

MEDICAL EMERGENCY

If a Medical Emergency (Injury or Illness) Occurs:

- Remain calm.
- Immediately report the situation to police. If the situation is life-threatening, dial **9-1-1** (or **9-9-1-1** from office phones). In all other cases, dial the police non-emergency number. If there are no telephones immediately available and it is safe to do so, send someone to request assistance. Provide the dispatcher/responders with the nature of the injury or illness and the location of the injured/ill person. Remain on the line or available to answer questions and provide other critical information.
- If it is safe to do so, provide first aid and appropriate care for the injured or ill person. Whenever possible, if blood, vomit, or other bodily fluids are present, avoid contact with these and use appropriate Personal Protective Equipment (gloves, mask, etc.). Do not move seriously injured people unless movement is necessary to protect them from immediate, life-threatening danger.
- Whenever possible, send someone to meet responding public safety personnel and guide them to the injured/ill person.

Additional procedures:

- In non-emergency situations when a District employee has been injured or becomes suddenly ill, refer the injured employee to the appropriate Worker's Compensation carrier for documentation and review.
- In emergency situations when a District employee has become injured or becomes suddenly ill, the employee must be professionally evaluated by paramedic personnel and/or transported to the appropriate hospital for treatment.
- In all cases where a District employee has become injured or becomes suddenly ill, ensure that the employee's supervisor is immediately notified. The supervisor shall ensure that the employee receives proper care and that the proper documentation is completed.
- In all cases where an Automated External Defibrillator has been utilized, the use must be reported to the District Emergency Services Coordinator.

If a Death (or Suspected Death) Occurs:

- Remain calm.
- Immediately report the situation to police by dialing 9-1-1 (or 9-9-1-1 from office phones). If there are no telephones immediately available and it is safe to do so, send someone to notify the police. Provide the

dispatcher/responders with the nature of the situation and the location of the person. Remain on the line to answer questions and provide other critical information.

- Keep others out of the immediate area and note the names of any persons present at the scene.
- Do not move, touch, or tamper with anything at the scene.
- Ensure that the site administrator and/or Public Information Officer (PIO) has been advised of the situation. The site administrator shall begin appropriate documentation of the incident for insurance purposes.
- Notification of serious injury or death shall be left to appropriately trained, designated personnel.
- In all instances of sudden death, the Contra Costa County Sheriff-Coroner's Department must be notified.

Other Procedures

The State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS form must be completed by the attendant staff member or responsible staff member for employees. A standard non-employee accident report form will be filed for non-employees.

Administration must provide injured employees with an EMPLOYEE'S CLAIM FOR WORKER'S COMPENSATION BENEFITS within 24 hours after the accident. Note: The Worker's Compensation form activates the Worker's Compensation process.

Automobile accident reports must be completed for accidents occurring on campus through District Police.

Automobile accidents occurring off campus with District vehicles will be subject to local law enforcement investigation and should be reported to the jurisdiction where the accident occurred.

The driver of a District or State Owned vehicle involved in an accident will record all pertinent information on the Accident Identification Card, Std Form 269, before leaving the scene of the accident. If another vehicle is involved the driver of that vehicle will be given the appropriate portion of Std Form 269. Blank Accident Identification Cards, Std Form 269, are kept in the glove box of each State owned vehicle.

All accidents which result in injury to any person other than a District employee, or which involve serious damage to private property must be reported immediately to the State Office of Insurance and Risk Management (916) 445-2184. Also the driver of the state owned vehicle must complete and submit

within 48 hours a Report of Vehicle Accident, Std. Form 270. If that person is unable to complete the form the immediate supervisor or person who authorized the employee to use the vehicle will ensure that the form is completed and inform the Auto Liability Self Insurance Unit of the Office of Insurance and Risk Management.

Preparedness/Mitigation Measures

To minimize the risk of injuries to persons or damage to property upon or within District facilities:

- Become familiar with the District Illness and Injury Prevention Plan (IIPP).
- Follow established safety rules, regulations, and procedures.
- Take appropriate levels of training in safety, first aid, use of an Automated External Defibrillator (AED) and Cardio-Pulmonary Resuscitation (CPR).
- Know the location of first aid kits and Automated External Defibrillators (AEDs).
- Keep adequate emergency supplies on hand.