

# Emergency Procedures for Department of Health Sciences in Bondurant Hall

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These procedures set forth the steps to be followed in the event of an emergency. It is important that all employees thoroughly familiarize themselves with this information. In any emergency situation, remain calm and dial 911.

## Accident/Medical Emergency

Staff personnel should always be courteous and helpful. Legally, a victim must give consent to an offer to help before a person trained in first aid begins to help him or her. If a victim is conscious, ask permission before helping him or her. Consent is assumed for a person who is unconscious, badly injured, or so ill that he or she cannot respond. While an individual is protected under the "Good Samaritan Act," the facility is not protected.

*Steps to follow for medical emergencies are:*

1. Remove the victim from the immediate danger zone (if possible).
2. Aid the individual. Do not administer medication unless directed to do so by the victim.
3. Call emergency personnel (call 911).
4. Document any assistance given and that which is refused.
5. Fill out the necessary accident report (attached) regardless of how minor the incident. Duplicate and forward the report to the Department of Environmental, Health, and Safety (EHS). All incidents involving serious bodily injury or death must be reported to EHS.
6. Do not transport the individual to a treatment center; offer instead to call a relative or other designated representative.

## Emergency Evacuation (Fire or Smoke Alarm)

*Steps to follow for evacuation are:*

1. Note all exits identified on the Bondurant Hall floor plan located across from the elevators. Faculty and staff should familiarize themselves and their students with these exits.
2. Upon notification of an emergency condition, assume that the emergency is real until you learn otherwise.
3. Warn others in the area and direct them to the closest exit.
4. Turn off potential hazards in your area (i.e., radios, computers, fans, and printers) and close the doors in your area.
5. Do not use the elevator.
6. Use caution when approaching doors. If the door is hot, chances are a fire will be on the other side. In this case, do not open the door.

7. If you encounter smoke, stay close to the floor. Crawl if necessary. Know alternate pathways of escape.
8. If you are physically impaired or unable to walk downstairs, call “911” to report your location and receive instructions from the Emergency Operator. If there is an immediate threat to life, ask others near you for assistance or seek refuge in one of the Areas of Rescue Assistance located in all stairway landings of Bondurant Hall.
9. Leave the building using the nearest exit to ground level. If the stairs are not usable because of an obstruction, use alternate pathways of escape which may include evacuation through MacNider Hall.
10. Once outside the building, locate one of the established Evacuation Accountability Points outlined by the Environmental Health and Safety personnel:
  - Health Sciences Library
  - The Beach/Oasis
11. Evacuation points should be located at least 50 feet away from the building.
12. Do not re-enter the building until you are given permission to do so.

## Bomb Threat

The Chancellor has delegated the responsibility of determining whether to evacuate any buildings to the Director of Public Safety in the event of a bomb threat. Each threat will be evaluated independently, with the decision to evacuate given serious consideration as to the nature and circumstances of the threat. The safety of people will receive the highest priority.

### *Steps to follow for bomb threat are:*

1. Remain calm and obtain as much information as possible from the caller.
2. Immediately after the caller hangs up, the person receiving the call should contact the UNC-CH Department of Public Safety by calling (911). Officers will be dispatched to the scene to initiate search procedures.
3. The person who received the threat should be prepared to meet with the officers.

## Shelter in Place

This shelter-in-place procedure is used to minimize the risk of injury and increase the safety of Health Sciences students, employees, and guests by restricting access and visibility from a threatening person or event, internal or external to Health Sciences facilities.

Students, faculty, and staff should report threatening activities to UNC-CH Department of Public Safety by calling 911. UNC-CH Department of Public Safety will determine when to initiate a shelter-in-place or evacuation of one or more campus buildings when there is a clear and imminent threat. They also have the ability to automatically lock exterior doors of Bondurant Hall.

Students, faculty and staff who have reason to believe there is an imminent threat of violence which could result in loss of life or serious injury are encouraged to take independent protective actions.

### **During class:**

1. Shut and lock the classroom door.
2. Have students sit on the floor, close window shades, and remain silent. Turn off the lights. Provide medical aid as necessary.
3. Maintain shelter-in-place posture until evacuated by UNC-CH Department of Public Safety. No one should leave the locked classroom unless the hallways are determined to be safe. (e.g., Be cautious about evacuating the building if the fire alarm sounds as this may be a ploy used by intruders to get people into open areas. Proceed with evacuation only if you are sure the building is on fire.) As an instructor you are not responsible should a student choose to leave the shelter-in-place as per UNC Public Safety.
4. If evacuated, the instructor should bring a list of names of the people in the room and stay with the class to the evacuation area. Submit the list and assist with reunification as directed by UNC-CH Department of Public Safety.

### **Other Areas:**

1. If you are in a room or office, stay inside and lock the door. Manually lock suite doors. Turn off lights and allow students and others in hallways to seek shelter in rooms and offices and lock the door.
2. Stay away from windows and close window shades if possible or stay out of the line of sight and remain silent.
3. Provide medical attention as necessary.
4. Remain in lockdown until evacuated by UNC-CH Department of Public Safety. No one should leave a locked room unless hallways are determined to be safe. (e.g., Be cautious about evacuating the building if the fire alarm sounds as this may be a ploy used by intruders to get people into open areas. Proceed with evacuation only if you are sure the building is on fire.
5. If evacuated, remain with your group to the evacuation area and submit a list of names of people who were with you in the room. Assist with reunification as directed by UNC-CH Department of Public Safety.

Remember, once law enforcement arrives, they are in control of the area. They will identify themselves appropriately. Please remain calm and follow their directions. All law enforcement has photo IDs, like a UNC One Card or Med School / Hospital ID. An example of using this practice would be when law enforcement is clearing a building; if you cannot tell if there is an actual officer at the door, you can ask them to slide their police ID underneath the door. This is good practice, especially when dealing with windowless doors.

## Theft

In the event of a theft, please call 911. The Department of Public Safety will send an officer immediately to take your statements and begin the search process. You may also notify the Office of Administrative Services if the theft occurs during working hours, and they will contact the Department of Public Safety and assist in searching for the missing items.

## Elevator Breakdown

If you are an occupant of the elevator at the time of mechanical failure, please press the emergency call button and the Department of Public Safety will be dispatched. If you are not getting a response from the emergency call button, please shout for help and ask anyone who responds to call 911. Those assisting the occupants in the disabled elevator should let the occupants know that steps have been taken to get help to them and reassure them they will not be forgotten and should not panic.

## Care Team Referral

Report any behavior or situation that leads you to become concerned for the safety or well-being of a UNC-Chapel Hill student, staff, or faculty member in the community with the [Care Referral Report](#). You should provide a detailed description of the situation using specific, concise, and objective language.

This site is monitored Monday-Friday during regular business hours. If you would like to speak with an Office of the Dean of Students staff member, call their office at 919-966-4042. If you are reporting a situation involving an imminent threat of harm to self or others, call UNC-CH's Department of Public Safety at 919-966-8100 or call 911.

## Safety Issues

### During non-working hours

UNC-Chapel Hill is an open campus. The exterior doors to Bondurant Hall are unlocked from 7:00am to 5:30pm. Afterhours access is available to those who are pre-authorized by their supervisors using their UNC One card. Faculty, staff, and

students are strongly encouraged to exercise caution when they are on campus after normal business hours. Be aware of your surroundings and be observant of strangers in or near the building. Do not prop doors open for anyone. If you find doors propped open, please remove the obstacle and secure the door(s). Do not provide entry to the building to someone you do not know, and if someone is in the building that you do not recognize, ask for identification. If someone refuses to identify himself or herself, or is acting suspiciously, call campus police (911).

## During Working hours

Faculty, staff, and students are encouraged to secure personal possessions at all times and urged not to leave personal possessions unattended. If you are leaving your office space, even for a minute, you are urged to lock the door and/or lock your personal possessions in a desk drawer or closet. If you see a person whose presence in the building you question, please ask them if they need help or directions if you are comfortable approaching them. If you are not comfortable approaching them, please note the person's description to include gender, height, color of hair, color and type of clothing.

## Contact Information

### Law enforcement

For emergency situations, dial 911 for immediate assistance.

### University's Department of Public Safety

Website: <https://police.unc.edu/>

Office Number: 919-962-8100 (non-emergency) or 911

Concerned about a coworker: 929-2362

## Confidential Medical Attention

### Campus Health Services

Website: <https://campushealth.unc.edu/>

Office Number: 919-966-2281

### Emergency Department at UNC Hospitals

Website: <https://www.med.unc.edu/emergmed>

Office Number: 919-966-4721

## Reporting to the University

### **Student Code of Conduct**

Website: <https://studentconduct.unc.edu/>

Office Number: 919-962-0805

### **Office of The Dean of Students**

Website: <https://dos.unc.edu/>

Email Address: [dos@unc.edu](mailto:dos@unc.edu)

Office Number: 919-966-4042

### **University Compliance Office**

Website: <https://eoc.unc.edu/>

Email Address: [uco@unc.edu](mailto:uco@unc.edu)

Office Number: 919-966-3576

## Confidential Support

### **Compsych Employee Assistance Program**

Website: <https://www.guidanceresources.com/groNg/#/login> Office

Number: 877-314-5841 (24-hour line)

### **Counseling & Psychological Services (CAPS)**

Website: <https://caps.unc.edu/>

Office Number: 919-966-3658

### **Violence prevention and Advocacy Services**

Website: <https://vpas.unc.edu/>

Office Number: 919-962-1343

### **University Ombud's Office**

Website: <https://ombuds.unc.edu/>

Office Number: 919-843-8204

## Alert Carolina Emergency Alert System Siren

- Website: <https://alertcarolina.unc.edu/>
- This signals an immediate, life-threatening situation.
- After the siren sounds, be prepared to:
  - Seek shelter indoors now. Close windows and doors. Stay until further notice.
- When the danger is over, the siren system will signal “all clear”.

## CarolinaGo

CarolinaGO is both a website and application for the UNC community. CarolinaGO features information on campus dining, transportation, and schedules. In addition, it features a section dedicated to emergency information - including instructions and pre-programmed numbers to call. This tool is designed to aid you in emergency situations, but please remember 911 is the fastest and most secure resource. Here are instructions on how to access CarolinaGO, which can be accessed in two different ways via a smartphone:

### *Application:*

1. Go to your phone's “App Store” application.
2. On the bottom menu hit the “Search” button (The magnifying glass icon).



3. Tap the search bar and type in “CarolinaGO,” then hit search.
4. Press the download button beside the application logo.
5. Enter in necessary information.
6. Go to your phone's home page and find the application (blue box with white Old Well).
7. Open the application.
8. Press the menu icon (three stacked white bars) that you will find in the top right corner.
9. Scroll down until you see the word “emergency,” then press it.
10. Hit the button that correlates with your emergency contact needed.
11. Once you hit the button, it will ask if you would like to call the number, hit “OK” or “Cancel.”

*Website:*

1. Go to your web browser.
2. Type “m.unc.edu” into the browser and press enter.
3. Press the menu icon (three stacked white bars) that you will find in the top right corner.
4. Scroll down until you see the word “emergency,” then press it.
5. Hit the button that correlates with your needed emergency contact.
6. Once you hit the button, it will ask if you would like to call the number; hit “OK” or “Cancel.”

## UNC Chapel Hill Incident Report Forms

The forms need to be completed as soon as practicable. All incidents involving serious bodily injury or death must be reported to the Department of Environment, Health, and Safety immediately.

**Completed forms should be sent to:**

**For Faculty, please send forms to**

**Dani\_shirey@med.unc.edu**

**For all others send form to Gabbie\_Kirby@med.unc.edu**

**Kimberly\_Capri@med.unc.edu**

# EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION

IC File # \_\_\_\_\_

Emp. FEIN \_\_\_\_\_

Carrier FEIN \_\_\_\_\_

Carrier File # \_\_\_\_\_

**To the Employer:**

A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee's obligation to file a claim. The filing of this report is required by law.

This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

**To the Employee:**

This Form 19 is not your claim for workers' compensation benefits. To make a claim, you must complete and sign the enclosed **Form 18** and mail it to Claims Administration, N.C. Industrial Commission, 1235 Mail Service Center, Raleigh, NC 27699-1235 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

**The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act**

Employee's Name		Employer's Name		( ) - Telephone Number	
Address		Employer's Address		City	State Zip
City	State	Zip	Insurance Carrier	Policy Number	
( ) - Home Telephone	( ) - Work Telephone	Carrier's Address		City	State Zip
- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	( ) -	( ) -	
Social Security Number	Sex	Date of Birth	Carrier's Telephone Number	Fax Number	

<b>Employer</b>	1. Give nature of employer's business
<b>Time And Place</b>	2. Location of plant where injury occurred County _____ Department _____ State if employer's premises _____
	3. Date of injury / / 4. Day of week _____ Hour of day : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	5. Was employee paid for entire day 6. Date disability began / /
	7. Date you or the supervisor first knew of injury / / 8. Name of supervisor _____
<b>Person Injured</b>	9. Occupation when injured _____
	10. (a) Date employment began _____ (b) Wages per hour \$ _____
	11. (a) No. hours worked per day _____ (b) Wages per day \$ _____ (c) No. of days worked per week _____
	(d) Avg. weekly wages w/ overtime \$ _____ (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month. \$ _____ per _____
<b>Cause And Nature Of Injury</b>	12. Describe fully how injury occurred and what employee was doing when injured:  (Statement made without prejudice and without vouching for correctness of information)
	13. List all injuries and specify body part involved (e.g. right hand or left hand):
	14. Date & hour returned to work / / at : .M. 15. If so, at what wages \$ _____ per _____
	16. At what occupation _____ 17. Employee's salary continued in full?
	18. Was employee treated by a physician _____
<b>Fatal Cases</b>	19. Has injured employee died 20. If so, give date of death (Submit Form 29) / /
Employer name _____ Date Completed / /	
Signed by _____ Official Title _____	

**OSHA 301 Information:**

Case Number from Log: _____	Date Hired: / /	Time Employee began work on date of incident: : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	If off-site medical treatment provided, answer entire next line.
Name of facility: _____	Address: Street/City/Zip/Telephone _____		ER visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

FOR IC USE ONLY

RESEARCHER: \_\_\_\_\_  
CC: \_\_\_\_\_  
EC: \_\_\_\_\_  
DATA ENTRY: \_\_\_\_\_

## IMPORTANT INFORMATION FOR EMPLOYER

Employer must furnish a copy of this form, as completed, to the employee or the employee's representative when submitted to the Insurance Carrier or Claims Administrator for transmission to the Commission. Every question must be answered. This Form 19 must be transmitted to the Commission through your insurance carrier/claims administrator, and is required by law to be filed within 5 days after knowledge of accident. Employer must also give employee a blank Form 18.

## IMPORTANT INFORMATION FOR EMPLOYEE

### Reporting an Injury

If you do not agree with the description or time of the accident given on this form, you should make a written report of injury to the employer within thirty (30) days of the injury.

### Making A Claim

To be sure you have filed a claim, complete a Form 18, Notice of Accident, within two years of the date of the injury and send a copy to the Industrial Commission and to your employer. The employer is required by law to file this Form 19, but the filing of the Form 19 does not satisfy the employee's obligation to file a claim. The employee must file a Form 18 even though the employer may be paying compensation without an agreement, or the Commission may have opened a file on this claim. A claim may also be made by a letter describing the date and nature of the injury or occupational disease. This letter must be signed and sent to the Industrial Commission and to your employer.

**FOR ASSISTANCE OR TO OBTAIN A FORM 18 FROM THE INDUSTRIAL COMMISSION, YOU MAY CALL (800) 688-8349**

USE YOUR I.C. FILE NUMBER (IF KNOWN) OR SOCIAL SECURITY NUMBER ON  
ALL FUTURE CORRESPONDENCE WITH THE COMMISSION

[SPANISH TRANSLATION]

## INFORMACIÓN IMPORTANTE PARA LOS EMPLEADOS

### Reporte de una Lesión (Reporting an Injury)

Si usted no está de acuerdo con la descripción o la hora del accidente que aparece en el formulario, debe hacer un reporte de la lesión por escrito y dárselo a su empleador dentro de un período de treinta (30) días a partir de la fecha de la lesión.

### Cómo Presentar una Reclamación (Making a Claim)

Para cerciorarse de que ha presentado una reclamación, complete el Formulario 18 Notificación de Accidente dentro de un período de dos años a partir de la fecha de la lesión y envíe una copia a la Comisión Industrial y una copia a su empleador. Por ley, el empleador debe presentar el Formulario 19, sin embargo, el presentar el Formulario 19 no cumple con la obligación que tiene el empleado de presentar una reclamación. El empleado debe presentar el Formulario 18 aunque el empleador esté pagando compensación sin tener un acuerdo o si la Comisión ha creado un expediente con respecto a esta reclamación. También se puede presentar una reclamación por medio de una carta explicando la fecha y la naturaleza de la lesión o la enfermedad ocupacional. Esta carta se debe firmar y enviar a la Comisión Industrial así como al empleador.

**PARA RECIBIR ASISTENCIA O PARA OBTENER EL FORMULARIO 18 DE LA COMISIÓN INDUSTRIAL, USTED  
PUEDE HABLAR AL (800) 688-8349**

EN TODA LA CORRESPONDENCIA QUE ENVÍE A LA COMISIÓN INDUSTRIAL POR FAVOR ESCRIBA  
EL NÚMERO DE CASO DESIGNADO POR LA COMISIÓN [I.C. FILE NUMBER] (SI LO SABE)  
O SU NÚMERO DE SEGURO SOCIAL.

**EMPLOYEE'S ACCIDENT REPORT FORM**  
**UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**

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THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE AND FORWARDED TO THE HEALTH AND SAFETY OFFICE AS SOON AS PRACTICABLE AFTER THE INJURY. (SEE HUMAN RESOURCES MANUAL)

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**ACCIDENT DATE**

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**1. NAME OF EMPLOYEE:**

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**2. DATE AND TIME OF INJURY:**

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**3. DESCRIBE HOW THE INJURY OCCURRED:**

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**4. DESCRIBE WHAT JOB DUTY YOU WERE DOING AT THE TIME OF YOUR INJURY:**

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**5. DESCRIBE WHAT PART OF YOUR BODY WAS INJURED:**

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**6. DESCRIBE WHAT YOU WOULD RECOMMEND TO PREVENT A REOCCURRENCE:**

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**7. FURTHER INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING YOUR INJURY:**

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**EMPLOYEE SIGNATURE**

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**DATE**

## UNC-CH SUPERVISOR'S INCIDENT REPORT FORM

This form is to be completed by the Supervisor and forwarded to the Department of Environment, Health and Safety along with a copy of the North Carolina Industrial Commission Form 19 (Workers' Compensation Form) as soon as practicable. All incidents involving serious bodily injury or death must be reported to the Department of Environment, Health and Safety immediately.

<b>General Info.</b>	Injury/Illness      Near Miss		Location of Incident		
	Time of Incident :      AM      PM		Date Incident Occurred /      /		Date Incident Reported /      /
<b>Personnel Info</b>	Name: (Last)      (First)      (MI)			Occupation of Injured Worker	
	Length of Employment Years      Months	Length in Present Job Years      Months	Shift 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>		Overtime Yes      No
<b>Incident Description</b>	Injury Type (i.e. cut/strain)		Body Part Affected		Cause of injury
	Describe events leading to incident:				
<b>Witnesses</b>	Name of Witness		Phone #		Before/During/Afterwards
<b>Immediate Cause</b>	What acts or conditions contributed directly to the incident?				
<b>Basic Cause</b>	What personal and/or job factors contributed to the incident?				
<b>PPE</b>	What Personal Protective Equipment was required for this job?  Was it in use?      yes      no				
<b>Risk Assmnt.</b>	Probability of event recurring Likely      Possible      Unlikely		Severity Potential Major      Serious      Minor		Exposure Frequency Frequent      Occasional      Rare
<b>Prevention</b>	Temporary Fix – What immediate corrective action has been taken to prevent a recurrence?			Permanent Solution – What correction action has been or will be taken to eliminate the basic causes?	
<b>Treatment Data</b>	Medical Treatment  None      UEOHC      ER (life threatening)			Treatment Status  None      Medical only      Lost Time (medical note)	
<b>Investigated by</b>	Name      Date of Investigation  Signature				

