer station in the large classroom**

Incident report: To be completed by one individual that witnessed or was involved with the emergency situation.

EXTENDED POWER OUTAGE
In the event of extended power loss to CLC, the following measures will be taken to protect patients, students, and the facility:

**Upon extended power loss:**
- Hand out flashlights to faculty *(flashlights located in bottom drawer under printer at front desk)*
- Call GRU to report power outage

**Name of Electric Company:** GRU  
**Phone Number for Power Outages:** 352-334-2871

**If weather permits, Faculty must:**
- Get a headcount for all patients and specifically which patients will need assistance with stairs
- Identify students to coordinate an orderly evacuation of all patients
- After patients have been evacuated, all appliances should be unplugged until power loss is resolved.
  - Treadmills and all gym equipment
  - Computers and projectors
  - All high/low tables

**Check Elevator for Vacancy:**
In order to ensure the safety of patients, students, and faculty in the chance that someone is in the elevator during a power loss – knock on both elevator doors and listening for sounds of someone in the elevator
- If anybody is stuck in elevator have them press the emergency call button
- This help button will dial 911 *(The elevator is inspected monthly, by a 3rd party elevator company)*

**FIRE**

**A. Response** – If anybody discovers smoke or fire she/he shall take four basic steps in following R*A*C*E

a. **Rescue** – Protect life; rescue and remove anyone from immediate danger and move to a safe place by evacuation from the building.

b. **Alarm** – Pull the nearest fire alarm pull station. All fires or suspicion of fires must be reported. Do not delay in sounding the alarm by activating a pull station, **CALL 911**

c. **Confine the Smoke** – Close all doors and windows that do not close automatically upon activation of the alarm.
   - i. Prevent the spread of smoke by using linens, to seal the opening at the bottom of the doors
   - ii. Use fire extinguisher if properly trained. These may be used on smaller fires only, such as a fire in a trash can or microwave.

d. **Evacuate** – Building evacuation should begin when any audible fire alarms are initiated (see evacuation plan below)
   - i. Ambulatory patients, visitors and staff on all floors should be instructed to evacuate
   - ii. Non-ambulatory patients may need to be carried or assisted down the stairs
   - iii. Elevators should not be used for evacuation purposes unless directed and accompanied by the fire department
EXTREME WEATHER

Check Alert Alachua website (on mobile phone) for emergency weather update

Severe Thunderstorm/Tornado/Hurricane Warning in Immediate Area/ Alachua County
- Move patients/visitors as far away from outside walls and windows as possible
- Minimize activity near outside walls and windows
- Call 911 for emergency personnel to assist with proper evacuation or follow instructions given by dispatch

DISRUPTIVE INDIVIDUALS

a. Attempt to de-escalate the situation. Remain calm and speak calmly. Notify faculty member to assist with the situation.
b. Call 911 if there is escalation of the situation

BOMB THREAT

Any person who receives a bomb threat shall take the following measures
a. DO NOT hang up on caller and speak calmly.
b. Write down incoming phone number, from caller ID.
c. If another person is close by, notify them and tell them to call 9-1-1.
d. Keep the caller on the line.
e. Be polite and ask:
   i. Where is the bomb located?
   ii. When will it go off?
   iii. What does it look like?
   iv. What kind of bomb is it?
   v. What will make it to explode?
   vi. Did you place the bomb?
   vii. Why?
   viii. What is your name?
f. Attempt to identify characteristics of the caller and their location (age, gender, voice characteristics, and background noise).
g. After the call, ensure 9-1-1 was notified.
h. Public safety officials will decide when and if to evacuate.
i. After receiving a threat, CALL 911 immediately and follow all commands given by the security dispatch and active the plan given
j. Then activate the fire alarms (see map A)
k. Evacuate Building
WEAPON OR HOSTAGE SITUATION

If an active shooter is reported or encountered: Decide – Run. Hide. Fight.

RUN - If the shooter’s location is known and the opportunity to escape is available, flee the area.
  e. Exit out emergency exit if safe to do so (see facility map)
  f. Once outside, CALL 911 immediately and follow plan from dispatch
  g. If you are outside near the threat, find cover immediately!
  h. DO NOT pull the fire alarm to alert others of an active shooter.
  i. Keep your hands empty and visible and follow all instructions from public safety officials.

HIDE - If you are inside a building and the assailants(s) location is unknown, secure patients and self in
a hiding spot under table or behind partition if necessary and deny access.
  a. Lock and barricade doors with heavy furniture.
  b. Block windows.
  c. Turn off lights.
  d. Stay away from doors or windows.
  e. Turn off radios and computer monitors.
  f. Keep yourself out of sight (take cover using concrete walls or heavy furniture if possible).
  g. Silence your cell phone.
  h. Without jeopardizing safety, call or text 9-1-1 (if you cannot speak, leave the line open and
     allow the dispatcher to listen).

FIGHT - As a last resort and only if your life is in immediate danger, defend yourself.
  a. Work as a group if possible.
  b. Improvise weapons.
  c. Commit to your actions.

Stay in safe space until emergency personnel arrives

EMERGENCY EQUIPMENT

  a. Fire extinguishers
  b. Fire alarm
  c. AED
  d. First Aid kit
EVACUATION

Evacuation Plan

a. Evacuate classroom
b. Assist patients or others needing assistance safely down stairs by the main entrance or emergency exit of classroom if safe to do so (see map A for emergency exits)
c. Do NOT use elevator under any circumstances
d. Have everybody exit the classroom and meet in nearby parking lot to designated evacuation zone (see map B below)
e. Look around and make sure that classmates, faculty, patients are all out safely that were inside the building and notify emergency personnel if anybody was trapped or still inside the building

Map A: Emergency exits
CLC ACCIDENT/INCIDENT REPORT FORM

Date of incident: _______________ Time: ________ AM/PM
Name of injured person: ____________________________________________________
Address: ________________________________________________________________
Phone Number(s): ___________________________ Date of birth: ______________
Male ______ Female _______ Non-binary _______
Type of injury: ____________________________________________________________
Details of incident: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Injured person is a UF employee: Yes   No

Incident requires immediate medical attention (ambulance transport, ER, urgent care referral): Yes   No

Injured person declined immediate medical attention: Yes   No
Injured person ambulance transport: Yes   No

If injured person receives/accepts immediate medical attention:
Name of Medical Facility/Provider:_____________________________________________
Address: _________________________________________________________________
Facility phone number: ______________________________________________________
Details of injured person per patient:____________________________________________
________________________________________________________________________
________________________________________________________________________

Witnesses (Please describe role: student physical therapist, supervising faculty member, etc.):
________________________________________________________________________
________________________________________________________________________

Name of injured party (Print)_______________________________ Date ______________
Name/Signature of witness _________________________________________________
Name/Signature of supervising faculty member____________________________________

This report must be submitted by 9PM EST to the Director of Physical Therapist Education on the day of the incident.