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Chapter 1: A Workplace Accident and Injury Reduction Program (AWAIR)

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Chapter 1

A Workplace Accident and Injury Reduction Program

(AWAIR)

I. Policy

A. The Hennepin Healthcare Research Institute (HHRI) considers the personal safety and health of HHRI personnel to be of prime importance. To the greatest extent possible, HHRI will provide equipment, safeguards, personal protective equipment, training, and administrative measures to ensure the safety and health of administrative personnel, clinical personnel, and all other people who enter HHRI or common building space. The HHRI will therefore:
   1. Maintain a workplace accident and injury reduction program conforming to established local, state, and federal regulations
   2. Seek to instill within all personnel proper attitudes towards injury and illness prevention

B. HHRI personnel must accept responsibility in assuring compliance with health and safety policies. This requires cooperation in all safety and health matters not only between supervisors and staff, but also between personnel and their co-workers.

II. Goals

A. The goal of the HHRI Workplace Accident and Injury Reduction Program (AWAIR) is to eliminate work related injuries and exposures by:
   1. Continually assessing and improving engineering and work practice control.
   2. Providing necessary information on dangers associated with hazardous chemicals, harmful physical or health agents, and other occupational hazards that HHRI personnel may encounter in the performance of their duties
   3. Providing training for personnel to recognize and work safely with potential hazards
   4. Assuring all areas of responsibility for safety are clearly defined

B. Successful realization of these goals requires cooperation between multiple departments, managerial levels, and individuals within the HHRI, including administration, facilities, supervisors, and staff.
III. Responsibilities

A. Administration

1. The HHRI Board of Directors has overall management responsibility and accountability for the HHRI AWAIR Program. HHRI administration accepts the responsibility for leadership of the program, for its effectiveness and improvement, and for providing necessary safeguards to ensure safe working conditions. The HHRI Board of Directors has given the HHRI Safety Committee the authority to review and evaluate all safety-related injuries.

2. HHRI Administration will ensure that:
   a. A workplace accident and injury reduction program is instituted and maintained at the HHRI.
   b. A mechanism is provided by which work hazards are identified, evaluated, and corrected in a timely manner.
   c. Personnel are provided with all necessary training and information relative to the safety and health hazards they may encounter in the workplace.
   d. Personnel are provided with personal protective equipment appropriate for prescribed tasks.
   e. Engineering and work practice controls are provided in order to ensure safe working conditions.
   f. Safety and health rules are properly enforced and that all personnel operate within these rules as a condition of their position.
   g. Every accident is thoroughly investigated to determine its cause and that appropriate actions and follow up are implemented.
   h. The HHRI complies with all local, state, and federal regulations relating to personal safety and health.

B. Supervisors

1. Supervisors are responsible for developing proper attitudes toward safety and health in themselves and those personnel that they supervise.

2. Supervisors will:
   a. Ensure that all operations within their departments are performed with the highest regard for personal safety and health.
   b. Ensure that personnel receive necessary training and safety information when indicated.
   c. Participate in evaluating hazards within their department.
   d. Participate in all accident investigations involving their department and implement corrective actions in a timely manner.
   e. Recognize good work practices and discipline staff when HHRI safety policies and procedures are violated.

C. Personnel

1. Personnel include all HHRI and non-HHRI personnel working within clinical research areas and/or administrative facilities. This includes employees, residents, students, visitors and /or unpaid volunteers.

2. Personnel will demonstrate their commitment to the HHRI AWAIR Program by:
   a. Ensuring that they comply with all HHRI safety and health policies.
   b. Attending required information and training sessions.
   c. Reporting injuries, accidents, and safety hazards as soon as possible.
d. Making safety suggestions
e. Pointing out observed safety violations to staff members and supervisors

IV. Management’s Continued Participation

A. Management’s continued participation in the HHRI AWAIR Program will be demonstrated by:
   1. Annual evaluation of the safety program, which will address training, accident investigations, hazard notification, record keeping, and Safety Committee activities.
   2. Examination of accident rates and trend analyses of injuries provided by the HHRI Human Resources Department.
   3. Availability of all minutes of the HHRI Safety Committee meetings are available to the HHRI President, Vice President of Operations, and HHRI Safety Committee members.

B. This information will enable administration to assess the quality of the HHRI AWAIR Program and determine if the program’s goals and objectives are being met.

V. Methods Used to Identify, Analyze, and Control New or Existing Hazards

A. Identification, analysis, and control of hazards in the workplace are essential for an effective safety and health program.

B. The following methods will be employed by HHRI:
   1. Safety and health policies and procedures will be reviewed on a periodic basis. New safety and health policies will be developed when indicated or when mandated by local, state, or federal regulations
   2. Workplace hazards will be identified by principal investigators, review of accident records, first reports of injury, safety inspections, and personnel suggestions
   3. HHRI will maintain a “Right to Know” program in accordance with the Minnesota Employee Right to Know Act
   4. HHRI will maintain an Exposure Control Plan in accordance with OSHA Standard on Bloodborne Pathogens (29 CFR 1910.1030)
   5. HHRI will maintain a Chemical Hygiene Plan in accordance with OSHA Standard part 1910, subpart Z, section 1910.1450, occupational exposure to hazardous chemicals in the laboratory

VI. Communication

A. All safety and health communications will be processed through the administrative structure of the HHRI and ultimately down through the substructure of the organization.

B. Horizontal and vertical dissemination of information will be managed in the following manner:
   1. All personnel will receive initial safety and health training during orientation. If applicable, specific training will be performed by the Director of the Office for Education and Quality in Clinical Research (OEQCR), the designated trainer for the principal investigator, or an immediate supervisor.
      a. Additional training will be provided as required or needed, or whenever changes such as modifications of tasks or procedures occur
      b. The HHRI Safety Committee or the Director of the OEQCR will monitor compliance with these training requirements as applicable
   2. Copies of the HHRI Safety Committee meeting minutes will be available to all HHRI Safety Committee members and the HHRI President and Vice President of Operations.
a. The HHRI Safety Committee will conduct safety audits of HHRI clinical research laboratories yearly or when a concern is articulated. The HHRI Safety Committee will conduct safety audits of HHRI administrative facilities when a concern is articulated. If a laboratory is audited by another party such as HCMC, the audit may be accepted via reciprocity after review by the HHRI Safety Committee.

b. When corrective actions are necessary, the HHRI Safety Committee will submit results of the safety audit to the appropriate supervisor.

c. Supervisors will submit plans to the HHRI Safety Committee for review and documentation of corrective actions taken.

3. The HHRI Safety Committee will review information on changes in, or the adoption of, new federal, state, and local safety regulations.

a. If a policy change is necessary, the HHRI Safety Committee will be responsible for ensuring that the changes have been made and communicated to personnel.

b. All changes will be documented in the HHRI Safety Committee meeting minutes.

4. Suggestions, concerns, or safety violations may be submitted to the HHRI Safety Committee in numerous ways.

a. Via email to HHRIsafetycommittee@HHRInstitute.org

b. Via a report to a supervisor

c. Directly to any Safety Committee member

5. The status of each suggestion or concern, and an outline of actions will be communicated back to the individual(s) by a designated Committee member.

VII. Accident Investigation

A. All reported injuries/accidents will be investigated cooperatively. This may involve HHRI Human Resources, supervisors, other involved personnel, and/or HCMC departmental services. The purpose of accident investigation is to determine causation so that corrective actions are taken to prevent recurrence.

B. When a workplace accident occurs:

1. The injured party will contact his/her immediate supervisor and complete an HHRI Employee’s Injury/Incident Report Form. The initial report of injury will be forwarded to the supervisor. The incident report may be found at https://hhrinstitute.org/wp-content/uploads/Employee-Incident-Injury-Report-Form.pdf

2. The supervisor will review the Injury/Incident Report Form, fill in the required information, sign it, and forward it to HHRI Human Resources.

3. HHRI Human Resources will provide a copy of each Injury/Incident Report Form, with employee identifying data redacted, to the HHRI Safety Committee. The HHRI Safety Committee will review the incident and make appropriate suggestions/actions. A letter containing the committee’s suggestion for corrective action will be sent via Human Resources to the injured party and to his/her supervisor. Documentation of follow-up action will be filed with the HHRI Safety Committee meeting minutes.

4. Accident rates and trend analysis will be generated from filed accident reports and presented to the HHRI Safety Committee for review. These reports will facilitate review of the safety and health program relative to its effectiveness.
VIII. Enforcement

A. The HHRI AWAIR Program will be enforced fairly and consistently.

B. Safety violations will be handled by a progressive disciplinary procedure:
   1. The individual will be given written notice of their safety violation from the HHRI Safety Committee asking them to observe all safety protocols.
   2. If an individual is observed repeating the same safety violation, the HHRI Safety Committee will send a letter to the individual and his/her supervisor stating that he/she has been observed violating a safety protocol for the second time. The HHRI Safety Committee may, at this time, request the individual to review safety tapes, attend safety seminars, and/or demonstrate to the committee that they are aware of proper safety protocol. The HHRI Safety Committee will also stipulate that if a third violation occurs, the individual may be temporarily suspended from working in the affected area. The gravity of the safety violation will determine the number of days of suspension.
   3. If the safety violation is deemed to be of a serious nature, the individual may be suspended immediately and the suspension may become permanent.


Chapter 2: Common Safety Practices of the HHRI

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Chapter 2

Common Safety Practices of the HHRI

I. Policy
   A. The Hennepin Healthcare Research Institute (HHRI) considers the personal safety and health of HHRI personnel and visitors to be of prime importance. To safeguard all individuals within HHRI spaces to the greatest extent possible, the HHRI has instituted common safety practices to be followed by all personnel working within these spaces.
   B. All HHRI personnel must be aware that there are a variety of individuals and visitors who work in or use HHRI spaces. These individuals may have varying degrees of training and expertise in dealing with the conditions under which we routinely work. Personnel must take an active approach in practicing safe techniques not only for themselves but for these other individuals as well.

II. Secure Areas
   A. All areas on the 2nd, 3rd, 5th, 9th, 10th, and 11th floors of the Shapiro Building are considered a secure area.
   B. All areas in PPC Suites 430, 440, and 700 are considered a secure area.
   C. HHRI personnel must wear their organizational photo ID badge at all times.
   D. Personnel housed in Shapiro will be assigned the appropriate electronic key card as defined by employment responsibilities.
   E. Safety in secure areas:
      1. All visitors must be escorted by authorized personnel
      2. Have visitors make contact via telephone when they arrive on campus. Be prepared to greet them at a pre-determined meeting place
      3. Tailgating (an unauthorized person following an authorized person into a secure area) is prohibited
      4. If someone attempts to tailgate:
         a. Challenge them in a pleasant and helpful manner by asking them who they are looking for, offering directions, or calling HCMC Security at 612-873-3232 if in HCMC or Shapiro
         b. If at any time a situation feels threatening call HCMC Security Operations Center at 911
         c. In PPC dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service
III. Common Spaces

A. If housed on Shapiro 3rd floor, all personnel must follow the Laboratory Safety Manual policies and procedures.

B. Hallways
   1. No open food, drink, dishes, or other food-related items are allowed in the hallways
   2. Gloves must be removed before using hallway telephones, copier, FAX machine, or in any common area
   3. Hazardous materials brought through hallways must be adequately covered or boxed
   4. Liquid spills must be cleaned up immediately

C. Elevators
   1. Gloves must be removed before pushing hallway call buttons or elevator car buttons. If transporting hazardous or infectious materials, the hand holding the material may remain gloved, but buttons must be pushed with an ungloved hand
   2. Elevators are for public use. Refrain from potentially sensitive discussions with colleagues while riding in the elevator; do not transport blood, dirty items, or similar materials without cleaning or covering them

D. Break areas
   1. Gloves, shoe covers, caps and masks must be removed before visiting any break area
   2. For personnel working in areas where it is standard to wear a laboratory coat over street clothes, lab coats must be removed before entering any break area
   3. For personnel working in areas where it is standard to wear surgical scrubs, a clean lab coat or gown must be donned over these work clothes while in any break area
   4. Practice common courtesy in the break areas. Clean up any messes or spills inside the microwave or refrigerators, and wipe up the sink area when finished washing dishes. Do not leave dirty dishes in the sink area

E. Conference rooms
   1. All conference rooms are considered clean areas
   2. Gloves, shoe covers, caps and masks must be removed before visiting any conference room
   3. For personnel working in areas where it is standard to wear a laboratory coat over street clothes, lab coats must be removed before entering any conference room
   4. For personnel working in areas where it is standard to wear surgical scrubs, a clean lab coat or gown must be donned over these work clothes while in any conference room
   5. Food and drink are allowed in any of the conference rooms

F. S-3 Laboratory Services Coordinator desk area
   1. The desk area of the 3rd floor elevator lobby is considered a clean area
   2. Gloves must be removed before using any item in the desk area
   3. No hazardous materials are allowed in the desk area
IV. Office Areas
A. Office areas are considered clean areas.
   1. Gloves, shoe covers, caps and masks must be removed before visiting any office areas
   2. For personnel working in areas where it is standard to wear a laboratory coat over street
clothes, lab coats must be removed before entering any office area
   3. For personnel working in areas where it is standard to wear surgical scrubs, a clean lab coat
or gown must be donned over these work clothes while in any office area
B. No hazardous materials are allowed in office areas
C. All visitors must be escorted by authorized personnel

V. Clinical Research Laboratory Areas (For detailed information also consult the Laboratory Safety
Manual)
A. No food, drink, dishes, or other food-related items allowed in the laboratory areas.
B. Lab coats or scrubs are to be worn to protect street clothing while in the laboratory areas.
C. When moving from laboratory spaces to any clean areas, such as break rooms, conference
rooms or office spaces, leave all lab coats in the laboratory.
D. No open toe shoes are allowed in the laboratory area.
E. Eyewash stations are to be checked weekly for proper operation. Documentation of eyewash
checks will be posted by all eyewash stations.
F. Chairs and stools with covers must be washable, no cloth covers allowed.
G. All visitors must be escorted by authorized personnel.
H. Clinical research laboratory areas will be inspected yearly by HHRI Safety Committee
   members.
APPENDIX A
LATEX ALLERGY*

I. Latex Allergy
   A. Latex allergy is a reaction to proteins in latex rubber.
      1. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown.
      2. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms.
         a. Exposure may be experienced by physical contact to latex articles
         b. Exposure may be experienced by inhaling airborne latex particles, which can be released when latex gloves are removed
      3. Latex allergies are most common in individuals who have regular exposure to latex products such as latex gloves.
      4. Approximately 50% of individuals with latex allergy have a history of another type of allergy.
      5. Individuals with a history of reactions to the following foods are at an increased risk of developing a latex allergy:
         a. Bananas
         b. Chestnuts
         c. Kiwi
         d. Avocado
         e. Tomatoes
         f. Figs, apples, melons, papayas, pitted fruits such as cherries and peaches
         g. Celery, potatoes
   B. Symptoms
      1. Mild—may include but not be limited to:
         a. Itching
         b. Skin redness
         c. Hives or rash
      2. Severe—may include but not be limited to:
         a. Sneezing
         b. Runny nose
         c. Itchy, watery eyes
         d. Scratchy throat
         e. Difficulty breathing
         f. Wheezing
         g. Cough
3. Anaphylactic shock symptoms—may include but not be limited to:
   a. Difficulty breathing
   b. Wheezing
   c. Drop in blood pressure
   d. Dizziness
   e. Loss of consciousness
   f. Confusion
   g. Slurred speech
   h. Rapid or weak pulse
   i. Bluiness of the skin, including lips and nail beds
   j. Diarrhea
   k. Nausea and vomiting

4. Sources of possible occupational latex exposure—may include, but not be limited to:
   a. Gloves
   b. Face masks
   c. Tourniquets
   d. Adhesive tape
   e. Bandages
   f. Rubber syringe stoppers and medication vial stoppers
   g. Bulb syringes
   h. Stethoscopes

II. Risk Reduction
   A. Avoiding latex is key to preventing latex allergies.
      1. Reduce or eliminate the number of latex products you come into contact with.
      2. Avoid breathing in the powder from latex gloves worn by others.
      3. Preferably use suitable alternatives such as synthetic gloves and latex free masks.
      4. Clean areas and equipment frequently if contaminated with latex-containing dust.
   B. If using latex gloves:
      1. Use powder-free gloves with reduced protein content.
      2. Do not use oil-based hand creams or lotions unless they have been shown to reduce latex-related problems and maintain glove barrier protection.
      3. Wash hands thoroughly with soap and water after removing glove.
      4. Clean areas and equipment frequently if contaminated with latex-containing dust
      5. Learn the signs and symptoms of latex allergy.
   C. Consult with a physician if there are any suspicions of a developing latex sensitivity or allergy.

III. Emergency Care
   A. For personnel experiencing signs and/or symptoms of latex allergies, the following actions should be taken:
      1. Contact your supervisor, and complete the HHRI Employee’s Injury/Incident report
      2. Schedule an appointment with a health professional for a full latex allergy evaluation.
B. For personnel experiencing acute signs and symptoms of latex allergy as described above, the following actions should be taken. (Also see Chapter 3, 4, or 5 as appropriate: Emergency Preparedness Plan):

1. Terminate contact with latex containing products at once and notify your supervisor immediately. If the supervisor is not immediately available, notify other available personnel on the floor.
   a. If the victim is ambulatory, the victim may seek treatment at any of the following facilities:
      1) HCMC Urgent Care, 612-873-5555 is located on the first floor of the Red Building
      2) The HCMC Emergency Room, 612-873-3131, located on the first floor of the Red Building. It is open 24 hours per day, seven days per week
      3) The individual’s private physician
   b. If an employee is incapacitated, personnel assisting them should take the following actions:
      1) Call 911 in the Shapiro and HCMC Buildings
      2) In PPC dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service
      3) Do not attempt to move the victim unless they are in immediate danger.
      4) Begin first aid/CPR if trained in proper techniques
      5) Complete the HHRI Employee’s Injury/Incident report when able

*Occupational information only. References provided below for expanded review. Please contact a physician with any suspicion of latex sensitivity or allergy.

I. Policy

A. An emergency is defined as a sudden, unexpected occurrence that demands immediate action. A delay of appropriate action may endanger lives. For personnel working in the HCMC Campus (other than the Shapiro) knowledge of how to respond to emergencies is essential to safeguard the lives of Hennepin Healthcare Research Institute (HHRI) personnel and visitors.

B. It is equally important for personnel housed in the Parkside Professional Center (PPC) and the Shapiro Building to be aware of pertinent policies and procedures in place for these buildings.

C. HCMC tenants and visitors are notified of any emergencies via the ALERTUS Notification System.

D. As backup, HHRI Emergency Team Leaders have been designated to provide an efficient means to notify and account for HHRI clinical research and laboratory research personnel, administrative personnel, and visitors present in the Shapiro and Parkside HHRI areas.

   Emergency Team Leaders are:
   
   S2.100: Anne Shaw, Yi Peng
   S2.300: Jonathan Klaphake, Becky Ford
   S3 & Frosh Lab: Carolyn Narikawa, Brittany Lindgren
   S4: Dana Knopic, Pam Giles
   S5: Lisa Berndt
   S9: Michelle Chrastek, Cynthia Hanson, Bonnie Crissman
   S10: Alison Jarvis, Sam Howard, Michael Lick
   S11: Alison Jarvis, Danielle Burroughs, Peter Muelken
   PP4: Berman Center, Molly Prozinski, Brenda Kirpach, Nate Tessum
   PP4: Human Resources, Karin Fisher, Nancy Oakes
   PP7: Administration, Pat Engstrand, Carey Nadeau, Doug Kenison, Megan Crosby
E. Communications between Shapiro, PPC and HCMC housed employees

1. Personnel in PPC will be notified of major alerts in Shapiro or HCMC by the HHRI Emergency Team Leaders.
   a. When a major alert is called in Shapiro or HCMC, HHRI Emergency Team Leaders will notify PPC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org.
   b. Emergency Team Leaders housed in PPC will notify staff on their respective floor.
   c. When a major alert has concluded HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org.

2. The following Shapiro and HCMC alerts will be considered a major alert
   a. Fire Alert
   b. Security Alert Active Shooter
   c. Internal Security Threat Alert
   d. External Security Threat Alert
   e. Severe Weather Alert
   f. Shelter-In-Place, Relocation Evacuation Alert
   g. Missing Newborn/Toddler/Child Alert

3. Personnel in the Shapiro and HCMC buildings will be notified of major alerts in the PPC buildings via the HHRI Emergency Team Leaders Distribution List.
   a. When a major alert is called in the PPC building HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org.
   b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff.
   c. When a major alert has concluded in PPC HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org.

4. The following PPC alerts will be considered a major alert
   a. Fire
   b. Intruders/Suspicious Persons
   c. Riot/Public Disturbances
   d. Bomb Threat
   e. Building Evacuation
   f. Other Emergency

F. Personnel housed in HCMC will be notified by the ALERTUS system and should follow HCMC regulations as outlined in http://mcd-ucm-consum/erp/ and Chapter 3.

1. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to hhrisafetycommittee@hhrinstitute.org
II. Emergency Care

A. HHRI personnel and visitors have access to several medical treatment facilities in the event that an accident or injury occurs that requires medical attention.

B. If an injury takes place at work, and the victim is ambulatory, the victim may seek treatment at any of the following facilities:
   1. The HCMC Urgent Care, 612-873-5555, is located on the first floor of the Red Building.
   2. The HCMC Emergency Room, 612-873-3132, is located on the first floor of the Red Building. It is open 24 hours per day, seven days per week.
   3. The individual’s private physician if the nature of the injury is minor.

C. For bloodborne pathogen exposure, the individual must go to HCMC Employee Occupational Health and Wellness. The phone number is 612-873-2383 and they are located in PL.710. Walk-in hours are Monday – Friday 7a.m. – 4p.m. For exposures taking place after 3:00 PM the individual should report to the HCMC Urgent Care or HCMC Emergency Department. Follow up with the HCMC Occupational Health and Wellness is REQUIRED on the next business day.

D. For any incident that occurs during the course of an individual’s normal working duties, an HHRI Employee’s Injury/Incident Report Form must be filled out and signed by the injured party. The injury form is then sent to the individual’s supervisor who will fill out the relevant information and forward it to HHRI Human Resources.

E. If an employee or visitor is seriously injured or incapacitated, personnel assisting them should take the following actions:
   1. Dial 911 for the Security Operations Center (SOC) in HCMC to request an emergency medical response team
   2. Provide the SOC the location of the emergency, your name and phone number
   3. Do not attempt to move the victim unless they are in immediate danger
   4. Begin first aid/CPR ONLY if trained in proper techniques
   5. Station an individual at the location entrance to direct the response team to the correct area
   6. Have someone at the scene to provide information as needed about the event
III. HCMC Alert Policies and Procedures

A. Fire Alert

1. In the main HCMC buildings notification of an existing fire will be by ALERTUS, activation of strobe lights and sounding of chimes. It is an employee’s responsibility to know the locations of fire extinguishers and alarms. If fire or visible smoke occurs in the immediate work area, follow the standard response plan:
   a. RESCUE: Anyone in danger
   b. ALERT: Pull the nearest fire alarm (located at each stairwell and near each exit door). Call the HCMC Security Operations Center (SOC) at 911 immediately. Provide your name, exact location, and description of what is burning
   c. CONTAIN: Close all doors. Turn off all fans
   d. EXTINGUISH: Only if it does not place you in danger. To use a fire extinguisher, remember P.A.S.S.
      1) Pull – the safety pin
      2) Aim – the nozzle at the base of the fire
      3) Squeeze – the handles together
      4) Sweep – the nozzle across the base of the fire

2. If the fire becomes too large, or the extinguisher is emptied without successfully extinguishing the fire, remove yourself as quickly as possible from the area.
   a. Move horizontally to an area that is clear of smoke
   b. Avoid the use of elevators
   c. Follow the evacuation protocol for the area in which you are working

3. A Fire Alert warning will be displayed via the ALERTUS notification system

4. A Fire Alert warning will also will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, FIRE ALERT”
   (Building, Floor, Location)
   (Message repeated three times)

5. If an alarm sounds:
   a. Follow HCMC regulations as outlined in http://mcd-ucm-consum/erp/
   b. Follow instructions of HCMC personnel
   c. Assist HCMC personnel as directed

6. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   c. Email an update to HHRISafetyCommittee@HHRInstitute.org
B. Internal Security Threat Alert

1. An Internal Security Threat Alert is an immediate notice that security measures are needed during an internal security incident that compromises the safety of persons on property owned or leased by Hennepin Health Systems. Examples of such instances may include:
   a. An individual’s safety is threatened
   b. An escaped prisoner
   c. Hostage situation
   d. Civil disturbance or gang activity
   e. Bomb threat (see Bomb Threat Procedures below)

2. An Internal Security Threat Alert is pertinent only to the HCMC Main Campus. This includes HCMC owned buildings for which the HCMC Security Department serves as first responders. This specifically includes the:
   a. Purple Building
   b. Red Building
   c. Orange Building
   d. Green Building
   e. Blue Building
   f. Shapiro Building
   g. Life Sciences Building
   h. HCMC Parking Ramp
   i. Hospital Parking Ramp

3. Individuals on the HCMC Main Campus should report a known or suspected Internal Security Threat by notifying the HCMC Security Operations Center (SOC) at 911 immediately.

4. The SOC will initiate the following:
   a. Lock the exterior doors of the HCMC campus buildings
   b. Staff may enter through any entrance using badge access
   c. Non-staff entry will be allowed through the monitored 730 S. 8th Street entrance on the Emergency Drive for the duration of the Internal Security Threat

6. An Internal Security Threat warning will be displayed via the ALERTUS notification system

7. An Internal Security Threat warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, INTERNAL SECURITY THREAT ALERT”
   (Insert location in the Building and Floor) Staff in this location should shelter in place
   (Message repeated three times)
8. If staff receive an Internal Security Threat instruction to Shelter-in-Place:
   a. Follow HCMC regulations as outlined in http://mcd-ucm-consum/erp/
   b. Follow instructions of HCMC personnel
   c. Close doors
   d. Conduct a sweep of the floor, lead visitors to a lockable secure room
   e. Close corridor blinds
   f. Close fire or compartment doors within the floor
   g. Take mobile phones with you, silence the phone. Phones placed on vibrate can still be heard
   h. Turn off lights
   i. Go to a lockable room and secure the door
   j. If an area is normally locked, ensure nobody exits the area permitting unwanted entrance to the locked unit
   k. Be aware that the violent person(s) may bang on the door or yell for help in an effort to make you open the door
   l. Do not make any unnecessary calls to the SOC
   m. Follow instructions given by law enforcement or security
   n. Stay in the secure room until an “all clear” is announced

9. Immediately after the Shelter-in-Place Threat has been cleared:
   a. Staff should search and account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for

10. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 OR
   b. Email an update to hhrisafetycommittee@hhrinstitute.org
C. Internal Security Threat Alert (Bomb Threat)
   1. HHRI personnel should respond to potential bombs and bomb threats in a manner to protect individuals, the facility, and to minimize the disruption of services.
   2. HCMC Security Operations Center (SOC) will maintain visible deterrents including uniformed patrol and effective lighting.
   3. All personnel should properly display their Photo IDs to facilitate the identification of unauthorized persons.
   4. Departments should keep their own areas clean and orderly to facilitate the identification of unauthorized objects.
   5. HHRI will respond to potential bombs and bomb threats in light of the following priorities:
      a. Protect personnel and visitors
      b. Protect the facility
      c. Minimize disruption to ongoing activities
   6. A bomb threat is a threat received in any form (telephone call, letters, memos, writing on a wall, e-mail, etc.) that a bomb has been placed. Telephone calls are the most common way. Bomb threats may be specific or nonspecific.
      a. A nonspecific threat is limited to a simple statement that a bomb has been placed. No other information is available
      b. A specific threat contains details such as a location, appearance of the bomb, time set for activation, or the motive behind planting the device
      c. General characteristics of threats associated with the high probability of a bomb include:
         1) Long distance call or letter
         2) Detailed list of grievances
         3) Specific target named
         4) Detailed justification or rationale for planting the bomb
         5) Previous bomb threats involving real bombs
   7. Evacuation or interruption of service to all or part of the Shapiro Building requires the decision of the HCMC Security and/or Facility personnel unless individuals are clearly in imminent danger. The Minneapolis Fire and/or Police Department is also authorized to order an evacuation.
   8. Written bomb threat:
      a. Handle the note as minimally as possible
      b. If a threat is received by email do not delete the message
      c. Notify the HCMC Security Operations Center (SOC) at 911 immediately
   9. If a suspicious package or article is found:
      a. Notify the HCMC Security Operations Center (SOC) at 911 immediately
      b. Bombs may be hidden or camouflaged as a common package or article. Signs of a suspicious package or article may include:
         1) No return address, poorly handwritten address or misspelled words
         2) Excessive postage
         3) Stains, strange odor, or strange sounds
         4) Incorrect titles, unexpected delivery
      c. Remove any individuals in the immediate area, cordon off the area
d. Do not touch the package or article

f. Do not transmit over a radio or use cellular phones near the target area

g. Do not touch, shake, rattle, kick, or pick up the package or article

h. Do not use metal objects near the package or article

10. Telephoned bomb threat

a. A bomb threat may be received by anyone. Most threats are phoned in and the person making the call will usually deliver their message to the first person contacted.

b. Show order and calmness throughout the call

c. Response

1) If a bomb threat is received, keep as calm as possible. Have another person listen in on the call if possible

2) Copy the number and/or letters on the window display of the phone

3) Immediately call (or have someone else call) HCMC Operations Center (SOC) at 911. Do not speak to anyone else


5) Be courteous, even if the caller is abusive. The longer the caller remains on the line the more information you can get. Do not interrupt

6) Listen carefully to everything the caller says and to any background noise

7) Do not hang up upon termination of the call, keeping the line open increases the possibility of tracing the call

8) If a disinterested third party calls and states that someone told him/her to call to report the bomb, obtain this individual’s name, address, phone number, and ask the person to stay on the phone

9) Personnel should, when possible, avoid the use of the word “bomb” to fellow personnel and visitors. Maintain calm by specifying a “safety problem”

11. Threat made in person

a. Note the description of the individual

b. Note the direction the person is traveling

c. Notify the HCMC Security Operations Center (SOC) at 911 immediately

d. The appropriate initial response will be determined by the HCMC Security Operations Center (SOC). They will determine:

1) Level of search required

2) Whether evacuation is indicated

3) The level of evacuation required to ensure the safety of personnel and visitors

12. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:

a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR

b. Email an update to hhrisafetycommittee@hhrinstitute.org
D. Active Shooter Alert

1. An Active Shooter is defined as an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area by means of any type of weapon. A weapon is defined as any firearm, knife, or instrument that can cause bodily harm, injury or death.

2. Report a known or suspected Active Shooter by calling the HCMC Security Operations Center (SOC) at 911. Be prepared to provide the following information to the SOC dispatcher:
   a. Name of the person reporting the threat
   b. Number and description of assailants including clothing color and style
   c. Current location or last known location
   d. Type of weapon(s)

3. An Active Shooter Alert warning will be displayed via the ALERTUS notification system

4. An Active Shooter Alert warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, SECURITY ALERT ACTIVE SHOOTER”
   There is a person using a weapon in the vicinity of (Insert location in the Building and Floor)
   Exterior doors have been locked. Security has initiated their Active Shooter procedures.
   Staff should shelter in place.
   (Message repeated three times)

5. If staff observes an Active Shooter approaching or hear sounds of violence, staff should immediately choose the best action for the immediate circumstances.
   a. **RUN**
      1) Evacuate if there is a safe, accessible escape path available
      2) Move far away from the incident and find safe cover and/or concealment
      3) If you believe that police have not been notified, call 911 after it is safe for you to do so
      4) Be prepared to provide details of the current situation
   b. **HIDE**
      1) Close doors
      2) Conduct a sweep of the floor, lead visitors to a lockable secure room
      3) Close corridor blinds
      4) Close fire or compartment doors within the floor
      5) Take mobile phones with you, silence the phone. Phones placed on vibrate can still be heard
      6) Turn off lights
      7) Go to a lockable room and secure the door
      8) If an area is normally locked, ensure nobody exits the area permitting unwanted entrance to the locked unit
      9) Be aware that the violent person(s) may bang on the door or yell for help in an effort to make you open the door
      10) Do not make any unnecessary calls to the SOC
      11) Follow instructions given by law enforcement or security
12) Stay in the secure room until an “all clear” is announced

c. **FIGHT – Use only as a last resort and only when your life is in imminent danger**
   1) Attempt to disrupt or incapacitate the violent person(s)
   2) Act aggressively against him/her
   3) Yell loudly
   4) Throw items or improvise weapons such as a fire extinguisher or scissors
   5) Shine a bright light into the eyes of the violent person(s)
   6) Strike the violent person’s hand that holds the weapon with a heavy object
   7) Use furniture as shields and objects to trap or knock the violent person(s) to the ground
   8) Use several people to swarm the violent person(s) to the ground

6. When interacting with the Security Department and/or law enforcement:
   a. Stay calm and follow officers’ instructions
   b. Ensure your Photo ID is prominently displayed
   c. Put down any items in your hands
   d. Immediately raise hands and spread fingers
   e. Avoid making quick movement towards the officers such as holding onto them for safety
   f. Avoid pointing, screaming, or yelling
   g. Do not stop to ask officers for directions or help when evacuation, just proceed to the direction from where officers are entering or where they are directing you to escape

7. Immediately after the Active Shooter Threat has been cleared:
   a. Staff should search and account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for

8. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to hhrisafetycommittee@hhrinstitute.org
E. External Security Threat Alert

1. An External Security Threat is defined as a security threat that exists in the vicinity of property owned or leased by Hennepin Health Systems and security measures are needed to ensure the safety of persons on the property. Examples of such instances include:
   a. A police chase
   b. A report of a shooting or violent crime with suspect(s) at large
   c. A large civil disturbance or disorder

2. An External Security Threat Alert is pertinent only to the HCMC Main Campus. This includes HCMC owned buildings for which the HCMC Security Department serves as first responders. This specifically includes the:
   a. Purple Building
   b. Red Building
   c. Orange Building
   d. Green Building
   e. Blue Building
   f. Shapiro Building
   g. Life Sciences Building
   h. HCMC Parking Ramp
   i. Hospital Parking Ramp

3. Individuals on the HCMC Main Campus should report a known or suspected External Security Threat by notifying the HCMC Security Operations Center (SOC) at 911 immediately.

4. The SOC will initiate the following:
   a. Lock the exterior doors of the HCMC campus buildings
      1) Staff may enter through any entrance using badge access
      2) Non-staff entry will be allowed through the monitored 730 S. 8th Street entrance on the Emergency Drive for the duration of the External Security Threat

5. An External Security Threat Alert warning will be displayed via the ALERTUS notification system.

6. An External Security Threat Alert warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, EXTERNAL SECURITY THREAT ALERT”
   In the vicinity of (insert Building and Street(s))
   Exterior doors have been locked; remain inside the building until further notice
   (Message repeated three times)

7. An External Security Threat does not affect normal internal operations. Movement throughout corridors should proceed as normal unless the HCMC Security Department announces restrictions or additional instructions.

8. Immediately after the External Security Threat has been cleared:
   a. Staff should search and account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for
If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:

a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update
b. Email an update to hhrisafetycommittee@hhrinstitute.org

F. Flooding

1. Flooding may for many reasons including if pipes break, a sprinkler head is damaged, or water lines freeze and burst.

2. If flooding should occur:
   a. Immediately contact the HCMC Security Operations Center (SOC) at 612-873-4116
   b. Personnel should protect equipment from damage if not endangering yourself or others. This may be done by covering it with plastic, removing equipment from the area, or raising equipment above the water line in the area that is flooding. Unplug all electrical equipment if this can be accomplished safely
   c. Personnel should move themselves and all visitors to a safe, dry area. HHRI personnel must stay with visitors until an evacuation can be completed if necessary
   d. The HCMC SOC Facility will determine the cause of the flooding and expedite repairs and clean-up as needed

G. Severe Weather Alert

1. The purpose of the Severe Weather Alert is to warn all personnel and visitors of the possibility of danger associated with severe weather.

2. A Severe Weather Alert may occur:
   a. If the possibility of a severe storm or tornado exists, a warning will be received by HCMC through National Oceanic and Atmospheric Administration (NOAA)
   b. A Severe Weather Alert warning will be displayed via the ALERTUS notification system
   c. If the situation warrants, a Severe Weather Alert warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, SEVERE WEATHER ALERT IS IN EFFECT FOR THE MEDICAL CENTER”
   A (description of the event) warning has been issued valid until (time frame) (Message repeated three times)

3. When an announcement is made personnel should ensure the safety of all HHRI personnel and visitors by doing the following:
   a. Follow HCMC regulations as outlined in http://mcd-ucm-consum/erp/
   b. Follow instructions of HCMC personnel
   c. Close all blinds
   d. Stay away from windows, move into interior corridors if necessary
   e. Ensure that visitors are safe
   f. When the Severe Weather Alert has expired the “Severe Weather Alert, All Clear” page will be announced

4. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update
b. Email an update to hhrisafetycommittee@hhrinstitute.org

I. Missing Newborn/Toddler/Child Alert
   1. The purpose of this policy is to, on suspicion of an actual or attempted infant or child, abduction, have a coordinated plan to locate and protect the victim as quickly and safely as possible.
   2. A Missing Newborn/Toddler/Child Alert will be an overhead page as follows:
      “ATTENTION HOSPITAL PERSONNEL
      MISSING (New born, infant, toddler, child) (Age, description) (Building, floor, unit)
      (Message repeated three times)

   3. If an alert sounds:
      a. Call the HCMC Security Operations Center (SOC) at 911 with any sightings or suspicious activity
      b. Assist HCMC personnel as requested
      c. When the abducted victim has been found an all clear will be announced

J. Relocation Alert or Evacuation Alert
   1. When a Relocation or Evacuation Alert is called the warning will be an overhead page as follows:
      “ATTENTION HOSPITAL PERSONNEL, (relocation or evacuation) ALERT”
      (Insert location in the Building and Floor)
      (Message repeated three times)

   2. When a Relocation Alert or Evacuation Alert is called the pertinent instructions should be followed as appropriate:
      a. Follow the evacuation protocol for the area in which you are working
      b. Refer to the evacuation map in each department
      c. Assist HCMC personnel as requested
      d. Reassess that all personnel and visitors are accounted for

   3. If affected by a major alert, WHEN ABLE, HHRI employees housed in HCMC should:
      a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
      b. Email an update to hhrisafetycommittee@hhrinstitute.org
      c. Employee and visitor accounting results should be given to the Vice President of Operations, Safety Committee Chair, Safety Committee Chair, or Emergency Team Leader(s)
APPENDIX A

GAS LEAK OR SUSPECTED GAS LEAK

In the case of a suspected or actual gas leak – **DO NOT:**

1. Turn lights on or off
2. Operate any electric switches
3. Use any electrical device – including computers
4. Use a phone, either land or cell
5. Smoke
6. Ignite matches or lighters
7. Use a flashlight or electrical lantern
Chapter 4: PPC EMERGENCY PREPAREDNESS PLAN

Policy

Emergency Care

PPC Alert Policies and Procedures

Fire Alert

Intruders/Suspicious Persons

Active Shooter/Riot/Public Disturbances

Bomb Threat

Flooding

Severe Weather Alert

Building Evacuation

Appendix A: Gas Leak of Suspected Gas Leak

Appendix B: PPC Emergency Procedures
Chapter 4

**PPC Emergency Preparedness Plan**

I. Policy

A. An emergency is defined as a sudden, unexpected occurrence that demands immediate action. A delay of appropriate action may endanger lives. For Hennepin Healthcare Research Institute (HHRI) personnel working in the Parkside Professional Center (PPC), knowledge of how to respond to emergencies is essential to safeguard the lives of HHRI personnel and visitors.

B. It is equally important for personnel housed in the Hennepin County Medical Center (HCMC) and Shapiro to be aware of pertinent policies and procedures in place for these buildings.

C. As backup, HHRI Emergency Team Leaders have been designated to provide an efficient means to notify and account for HHRI clinical research and laboratory research personnel, administrative personnel, and visitors present in the Shapiro and Parkside HHRI areas. Emergency Team Leaders are:

   S2.100: Anne Shaw, Yi Peng
   S2.300: Jonathan Klaphake, Becky Ford
   S3 & Frosch Lab: Carolyn Narikawa, Brittany Lindgren
   S4: Dana Knopic, Pam Giles
   S5: Lisa Berndt, Carla Erickson
   S9: Michelle Chrastek, Cynthia Hanson, Bonnie Crissman
   S10: Alison Jarvis, Sam Howard, Michael Lick
   S11: Alison Jarvis, Danielle Burroughs, Peter Muelken
   PP4: Berman Center, Molly Prozinski, Brenda Kirpach, Nate Tessum
   PP4: Human Resources, Karin Fisher, Nancy Oakes
   PP7: Administration, Pat Engstrand, Carey Nadeau, Doug Kenison, Megan Crosby
D. Communications between Shapiro, PPC and HCMC housed employees
   1. Personnel in PPC will be notified of major alerts in Shapiro or HCMC by the HHRI Emergency Team Leaders:
      a. When a major alert is called in Shapiro or HCMC, HHRI Emergency Team Leaders will notify PPC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
      b. Emergency Team Leaders housed in PPC will notify staff on their respective floor
      c. When a major alert has concluded HHRI Emergency Team Leaders will send notice through HHRIEmergencyTeamLeaders@HHRInstitute.org
   2. The following Shapiro and HCMC alerts will be considered a major alert
      a. Fire Alert
      b. Security Alert Active Shooter
      c. Internal Security Threat Alert
      d. External Security Threat Alert
      e. Severe Weather Alert
      f. Shelter-In-Place, Relocation Evacuation Alert
      g. Missing Newborn/Toddler/Child Alert
   3. Personnel in Shapiro and HCMC will be notified of major alerts in PPC via the HHRI Emergency Team Leaders Distribution List.
      a. When a major alert is called in PPC, PPC HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
      b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff
      c. When a major alert has concluded in PPC, HHRI Emergency Team Leaders will send notice through HHRIEmergencyTeamLeaders@HHRInstitute.org
   4. The following PPC alerts will be considered a major alert:
      a. Fire
      b. Intruders/Suspicious Persons
      c. Riot/Public Disturbances
      d. Bomb Threat
      e. Building Evacuation
      f. Other Emergencies
   E. If affected by a major alert, WHEN ABLE, HHRI employees housed in PPC should:
      1. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
      2. Email an update to HHRISafetyCommittee@HHRInstitute.org
II. Emergency Care

A. HHRI personnel and visitors have access to several medical treatment facilities in the event that an accident or injury occurs that requires medical attention.

B. If an injury takes place at work, and the victim is ambulatory, the victim may seek treatment at any of the following facilities:
   1. The HCMC Urgent Care, 612-873-6222, is located on the first floor of the Red Building.
   2. The HCMC Emergency Room, 612-873-3132, is located on the first floor of the Red Building. It is open 24 hours per day, seven days per week.
   3. The individual’s private physician if the nature of the injury is minor.

C. For bloodborne pathogen exposure, the individual must go to HCMC Employee Occupational Health and Wellness. The phone number is 612-873-2383 and they are located in PL.710. Walk-in hours are Monday – Friday 7a.m. – 4p.m. For exposures taking place outside of these hours the individual must go to the HCMC Emergency Room.

D. For any incident that occurs during the course of an individual’s normal working duties, an HHRI Employee’s Injury/Incident Report Form must be filled out and signed by the injured party. The injury form is then sent to the individual’s supervisor who will fill out the relevant information and forward it to HHRI Human Resources.

E. If an employee or visitor is seriously injured or incapacitated, personnel assisting them should take the following actions:
   1. Dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service
   2. Provide the Community 911 the address and location of the emergency, your name and phone number
   3. Do not attempt to move the victim unless they are in immediate danger
   4. Begin first aid/CPR ONLY if trained in proper techniques
   5. Station an individual at the location entrance to direct the response team to the correct area
   6. Have someone at the scene to provide information as needed about the event
   7. Contact the Property Manager at 612-359-5853
III. **PPC Alert Policies and Procedures – Also see Appendix B**

A. **Fire Alert**

1. The PPC is equipped with a fire siren that will sound throughout the building. If fire or visible smoke occurs in the immediate work area, follow the standard response plan:
   a. **RESCUE:** Anyone in danger
   b. **ALERT:** Dial the HCMC Security Operations Center at 911 and you will be redirected to the Community 911 service. Provide your name, address, floor /suite number, and description of what is burning
   c. **CONTAIN:** Close all doors and windows
   d. **EXTINGUISH:** Do NOT try to fight the fire

2. If the fire/smoke alarms go off:
   a. **IF ABLE** - PPC HHRI Emergency Team Leaders will notify Emergency Team Leaders through **HHRIEmergencyTeamLeaders@HHRInstitute.org**
   b. Evacuate the building immediately
   c. Evacuate using the stairs
   d. Do not use the elevators
   e. Crouch below the smoke level while moving to an area of refuge
   f. Follow the evacuation protocol for the area in which you are working

3. **Evacuation**
   a. It is the supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for
   b. Primary meeting site: Soccer Field at Elliot Park, back corner, nearest the PPC Building (9th Avenue side)
   c. When a Fire Alert has concluded HHRI Emergency Team Leaders will send notice through the **HHRIEmergencyTeamLeaders@HHRInstitute.org**
   d. If affected by a Fire Alert, WHEN ABLE, HHRI employees housed in PPC should:
      1) Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
      2) Email an update to **HHRISafetyCommittee@HHRInstitute.org**
B. Intruders/Suspicious Persons – Also see Appendix B
   1. PPC staff witnessing an intruder/suspicious person should dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service.
   2. Provide the Community 911 the building address, location of the intruders/suspicious persons, description including (as able) height, weight, nationality, clothing color, shoes, and shirt color.
   3. Do not approach the individual. Wait for authorities to assist in the situation.
   4. Notify Shapiro and HCMC Emergency Team Leaders via the HHRI Emergency Team Leaders Distribution List.
      a. When a major alert is identified in PPC, PPC HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
      b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff
      c. When a major alert has concluded in PPC HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org
   5. Notify the Property Manager at 612-359-5853
   6. If affected by a major alert, WHEN ABLE, HHRI employees housed in PPC should:
      a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update
      OR
      b. Email an update to HHRISafetyCommittee@HHRInstitute.org
C. Active Shooter/Riot/Public Disturbances - Also see Appendix B
   1. PPC staff witnessing a riot/public disturbance should dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service.
   2. Notify personnel in Shapiro and HCMC via the HHRI Emergency Team Leaders Distribution List.
      a. When a major alert is identified in PPC, PPC HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
      b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff
      c. When a major alert has concluded in PPC HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org
   3. Notify the Property Manager at 612-359-5853
   4. Do not get involved
   5. If you are in immediate danger of an individual or hear sounds of violence staff should immediately choose the best action for the immediate circumstances
      a. RUN
         1) Evacuate if there is a safe, accessible escape path available
         2) Move far away from the incident and find safe cover and/or concealment
         3) If you believe that police have not been notified, call 911 after it is safe for you to do so
         4) Be prepared to provide details of the current situation
b. **HIDE (SHELTER-IN-PLACE)**
   1) Close doors
   2) Conduct a sweep of the floor, lead visitors to a lockable secure room
   3) Close corridor blinds
   4) Close fire or compartment doors within the floor
   5) Take mobile phones with you, silence the phone. Phones placed on vibrate can still be heard
   6) Turn off lights
   7) Go to a lockable room and secure the door
   8) If an area is normally locked, ensure nobody exits the area permitting unwanted entrance to the locked unit
   9) Be aware that the violent person(s) may bang on the door or yell for help in an effort to make you open the door
   10) Follow instructions given by law enforcement or security
   11) Stay in the secure room until an “all clear” is announced

c. **FIGHT - Use only as a last resort and only when your life is in imminent danger**
   1) Attempt to disrupt or incapacitate the violent person(s)
   2) Act aggressively against him/her
   3) Yell loudly
   4) Throw items or improvise weapons such as a fire extinguisher or scissors
   5) Shine a bright light into the eyes of the violent person(s)
   6) Strike the violent person’s hand that holds the weapon with a heavy object
   7) Use furniture as shields and objects to trap or knock the violent person(s) to the ground
   8) Use several people to swarm the violent person(s) to the ground

6. When interacting with law enforcement:
   a. Stay calm and follow officers’ instructions
   b. Ensure your Photo ID is prominently displayed
   c. Put down any items in your hands
   d. Immediately raise hands and spread fingers
   e. Avoid making quick movement towards the officers such as holding onto them for safety
   f. Avoid pointing, screaming, or yelling
   g. Do not stop to ask officers for directions or help when evacuation, just proceed to the direction from where officers are entering or where they are directing you to escape

7. Immediately after the threat has been cleared:
   a. Supervisors and Emergency Team Leaders should search and account for all individuals and visitors
   b. Notify law enforcement of any persons unaccounted for

8. If affected by a major alert, WHEN ABLE, HHRI employees housed in PPC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org

Chapter 4: Emergency Preparedness Plan – PPC
Revised 2019
D. Bomb Threat - Also see Appendix B
1. HHRI personnel should respond to potential bombs and bomb threats in a manner to protect individuals, the facility, and to minimize the disruption of services
2. All personnel should properly display their Photo IDs to facilitate the identification of unauthorized persons
3. Departments should keep their own areas clean and orderly to facilitate the identification of unauthorized objects
4. HHRI will respond to potential bombs and bomb threats in light of the following priorities:
   a. Protect personnel and visitors
   b. Protect the facility
   c. Minimize disruption to ongoing activities
5. A bomb threat is a threat received in any form (telephone call, letters, memos, writing on a wall, e-mail, etc.) that a bomb has been placed. Telephone calls are the most common way. Bomb threats may be specific or nonspecific
   a. A nonspecific threat is limited to a simple statement that a bomb has been placed. No other information is available
   b. A specific threat contains details such as a location, appearance of the bomb, time set for activation, or the motive behind planting the device
   c. General characteristics of threats associated with the high probability of a bomb include:
      1) Long distance call or letter
      2) Detailed list of grievances
      3) Specific target named
      4) Detailed justification or rationale for planting the bomb
      5) Previous bomb threats involving real bombs
   a. When a major alert is identified in PPC, PPC HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
   b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff
   c. When a major alert has concluded in PPC HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org
7. PPC will follow evacuation directions issued by the Minneapolis Fire and/or Policy Department.
8. Written bomb threat:
   a. Handle the note as minimally as possible
   b. If a threat is received by email do not delete the message
   c. Dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service
   d. Provide address, suite number, name, threat details
8. Bombs may be hidden or camouflaged as a common package or article. Signs of a suspicious package or article may include:
9. If a suspicious package or article is found:
   a. Dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service
   b. Provide address, suite number, name, threat details
   c. Remove any individuals in the immediate area, cordon off the area
   d. Do not touch the package or article
   e. Do not cover the package or article
   f. Do not transmit over a radio or use cellular phones near the target area
   g. Do not touch, shake, rattle, kick, or pick up the package or article
   h. Do not use metal objects near the package or article
10. Telephoned bomb threat
    a. A bomb threat may be received by anyone. Most threats are phoned in and the person making the call will usually deliver their message to the first person contacted
    b. Show order and calmness throughout the call
    c. Response
       1) If a bomb threat is received, keep as calm as possible. Have another person listen in on the call if possible.
       2) Copy the number and/or letters on the window display of the phone
       3) Immediately dial (or have someone else dial) the HCMC Security Operations center and you will be re-directed to the Community 911 Service. Do not speak to anyone else.
       4) Obtain as much information as possible; complete the Bomb Threat Checklist found behind this policy.
       5) Be courteous, even if the caller is abusive. The longer the caller remains on the line the more information you can get. Do not interrupt.
       6) Listen carefully to everything the caller says and to any background noise
       7) Do not hang up upon termination of the call, keeping the line open increases the possibility of tracing the call.
       8) If a disinterested third party calls and states that someone told him/her to call to report the bomb, obtain this individual’s name, address, phone number, and ask the person to stay on the phone.
       9) Personnel should, when possible, avoid the use of the word “bomb” to fellow personnel and visitors. Maintain calm by specifying a “safety problem”.

11. Threat made in person
   a. Note the description of the individual
b. Note the direction the person is traveling

c. Dial 911 for the HCMC Security Operations Center and you will be re-directed to the Community 911 service

d. Provide address, suite number, name, details of the threat and person making it

12. If affected by a major alert, WHEN ABLE, HHRI employees housed in PPC should:

a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update

OR

b. Email an update to HHRISafetyCommittee@HHRInstitute.org

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**TELEPHONED BOMB THREAT CHECKLIST**
Telephone number received at: ____________________ Date received: ______________

Time call received: ______________ Termination of call: ______________

Sex: Male Female Adult Juvenile

Age: Young/Old  20  30  40  50  60  70

Voice: Loud Soft High Pitch Deep Intoxicated

Accent: Yes___ No____

Speech: Fast Slow Stutter Lisp Slurred Intoxicated

Language: Excellent Good Poor Fair Foul

Manner: Calm Angry Serious Laughing

Unusual Phrases: _________________________________________________________

Background Noises:

- Music________
- Horns________
- Running Motor (Type)________
- Aircraft________
- Other_________________________________
- Traffic________
- Machinery________
- Whistles________
- Bells________

When will bomb go off? _____________________________________________

Where is the bomb? ___________________________________________

How big is the bomb? ____________________________________________
What kind of bomb is it?  (Explosive)  (Incendiary/Fire)

Whom is the caller mad at? __________________________________________

Why was the bomb planted? _________________________________________

What is the caller’s name? ___________________________________________

What is the caller’s address? _________________________________________

Did the caller place the device or was there someone else involved?

Did the caller seem familiar with the building when describing where the device was placed?

E. Flooding - Also see Appendix B
1. Flooding may occur for many reasons including if pipes break, a sprinkler head is damaged, or water lines freeze and burst.

2. If flooding should occur:
   a. Immediately contact the Property Manager at 612-359-5853.
   b. Personnel should protect equipment from damage if not endangering yourself or others. This may be done by covering it with plastic, removing equipment from the area, or raising equipment above the water line in the area that is flooding. Unplug all electrical equipment if this can be accomplished safely.
   c. Personnel should move themselves and all visitors to a safe, dry area. HHRI personnel must stay with visitors until an evacuation can be completed if necessary.

F. Severe Weather Alert - Also see Appendix B

1. The purpose of a Severe Weather Alert is to warn all personnel and visitors of the possibility of danger associated with severe weather.

2. It is recommended that personnel housed in PPC be aware of changing weather conditions and listen for radio alerts or the activation of sirens by the Hennepin County Civil Defense Warning System.

3. A Severe Weather Alert may occur:
   a. If the possibility of a severe storm or tornado exists, a warning will be received by HCMC through National Oceanic and Atmospheric Administration (NOAA).
   b. If the situation warrants, a Severe Weather Alert warning will be announced in Shapiro and HCMC.
   a. When a major weather alert is sounded in Shapiro and HCMC, HHRI Emergency Team Leaders will notify PPC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org.
   b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff.
   c. When an “all clear” is sounded, HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org.

5. When an announcement is made personnel should ensure the safety of all HHRI personnel and visitors by doing the following:
   a. Make sure all doors and blinds are closed.
   b. Leave exterior offices.
   c. Use stairwells to go to the basement of the building.
   d. DO NOT use elevators.
   e. If unable to reach the basement go to an enclosed area of the building. Keep clear of elevator and stairwell doors.
   f. Sit down and protect yourself by putting your head close to your lap as possible or kneel protecting your head.
   g. It is the Supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for.
   h. Individuals in transit between departments should proceed to, and remain within, the nearest safe area.

6. If affected by a major alert, WHEN ABLE, HHRI employees housed in PPC should:
G. Building Evacuation - Also see Appendix B

1. Evacuation from the building:
   a. Remain calm
   b. Close office doors
   c. It is the Emergency Team Leaders’ and Supervisors’ responsibility to ensure that all personnel and visitors are accounted for
   d. Evacuate at a safe pace, do not run, do not go back to collect personal or business items
   e. Stay together
   f. Use the stairwells unless other directions are given, use handrails
   g. Ensure that injured or physically challenged individuals are given assistance
   h. Evacuate in an orderly fashion
   i. Proceed to the designated meeting area
   j. Reassess that all personnel and visitors are accounted for
   k. Meeting site is the Soccer Field at Elliot Park, back corner, nearest the PPC Building (9th Avenue side)

2. WHEN ABLE, HHRI employees housed in PPC should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org
   c. Employee and visitor accounting results should be given to the Vice President of Operations, Safety Committee Chair, or Emergency Team Leader(s).
GAS LEAK OR SUSPECTED GAS LEAK

In the case of a suspected or actual gas leak – **DO NOT:**

1. Turn lights on or off
2. Operate any electric switches
3. Use any electrical device – including computers
4. Use a phone, either land or cell
5. Smoke
6. Ignite matches or lighters
7. Use a flashlight or electrical lantern
APPENDIX B

PARKSIDE PROFESSIONAL CENTER EMERGENCY PROCEDURES

TO BE ATTACHED ON FINAL EDITING
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INTRODUCTION

SR Management Services, Inc. is pleased to provide you with this tenant emergency procedures handbook designed to provide you as our valued tenant quick and useful building information.

*Please keep this handbook in an easily accessible location.*
SR Management Services, Inc. (SRM) is located at 900 North Third Street, Minneapolis, MN 55401. SRM’s office hours are Monday - Friday 8:00 AM -5:00 PM.

**Property Management**

Main Office Line (24 Hours) 612-371-3000  
Fax 612-359-5858  
Company Website www.sr-re.com  
Property Manager (Emily Culpepper) 612-359-5853  
eculpepper@sr-re.com

**Security**

American Security On Site Cell Phone 612-221-7027

**After Hours Emergency Service**

The Maintenance Team 952-942-5000

**Emergency Numbers**

Minneapolis Police Department 911  
Minneapolis Police - Non Emergency 311  
Minneapolis Fire Department 911  
Emergency Medical Assistance 911

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**PARKSIDE PROFESSIONAL CENTER HOURS**

*The Parkside Professional Center is open to the public during the following hours:*

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Friday</td>
<td>6:00 AM - 6:00 PM</td>
</tr>
<tr>
<td>Saturday</td>
<td>6:00 AM - 1:30 PM</td>
</tr>
<tr>
<td>Sunday</td>
<td>Closed</td>
</tr>
</tbody>
</table>
In case of any emergency, please remember to call 911.

When doing so it is important to remember the following:

A. Give Building Address. 825 South 8th Street, Minneapolis MN 55404.
B. Give Floor/Suite Number and the location of the emergency.
C. Explain what type of emergency it is and any detailed information you may know.
FIRE PROCEDURE

If you discover a fire: DO NOT try to fight the fire!

1. CALL 911
   A. Give Building Address. 825 South 8th Street, Minneapolis MN 55404.
   B. Give Floor/Suite Number and the location of the fire.
   C. Explain what type of fire it is and any detailed information you may know.

2. If the fire/smoke alarms go off, evacuate the building immediately.

3. Close all office doors and windows as you leave, DO NOT lock them.

4. Evacuate the building via the stairways. DO NOT TAKE THE ELEVATOR!

5. Proceed to the nearest exit.

6. Once outside, move as far away from the building as possible.

7. If heavy smoke is present, stay near the floor where the air is better. Take short breaths and breathe through your nose.

8. DO NOT TRY TO FIGHT THE FIRE!

Fire sensing devices are strategically located on each floor. When you hear the fire horns the following will automatically take place:

- The “siren” fire horns sound throughout the building.

- The elevator car is automatically called to the ground floor and will open up automatically. The elevator will remain there until released by the Fire Department.

- A signal is sent to a central station that monitors the building, and they will alert the Fire Department and SR Management Services, Inc.

- Assign at least 2 people with in your office as Emergency Response Captains to make certain that all members of your staff have vacated safely.

- Meet at your companies meeting spot and check in with your Emergency Response Captains.
TORNADO WARNING/SEVERE WEATHER

**Tornado Warning**
A tornado warning is an alert by the National Weather Service confirming a tornado sighting or location. The National Weather Service will announce the approximate time of detection or direction of movement. Wind will be 75 MPH or greater. During a tornado and Severe Weather season in Minnesota, it is recommended your firm have a weather radio.

**Public Warning**
A public Warning will come over the radio, TV or five minute steady blasts of the sirens by the Hennepin County Civil Defense Warning System. Please pay attention to all warnings.

**IF YOU HEAR A TORNADO WARNING, IMMEDIATELY SEEK PROPER SHELTER:**
1. Move away from the perimeter of the building and exterior glass.
2. Leave your exterior office and close the door.
3. Use stairwells to go to the basement of the building. DO NOT use the elevator. If you are unable to reach the basement of the building, go to an ENCLOSED area of the building. Keep clear of the elevator and stairwell doors.
4. Sit down and protect yourself by putting your head close to your lap as possible, or kneel protecting your head.
5. Assign at least 2 people within your office as Emergency Response Captains to make certain that all members of your staff have vacated safely.

If you are in transit in the building:
6. Take the stairwell to the basement shelter.
7. DO NOT go to the first floor lobby or outside the building.

If you are caught in an outside perimeter office:
8. Seek protection under a desk.

Wait for warning to be lifted:
9. Remain in these areas until the “ALL CLEAR” has been issued by the National Weather Service, after which everyone can return to their offices.

If your area sustains damage, call 911 and the Property Manager at 612-371-3000. Emergency crews will arrive to assist you as soon as possible.
1. **CALL 911**

State the following information:

- **Location**: Parkside Professional Center  
  825 South 8th Street  
  Suite/Floor Number  
  Minneapolis, MN 55404

- Type of injury or illness.

- The individuals present condition.

2. **Contact the Property Manager at 612-371-3000.**

Provide them with the same information as above. Let them know if you have called 911.

3. **DO NOT move an injured or ill person**, unless their location is causing them more harm. Do try to make them as comfortable as possible.

4. **Have someone meet the emergency units at the main entrance of the building.**
ELEVATOR EMERGENCY

1. Press the emergency call button in the elevator. You will automatically be connected to the elevator companies emergency dispatch which is answered 24/7.

2. State the buildings location: Parkside Professional Center 825 South 8th Street, Minneapolis.

3. Give the elevator number (located on the inside of the phone panel door).

4. Answer the elevator phone if it rings.

5. DO NOT PANIC and DO NOT ATTEMPT TO FREE YOURSELF.

   A ELEVATOR TECHNICIAN WILL BE DISPATCHED IMMEDIATELY
BOMB THREAT

If you receive a bomb threat or find a suspicious package:

REPORT IT, BUT DO NOT TOUCH ANYTHING SUSPICIOUS

1. Keep the caller on the phone as long as possible, find out and record as much information as you can.
   A. Caller’s intent, timing of bomb, location
   B. Age
   C. Sex
   D. Accent or slang used
   E. Background noise
   F. Please use attached checklist

2. CALL 911
   A. State “I have received a bomb threat”.
   B. Location:
      Parkside Professional Center
      825 South 8th Street
      Minneapolis, MN 55404
      Suite/Floor Number - Company Name
      Your Name
   C. Ask what procedures you should follow.
   D. Notify your Emergency Response Captains

3. Call the Property Manager at 612-371-3000 and state the following:
   A. You have received a bomb threat or suspicious package.
   B. Your company name, building, and suite number.
   C. Your name.
   D. What the police have instructed you to do.

4. If the police have advised you to do so, evacuate the area immediately via the stairwell.

5. If the entire building needs to be evacuated, please notify others as you evacuate.

6. The police will issue an “ALL CLEAR” after the building has been checked.

7. Keep a copy of the attached Bomb Threat Checklist at your reception desk and with your Emergency Response Captains.

Updated 12/19/2018
If you are receiving a bomb threat, if possible, keep the caller on the telephone and note the following things:

A. Time of call: ________________ Time call ended: __________________
B. What time is the bomb set to explode: ____________________________
C. Where is the bomb located: ______________________________________
D. What kind of bomb is it; any description: ___________________________

Description of the Callers Voice:
Male______ Female______ Old_____ Young_______
Calm______ Nervous_____ Rough____ Refined_______
Accent (Describe)_________________________________________
Speech Impediment (Describe)_______________________________
Did you recognize the voice? If yes who is it:_______________________

Background Noise:
Music__________ Motor Noises__________ Traffic Noise____
Aircraft_________ Horns _______________ Whistles/Bells____

Additional Information:

A. Did the caller seem to know the building? How?________________________
B. What line did the call come in on?____________________________________
C. Is it a direct line, main line, etc.____________________________________

SIGNATURE: ______________________ DATE:___________________________
DEPARTMENT: ______________________________________________________

Updated 12/19/2018
POWER OUTAGE

In the event of a power outage, the building has emergency lighting in the stairways should an evacuation of the building be necessary. DO NOT attempt to use the elevators.

Power Outage Protocol

1. Contact the Property Manager at 612-371-3000.

2. Raise the blinds and let in outside light.

3. If there appears to be no emergency other than power failure, await instructions or information from building management.

4. Should another emergency be evident, follow the instructions in the emergency handbook for that situation.

5. If you are instructed to evacuate, do so immediately, Emergency lights are rated for approximately two (2) hours of service. If power is not restored in the time the stairwells will be unlit - it will be dark.

6. DO NOT congregate in the lobby or atrium areas.

7. Return to the building when instructed by building management.

8. Keep the following supplies on hand in case of an outage:
   - Working flashlight
   - Battery powered radio
   - Extra batteries
ENVIRONMENTAL EMERGENCIES

To prevent an environmental emergency, we request your assistance with the following preventive measures:

1. Read all labels and containers thoroughly.
2. Follow the proper direction for use and storage.
3. DO NOT mix unknown substances.
4. DO NOT dispose of hazardous materials with regular trash.
5. If you are in search of the proper disposal guidelines, suspect contamination or have questions, contact building management or the Department of Health at 612-673-2301.

Mail Handling Recommendations

1. Persons handling mail should wear plastic gloves.
2. Persons handling mail should wash their hands often.
3. Look for mail that is too heavy for the package it arrives in and over postage.
4. Watch for items or packages that have no return address or delivery address has no name or misspelling of a name.
5. The mail should be sorted into reliable mail and suspicious mail. Suspicious mail should never be opened or handled by bare hands.
6. The postal inspector has stated they know of no creditable threats to the Midwest or Minnesota area specifically.
7. If you have suspicious mail, contact the Minnesota Department of Health’s 24 hour Epidemiology hotline at 612-676-5414.
8. There is a website that you can visit for the US post office is www.usps.com.
1. Note the time and location of the intruder. Write down a good description, including height, weight, nationality, clothing color, shoes, and shirt color.

2. CALL 911.


4. DO NOT try to remove the intruder or suspicious person from the building yourself. Wait for the authorities to assist in the situation.
RIOT/PUBLIC DISTURBANCES

1. Immediately report any riot or public disturbances to 911.

2. Provide them with the following:
   - Location: Parkside Professional Center
     825 South 8th Street
     Minneapolis, MN 55404
   - Your Company Name
   - Your Suite/Floor number
   - Your Name

3. Call the Property Manager at 612-371-3000.

4. DO NOT get involved.

5. If you are able to move to a safe area, you should do so immediately.


7. Try to remember as many details as possible.
It is responsibility of each tenant to have their respective evacuation plans in place. Make sure all employees know the location of the nearest exit and decide upon a meeting place in order to account for all employees.

**What to do in a building evacuation**

1. Keep Calm.

2. Close the door to your office as you leave, but do not lock it.

3. Follow the instructions of your individual company leaders.

4. Try to stay together in a single file line.

5. Keep talking to a minimum.

6. Use enclosed stairwell to exit the building.

7. Use handrails in the stairways.

8. Listen for instructions from emergency crews or building management and follow them.

9. In the stairwell, watch for emergency crews coming up the stairs.

10. Evacuation of disabled persons:
    - A minimum of two (2) people should be assigned to each disabled person.
    - One person should alert the emergency personnel of the situation and location of the disabled person.

11. Be prepared to merge with other people who will be evacuating from other floors.

12. Once you have vacated the building, get away from the building and go to your companies designated meeting spot.

13. Once at your meeting spot make sure to check in with your Emergency Response Captains.

14. Only return to the building if the “ALL CLEAR” has been issued by the emergency personnel or building management.

**DO NOT PANIC - DO NOT RUN - DO NOT SMOKE - DO NOT USE THE ELEVATORS**
OTHER EMERGENCIES

Water Emergency

- In case of any type of water leakage, immediately contact the Property Manager at 612-371-3000 and report the problem.

After Hours Emergency

- Follow the steps that pertain to the specific situation.
- Call The Maintenance Team at 952-942-5000. They will contact the appropriate SR Management Service, Inc. staff member.
Your company should have its own emergency procedures program. We recommend that your update it at least once a year if not more.

**Company plan should include**

1. Assign two (2) Emergency Response Captains to help evacuate your office and to ensure that all employees have been evacuated safely.

2. Regular review of your company emergency program.


4. Post floor evacuation maps.

5. Designate an exterior meeting spot. During an evacuation your Emergency Response Captains should take a head count to ensure that everyone has been evacuated.

6. Know more than one potential exit.

7. Provide switchboard training on proper emergency procedures. Keep a copy of the bomb threat check list (page 9) at your main reception area.

8. Compile and maintain a list of your staff members emergency contact information.

9. Appoint 2 key members of your staff as fire monitors. Fire monitors should be familiar with emergency procedures and trained to ensure that your staff is fully evacuated during severe weather and fire emergencies. Fire monitors can also be assigned to assist handicapped staff members and visitors in evacuating the building.
Please feel free to contact SR Management Services, Inc. at 612-371-3000 with any questions you may have regarding the emergency procedures for the Parkside Professional Center.

SR Management Services, Inc. is committed to providing high quality management and leasing to all Schafer Richardson's tenants. Please contact us with any comments or concerns you have in the building, as we consider our tenants comments and suggestions as top priority.
Chapter 5: SHAPIRO EMERGENCY PREPAREDNESS PLAN

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Shapiro Alert Policies and Procedures...........................................................4

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Chapter 5

SHAPIRO Emergency Preparedness Plan

I. Policy
   A. An emergency is defined as a sudden, unexpected occurrence that demands immediate action. A delay of appropriate action may endanger lives. For Hennepin Healthcare Research Institute (HHRI) personnel working in Shapiro, knowledge of how to respond to emergencies is essential to safeguard the lives of HHRI personnel and visitors.
   B. It is equally important for personnel housed in the Hennepin County Medical Center (HCMC) and the Parkside Professional Center (PPC) to be aware of pertinent policies and procedures in place for these buildings.
      1. See Chapter 3: HCMC Emergency Preparedness Plan if permanently housed in HCMC. HCMC policies and procedures may also be found at http://mcd-ucm-consum/erp/
      2. See Chapter 4: PPC Emergency Preparedness Plan if permanently housed in PPC. Parkside Professional Center Emergency Procedures are contained in Chapter 4
   C. In most instances, Shapiro tenants and visitors are notified of any emergencies via the overhead paging system.
   D. As backup, HHRI Emergency Team Leaders have been designated to provide an efficient means to notify and account for HHRI clinical research and laboratory research personnel, administrative personnel, and visitors present in the Shapiro and Parkside HHRI areas
   Emergency Team Leaders are:
      S2.100: Anne Shaw, Yi Peng
      S2.300: Jonathan Klaphake, Becky Ford
      S3 & Frosch Lab: Carolyn Narikawa, Brittany Lindgren
      S4: Dana Knopic, Pam Giles
      S5: Lisa Berndt, Carla Erickson
      S9: Michelle Chrastek, Cynthia Hanson, Bonnie Crissman
      S10: Alison Jarvis, Sam Howard, Michael Lick
      S11: Alison Jarvis, Danielle Burroughs, Peter Muelken
      PP4: Berman Center, Molly Prozinski, Brenda Kirpach, Nate Tessum
      PP4: Human Resources, Karin Fisher, Nancy Oakes
      PP7: Administration, Pat Engstrand, Carey Nadeau, Doug Kenison, Megan Crosby
E. Communications between Shapiro, PPC and HCMC housed employees.

1. Personnel in PPC will be notified of major alerts in Shapiro or HCMC by the HHRI Emergency Team Leaders
   a. When a major alert is called in Shapiro or HCMC, HHRI Emergency Team Leaders will notify PPC Emergency Team Leaders through the HHRIEmergencyTeamLeaders@HHRInstitute.org
   b. Emergency Team Leaders housed in PPC will notify staff on their respective floor
   c. When a major alert has concluded HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org

2. The following Shapiro and HCMC alerts will be considered a major alert
   a. Fire Alert
   b. Security Alert Active Shooter
   c. Internal Security Threat Alert
   d. External Security Threat Alert
   e. Severe Weather Alert
   f. Shelter-In-Place, Relocation Evacuation Alert
   g. Missing Newborn/Toddler/Child Alert

3. Personnel in Shapiro and HCMC will be notified of major alerts in PPC via the HHRI Emergency Team Leaders Distribution List
   a. When a major alert is called in PPC HHRI Emergency Team Leaders will notify Shapiro and HCMC Emergency Team Leaders through HHRIEmergencyTeamLeaders@HHRInstitute.org
   b. HHRI Emergency Team Leaders will notify the appropriate HHRI staff
   c. When a major alert has concluded in PPC HHRI Emergency Team Leaders will send notice through the HHRIEmergencyTeamLeaders@HHRInstitute.org

4. The following PPC alerts will be considered a major alert
   a. Fire
   b. Intruders/Suspicious Persons
   c. Riot/Public Disturbances
   d. Bomb Threat
   e. Building Evacuation
   f. Other Emergency

F. Personnel housed in HCMC will be notified by the ALERTUS system and should follow HCMC regulations as outlined in http://mcd-ucm-consum/erp/ and Chapter 3.

G. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   1. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   2. Email an update to HHRISafetyCommittee@HHRInstitute.org
II. Emergency Care

A. HHRI personnel and visitors have access to several medical treatment facilities in the event that an accident or injury occurs that requires medical attention.

B. If an injury takes place at work, and the victim is ambulatory, the victim may seek treatment at any of the following facilities:
   1. The HCMC Urgent Care, 612-873-6222, is located on the first floor of the Red Building
   2. The HCMC Emergency Room, 612-873-3132, is located on the first floor of the Red Building. It is open 24 hours per day, seven days per week
   3. The individual’s private physician if the nature of the injury is minor

C. For bloodborne pathogen exposure, the individual must go to HCMC Employee Occupational Health and Wellness. The phone number is 612-873-2383 and they are located in PL.710. Walk-in hours are Monday – Friday 7a.m. – 4p.m. For exposures taking place outside of these hours the individual must go to the HCMC Emergency Room.

D. For any incident that occurs during the course of an individual’s normal working duties, an HHRI Employee’s Injury/Incident Report Form must be filled out and signed by the injured party. The injury form is then sent to the individual’s supervisor who will fill out the relevant information and forward it to HHRI Human Resources.

E. If an employee or visitor is seriously injured or incapacitated, personnel assisting them should take the following actions:
   1. Dial 911 for the Security Operations Center (SOC) in Shapiro to request an emergency medical response team
   2. Provide the SOC the location of the emergency, your name and phone number
   3. Do not attempt to move the victim unless they are in immediate danger
   4. Begin first aid/CPR ONLY if trained in proper techniques
   5. Station an individual at the location entrance to direct the response team to the correct area
   6. Have someone at the scene to provide information as needed about the event
III. SHAPIRO Alert Policies and Procedures

A. Fire Alert

1. All floors in Shapiro are equipped with visual and audible alarms except for the 11th floor (visual alarms only). All areas have an overhead heat activated sprinkler system. It is an employee’s responsibility to know the locations of fire extinguishers and alarms. If fire or visible smoke occurs in the immediate work area, follow the standard response plan:
   a. RESCUE: Anyone in danger
   b. ALERT: Pull the nearest fire alarm (located at each stairwell and near each exit door). Call the HCMC Security Operations Center (SOC) at 911 immediately. Provide your name, exact location, and description of what is burning
   c. CONTAIN: Close all doors. Turn off all fans
   d. EXTINGUISH: Only if it does not place you in danger. To use a fire extinguisher, remember P.A.S.S.
      1) Pull – the safety pin
      2) Aim – the nozzle at the base of the fire
      3) Squeeze – the handles together
      4) Sweep – the nozzle across the base of the fire

2. If the fire becomes too large, or the extinguisher is emptied without successfully extinguishing the fire, remove yourself as quickly as possible from the area
   a. Move horizontally to an area that is clear of smoke
   b. Avoid the use of elevators
   c. Crouch below the smoke level while moving to an area of refuge
   d. Follow the evacuation protocol for the area in which you are working

3. A Fire Alert warning will be an overhead page as follows:
   “ATTENTION HOSPITAL PERSONNEL, FIRE ALERT”
   (Building, Floor, Location)
   (Message repeated three times)

4. If an alarm sounds:
   a. Make sure all doors are closed including doors to common areas
   b. Meet in the elevator lobby to await further instructions
   c. It is the supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for
   d. If necessary, check offices and laboratories to assure that all individuals are following the alert rules
   e. If individuals are not following the alert rules, remind them of their responsibility to do so
   f. If the fire is in an adjacent building, do not enter the affected building except in an emergency. Do not use the elevators in the affected building
   g. Wait in the elevator lobby area until the “all clear” is sounded
   h. During a fire drill, Emergency Team Leaders have the discretion to allow employees back to their workspaces if more than 10 minutes has passed without an all clear
5. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update
   OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org

B. Internal Security Threat Alert

1. An Internal Security Threat Alert is an immediate notice that security measures are needed
during an internal security incident that compromises the safety of persons on property
owned or leased by Hennepin Health Systems. Examples of such instances may include:
   a. An individual’s safety is threatened
   b. An escaped prisoner
   c. Hostage situation
   d. Civil disturbance or gang activity
   e. Bomb threat (see Bomb Threat Procedures below)

2. An Internal Security Threat Alert is pertinent only to the HCMC Main Campus. This
includes HCMC owned buildings for which the HCMC Security Department serves as first
responders. This specifically includes the:
   a. Purple Building
   b. Red Building
   c. Orange Building
   d. Green Building
   e. Blue Building
   f. Shapiro Building
   g. Life Sciences Building
   h. HCMC Parking Ramp
   i. Hospital Parking Ramp

3. Individuals on the HCMC Main Campus should report a known or suspected Internal
Security Threat by notifying the HCMC Security Operations Center (SOC) at 911
immediately

4. The SOC will initiate the following:
   a. Lock the exterior doors of the HCMC campus buildings
   b. Staff may enter through any entrance using badge access
   c. Non-staff entry will be allowed through the monitored 730 S. 8th Street entrance on the
      Emergency Drive for the duration of the Internal Security Threat

4. An Internal Security Threat warning will be an overhead page as follows:

“ATTENTION HOSPITAL PERSONNEL, INTERNAL SECURITY THREAT ALERT”
(Insert location in the Building and Floor) Staff in this location should shelter in place
(Message repeated three times)

5. If an alarm sounds that the security alert is in your location, follow the shelter in place
   policies (page 11)

6. If an alarm sounds and the security alert in not in your location, adhere to the following
   procedures:
   a. Make sure all doors are closed
   b. Bring cell phones with you if possible
c. Meet in the elevator lobby

d. It is the supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for

e. If necessary, check offices and conference rooms to assure that all individuals are following the alert rules

f. If individuals are not following the alert rules, remind them of their responsibility to do so

g. Wait in the elevator lobby area until the “all clear” is sounded or your floor is given other instructions

h. Individuals in transit between departments, or who do not have an assigned work area should proceed to, and remain within, the nearest safe area

7. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
a. Call the Chair of the Safety Committee at 612-873-66441 for a personnel status update

OR

b. Email an update to HHRISafetyCommittee@HHRInstitute.org

C. Internal Security Threat Alert (Bomb Threat)

1. HHRI personnel should respond to potential bombs and bomb threats in a manner to protect individuals, the facility, and to minimize the disruption of services

2. HCMC Security Operations Center (SOC) will maintain visible deterrents including uniformed patrol and effective lighting

3. All personnel should properly display their Photo IDs to facilitate the identification of unauthorized persons

4. Departments should keep their own areas clean and orderly to facilitate the identification of unauthorized objects

5. HHRI will respond to potential bombs and bomb threats in light of the following priorities:

   a. Protect personnel and visitors

   b. Protect the facility

   c. Minimize disruption to ongoing activities

6. A bomb threat is a threat received in any form (telephone call, letters, memos, writing on a wall, e-mail, etc.) that a bomb has been placed. Telephone calls are the most common way. Bomb threats may be specific or nonspecific

   a. A nonspecific threat is limited to a simple statement that a bomb has been placed. No other information is available

   b. A specific threat contains details such as a location, appearance of the bomb, time set for activation, or the motive behind planting the device

    a. General characteristics of threats associated with the high probability of a bomb include:

    1) Long distance call or letter

    2) Detailed list of grievances

    3) Specific target named

    4) Detailed justification or rationale for planting the bomb

    5) Previous bomb threats involving real bombs

7. Evacuation or interruption of service to all or part of Shapiro requires the decision of the HCMC Security and/or Facility personnel unless individuals are clearly in imminent
danger. The Minneapolis Fire and/or Police Department is also authorized to order an evacuation

8. Written bomb threat:
   a. Handle the note as minimally as possible
   b. If a threat is received by email do not delete the message
   c. Notify the HCMC Security Operations Center (SOC) at 911 immediately

9. If a suspicious package or article is found:
   a. Notify the HCMC Security Operations Center (SOC) at 911 immediately
   b. Bombs may be hidden or camouflaged as a common package or article. Signs of a suspicious package or article may include:
      1) No return address, poorly handwritten address or misspelled words
      2) Excessive postage
      3) Stains, strange odor, or strange sounds
      4) Incorrect titles, unexpected delivery
   c. Remove any individuals in the immediate area, cordon off the area
   d. Do not touch the package or article
   e. Do not cover the package or article
   f. Do not transmit over a radio or use cellular phones near the target area
   g. Do not touch, shake, rattle, kick, or pick up the package or article
   h. Do not use metal objects near the package or article

10. Telephoned bomb threat
   a. A bomb threat may be received by anyone. Most threats are phoned in and the person making the call will usually deliver their message to the first person contacted
   b. Show order and calmness throughout the call
   c. Response
      1) If a bomb threat is received, keep as calm as possible. Have another person listen in on the call if possible
      2) Copy the number and/or letters on the window display of the phone
      3) Immediately call (or have someone else call) HCMC Operations Center (SOC) at 911. Do not speak to anyone else
      4) Obtain as much information as possible; complete the Bomb Threat Checklist found behind this policy
      5) Be courteous, even if the caller is abusive. The longer the caller remains on the line the more information you can get. Do not interrupt
      6) Listen carefully to everything the caller says and to any background noise
      7) Do not hang up upon termination of the call, keeping the line open increases the possibility of tracing the call
      8) If a disinterested third party calls and states that someone told him/her to call to report the bomb, obtain this individual’s name, address, phone number, and ask the person to stay on the phone
      9) Personnel should, when possible, avoid the use of the word “bomb” to fellow personnel and visitors. Maintain calm by specifying a “safety problem”

11. Threat made in person
   a. Note the description of the individual
b. Note the direction the person is traveling

c. Notify the HCMC Security Operations Center (SOC) at 911 immediately

d. The appropriate initial response will be determined by the HCMC Security Operations Center (SOC). They will determine:
   1) Level of search required
   2) Whether evacuation is indicated
   3) The level of evacuation required to ensure the safety of personnel and visitors

12. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update
      OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org
TELEPHONED BOMB THREAT CHECKLIST

Telephone number received at: ____________________ Date received: ______________

Time call received: ___________________ Termination of call: ____________________

Sex: Male Female Adult Juvenile

Age: Young/Old 20 30 40 50 60 70

Voice: Loud Soft High Pitch Deep Intoxicated

Accent: Yes____ No____

Speech: Fast Slow Stutter Lisp Slurred Intoxicated

Language: Excellent Good Poor Fair Foul

Manner: Calm Angry Serious Laughing

Unusual Phrases: _________________________________________________________

Background Noises:

Music___________ Traffic___________
Horns___________ Machinery___________
Running Motor (Type)___________ Whistles___________
Aircraft___________ Bells___________
Other________________________________________

When will bomb go off? _____________________________________________

Where is the bomb? ___________________________________________

How big is the bomb? ___________________________________________
What kind of bomb is it? (Explosive) (Incendiary/Fire)

Whom is the caller mad at? ________________________________

Why was the bomb planted? ________________________________

What is the caller’s name? ________________________________

What is the caller’s address? ________________________________

Did the caller place the device or was there someone else involved?

Did the caller seem familiar with the building when describing where the device was placed?
D. Shelter-in-Place Alert
   1. Shelter-in-Place is used to prevent individuals from entering the building; secure compartmentalized areas; and discourage people from moving throughout HHS property
   2. A Shelter-in-Place warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, SHELTER-IN-PLACE ALERT

   (Insert location in the Building and Floor)

   (Message repeated three times)

3. When staff receive a Shelter-in-Place Alert, the following procedures should be followed:
   a. Close doors
   b. Conduct a sweep of the floor, lead visitors to a lockable secure room
   c. Close corridor blinds
   d. Close fire or compartment doors within the floor.
   e. Take mobile phones with you, silence the phone. Phones placed on vibrate can still be heard
   f. Turn off lights
   g. Go to a lockable room and secure the door
   h. If an area is normally locked, ensure nobody exits the area permitting unwanted entrance to the locked unit
   i. Be aware that the violent person(s) may bang on the door or yell for help in an effort to make you open the door
   j. Do not make any unnecessary calls to the SOC
   k. Follow instructions given by law enforcement or security
   l. Stay in the secure room until an “all clear” is announced

4. Immediately after the Shelter-in-Place Threat has been cleared:
   a. Supervisors and Emergency Team Leaders should search and account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for

5. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org
E. Active Shooter Alert

1. An Active Shooter is defined as an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area by means of any type of weapon. A weapon is defined as any firearm, knife, or instrument that can cause bodily harm, injury or death.

2. Report a known or suspected Active Shooter by calling the HCMC Security Operations Center (SOC) at 911. Be prepared to provide the following information to the SOC dispatcher:
   a. Name of the person reporting the threat
   b. Number and description of assailants including clothing color and style
   c. Current location or last known location
   d. Type of weapon(s)

3. An Active Shooter Alert warning will be an overhead page as follows:

   “ATTENTION HOSPITAL PERSONNEL, SECURITY ALERT ACTIVE SHOOTER”

   There is a person using a weapon in the vicinity of (Insert location in the Building and Floor)

   Exterior doors have been locked. Security has initiated their Active Shooter procedures.

   Staff should shelter in place.

   (Message repeated three times)

4. If staff observes an Active Shooter approaching or hear sounds of violence, staff should immediately choose the best action for the immediate circumstances
   a. RUN
      1) Evacuate if there is a safe, accessible escape path available
      2) Move far away from the incident and find safe cover and/or concealment
      3) If you believe that police have not been notified, call 911 after it is safe for you to do so
      4) Be prepared to provide details of the current situation
   b. HIDE
      1) Close doors
      2) Conduct a sweep of the floor, lead visitors to a lockable secure room
      3) Close corridor blinds
      4) Close fire or compartment doors within the floor
      5) Take mobile phones with you, silence the phone. Phones placed on vibrate can still be heard
      6) Turn off lights
      7) Go to a lockable room and secure the door
      8) If an area is normally locked, ensure nobody exits the area permitting unwanted entrance to the locked unit
      9) Be aware that the violent person(s) may bang on the door or yell for help in an effort to make you open the door
      10) Do not make any unnecessary calls to the SOC
      11) Follow instructions given by law enforcement or security
      12) Stay in the secure room until an “all clear” is announced
c. **FIGHT** - Use only as a last resort and only when your life is in imminent danger
   1) Attempt to disrupt or incapacitate the violent person(s)
   2) Act aggressively against him/her
   3) Yell loudly
   4) Throw items or improvise weapons such as a fire extinguisher or scissors
   5) Shine a bright light into the eyes of the violent person(s)
   6) Strike the violent person’s hand that holds the weapon with a heavy object
   7) Use furniture as shields and objects to trap or knock the violent person(s) to the ground
   8) Use several people to swarm the violent person(s) to the ground

5. When interacting with the Security Department and/or law enforcement:
   a. Stay calm and follow officers’ instructions
   b. Ensure your Photo ID is prominently displayed
   c. Put down any items in your hands
   d. Immediately raise hands and spread fingers
   e. Avoid making quick movement towards the officers such as holding onto them for safety
   f. Avoid pointing, screaming, or yelling
   g. Do not stop to ask officers for directions or help when evacuation, just proceed to the direction from where officers are entering or where they are directing you to escape

6. Immediately after the Active Shooter Threat has been cleared:
   a. Supervisors and Emergency Team Leaders should search and account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for

7. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org
F. External Security Threat Alert

1. An External Security Threat is defined as a security threat that exists in the vicinity of property owned or leased by Hennepin Health Systems and security measures are needed to ensure the safety of persons on the property. Examples of such instances include:
   a. A police chase
   b. A report of a shooting or violent crime with suspect(s) at large
   c. A large civil disturbance or disorder

2. An External Security Threat Alert is pertinent only to the HCMC Main Campus. This includes HCMC owned buildings for which the HCMC Security Department serves as first responders. This specifically includes the:
   a. Purple Building
   b. Red Building
   c. Orange Building
   d. Green Building
   e. Blue Building
   f. Shapiro Building
   g. Life Sciences Building
   h. HCMC Parking Ramp
   i. Hospital Parking Ramp

3. Individuals on the HCMC Main Campus should report a known or suspected External Security Threat by notifying the HCMC Security Operations Center (SOC) at 911 immediately.

4. The SOC will initiate the following:
   a. Lock the exterior doors of the HCMC campus buildings
      1) Staff may enter through any entrance using badge access
      2) Non-staff entry will be allowed through the monitored 730 S. 8th Street entrance on the Emergency Drive for the duration of the External Security Threat

5. An External Security Threat Alert warning will be an overhead page as follows:

   "ATTENTION HOSPITAL PERSONNEL, EXTERNAL SECURITY THREAT ALERT"

   In the vicinity of (insert Building and Street(s))

   Exterior doors have been locked; remain inside the building until further notice

   (Message repeated three times)

6. An External Security Threat does not affect normal internal operations. Movement throughout corridors should proceed as normal unless the HCMC Security Department announces restrictions or additional instructions.

7. When an announcement is made personnel should ensure the safety of all HHRI personnel and visitors by doing the following:
   a. Meet in the elevator lobby area
   b. It is the Supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for
   c. If necessary, check offices or laboratories to assure that all individuals are following the alert rules
d. If individuals are not following the alert rules remind them of their responsibility to do so

e. Note who is on the floor and then return to normal internal operations

f. Advise visitors who may be unfamiliar with the HCMC campus to remain on the floor until the External Security Threat has been cleared or other directions are given

8. Immediately after the External Security Threat has been cleared:
   a. Supervisors and Emergency Team Leaders should account for all individuals and visitors
   b. Notify the SOC of any persons unaccounted for

G. Flooding
   1. Flooding may for many reasons including if pipes break, a sprinkler head is damaged, or water lines freeze and burst
   2. If flooding should occur:
      a. Immediately contact the HCMC Security Operations Center (SOC) at 612-873-4116
      b. Personnel should protect equipment from damage if not endangering yourself or others. This may be done by covering it with plastic, removing equipment from the area, or raising equipment above the water line in the area that is flooding. Unplug all electrical equipment if this can be accomplished safely
      c. Personnel should move themselves and all visitors to a safe, dry area. HHRI personnel must stay with visitors until an evacuation can be completed if necessary
      d. The HCMC SOC Facility will determine the cause of the flooding and expedite repairs and clean-up as needed
      e. Flooding may evolve into an Internal Security Threat Alert. If an Internal Security Threat Alert is called follow the Internal Security Threat Disaster Plan

H. Severe Weather Alert
   1. The purpose of the Severe Weather Alert is to warn all personnel and visitors of the possibility of danger associated with severe weather
   2. A Severe Weather Alert may occur:
      a. If the possibility of a severe storm or tornado exists, a warning will be received by HCMC through National Oceanic and Atmospheric Administration (NOAA)
      b. If the situation warrants, a Severe Weather Alert warning will be an overhead page as follows:

            “ATTENTION HOSPITAL PERSONNEL, SEVERE WEATHER ALERT IS IN EFFECT FOR THE MEDICAL CENTER”

            A (description of the event) warning has been issued valid until (time frame)

            (Message repeated three times)

   3. When an announcement is made personnel should ensure the safety of all HHRI personnel and visitors by doing the following:
      a. Close all doors and blinds
      b. Ensure that visitors are safe
      c. All personnel and visitors are to meet in the elevator lobby area
      d. It is the Supervisors’ and Emergency Team Leaders’ responsibility to confirm that all personnel and visitors are accounted for
e. If necessary, check offices or laboratories to assure that all individuals are following the alert rules
f. If individuals are not following the alert rules remind them of their responsibility to do so

g. Restrict traffic and the use of the elevators
h. Wait in the elevator lobby area until the “all clear” is sounded or your floor is given other instructions

i. If a **TORNADO WARNING** is called immediately move to an interior hallway, away from all windows and glass doors. Sit down and put your head as close to your lap as possible or kneel and protect your head with your arms

j. Individuals in transit between departments, or who do not have an assigned work area should proceed to, and remain within, the nearest safe area.

k. When the Severe Weather Alert has expired the “Severe Weather Alert, All Clear” page will be announced

4. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
   a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
   b. Email an update to HHRISafetyCommittee@HHRInstitute.org

I. Missing Newborn/Toddler/Child Alert
   1. The purpose of this policy is to, on suspicion of an actual or attempted infant or child, abduction, have a coordinated plan to locate and protect the victim as quickly and safely as possible

   2. A Missing Newborn/Toddler/Child Alert will be an overhead page as follows:

      **ATTENTION HOSPITAL PERSONNEL**

      **MISSING (New born, infant, toddler, child) (Age, description) (Building, floor, unit)**

      *(Message repeated three times)*

   3. If an alert sounds:
      a. Meet in the elevator lobby
      b. Post individuals to exits, hallways, stairwells, and elevators to observe for abductor
      c. Call the HCMC Security Operations Center (SOC) at 911 with any sightings
      d. When the abducted victim has been found an all clear will be announced
J. Relocation Alert or Evacuation Alert
   1. When a Relocation or Evacuation Alert is called the warning will be an overhead page as follows:
      “ATTENTION HOSPITAL PERSONNEL, (relocation or evacuation) ALERT”
      (Insert location in the Building and Floor)
      (Message repeated three times)
   2. When a Relocation Alert or Evacuation Alert is called the pertinent instructions should be followed as appropriate
   3. Evacuation from the Working Area
      a. Meet in the elevator lobby
      b. It is the Emergency Team Leaders’ and Supervisors’ responsibility to ensure that all personnel and visitors are accounted for
      c. Evacuate at a safe pace, do not run, do not go back to collect personal or business items
      d. Stay together
      e. Use the stairwells unless other directions are given
      f. Ensure that injured or physically challenged individuals are given assistance
      g. Evacuate in an orderly fashion
      h. Proceed to the designated assembly area
      i. Reassess that all personnel and visitors are accounted for
      j. Meeting sites are:
         1) Primary meeting site: Lower Level Shapiro Building, North Hallway
         2) Secondary meeting site: HCMC Blue Building Lower Level Conference Room
   4. Evacuation from the Building
      a. Meet in the elevator lobby
      b. It is the Emergency Team Leaders’ and Supervisors’ responsibility to ensure that all personnel and visitors are accounted for
      c. Evacuate at a safe pace, do not run, do not go back to collect personal or business items
      d. Stay together
      e. Use the stairwells unless other directions are given
      f. Ensure that injured or physically challenged individuals are given assistance.
      g. Evacuate in an orderly fashion
      h. Proceed to the designated assembly area
      i. Reassess that all personnel and visitors are accounted for.
      j. Primary meeting site: Soccer Field at Elliot Park, back corner, nearest the PPC Building (9th Avenue side)
   5. If affected by a major alert, WHEN ABLE, HHRI employees housed in Shapiro should:
      a. Call the Chair of the Safety Committee at 612-873-6644 for a personnel status update OR
      b. Email an update to HHRISafetyCommittee@HHRInstitute.org
      c. Employee and visitor accounting results should be given to the Vice President of Operations, Safety Committee Chair, Safety Committee Coordinator, or Emergency Team Leader(s)
      d. 
GAS LEAK OR SUSPECTED GAS LEAK

In the case of a suspected or actual gas leak – **DO NOT:**

1. Turn lights on or off
2. Operate any electric switches
3. Use any electrical device – including computers
4. Use a phone, either land or cell
5. Smoke
6. Ignite matches or lighters
7. Use a flashlight or electrical lantern
Chapter 6: FIRE SAFETY

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CHAPTER 6

FIRE SAFETY

I. Fire Prevention

A. The possibility of an accidental fire is a hazard in many settings; the causes of most fires can be attributed to carelessness, inattention, lack of knowledge, an unsafe environment, or unattended operations.

B. All administrative and clinical research personnel must take responsibility to recognize potential fire hazards and take appropriate measures to ensure the safety of themselves and others.

C. Four principles of fire prevention and response are:
   1. Handle ignition sources and flammable materials appropriately
   2. Prevent accumulation of flammable materials
   3. Use appropriate safety devices when using flammables
   4. Know how to respond in the event of a fire

D. General safety practices for fire prevention and control practices to be used in the Hennepin Healthcare Research Institute (HHRI) areas include:
   1. No smoking
   2. Do not block fire extinguishers
   3. Do not leave any ignition sources unattended. Ignition sources include, but are not limited to, portable heaters, heating elements, and electrical equipment that can produce a spark.
   4. Do not allow trash to accumulate in any area
   5. Do not allow materials soaked with solvents, oils, or other flammable materials to accumulate in any area

E. Electrical equipment
   1. Check all electrical tools, instruments, cords, and plugs for worn areas or exposed wires. Electrical equipment should be grounded and/or have a polarized plug.
   2. Do not attempt to use any electrical instrument or device that is causing a mild electrical shock. Unplug the device immediately and have it properly serviced.
   3. The use of extension cords should be restricted to those situations when it is absolutely necessary
      a. Extension cords must be UL approved
      b. The extension cord must be as heavy as the cord it is plugged into
      c. The extension cord must have a polarized plug or be grounded
      d. Extension cords cannot be strung together
   4. Do not use plug-in adaptors
   5. See Chapter 7: Electrical Safety

Chapter 6: Fire Safety
Revised 2019
II. Training Requirements
   A. All HHRI personnel are required to complete the HHRI Annual Safety Training.
      1. A reminder will be sent by HHRI Human Resources
      2. The information and quiz are available through the HHRI website
      3. Contact Human Resources or the Office for Education and Quality in Clinical Research for access to information
   B. Personnel are also responsible to know:
      1. Type and location of the nearest fire extinguisher
      2. Location of the nearest fire pull station
      3. Location of the nearest fire exits, and evacuation routes
      4. Location of the nearest emergency shower and/or eye wash station (if applicable)
      5. Emergency telephone number and fire procedures

III. Fire Classification
   A. All fires rely on three basic elements to maintain themselves:
      1. A fuel source or combustible material
      2. An ignition source
      3. Oxygen
      4. Some materials, such as flammable liquids, may be both a fuel and ignition source
      5. Removal of any one of these elements will extinguish a fire
   B. Fires are commonly grouped into four basic classifications, according to the type of combustible material.
      1. Class A fires: Dry materials such as wood, paper, textiles, etc.
      2. Class B fires: Flammable liquids such as grease, paint, oil, solvents, etc.
      3. Class C fires: Electrical fire
      4. Class D fires: Combustible metals such as magnesium

IV. Fire Extinguishers
   A. Portable fire extinguishers are provided for employee use and selected and distributed based on the classes of anticipated workplace fires and on the size and degree of hazard which would affect their use.
      1. Fire extinguishers are available in all HCMC buildings and in PPC
      2. The decision for which class of fire extinguisher is available is coordinated by the appropriate safety staff for HCMC and PPC and is matched to the work environment
   B. All fire extinguishers require routine safety checks. In HCMC facilities this is the responsibility of the HCMC Facilities Services Department. In PPC this is the responsibility of the Parkside building Manager.
Fire extinguishers are checked for:
1. Proper type of extinguisher for the area
2. Intact seal
3. Intact pin
4. Proper pressure within the tank
5. Date on tank

V. Other Fire-Related Equipment
A. Automatic sprinkler system.
   1. Sprinkler heads are located throughout the HCMC, Shapiro, and PPC buildings.
   2. Each sprinkler head is capable of covering 50 square feet of floor space with a discharge rate of 60-150 gallons of water per minute at high pressure. It is designed to extinguish Class A type fires quickly
   3. To ensure proper functioning of the automatic sprinkler system, items must not be stored directly under or up against a sprinkler head. Items must be no less than 18” from the sprinkler head

B. Fire hoses – located on each floor

VI. Fire Response
A. Fire Alert
   1. All floors in HCMC, Shapiro and PPC are equipped with visual and audible alarms except for the 11th floor Shapiro (visual alarms only). All areas have an overhead heat activated sprinkler system. If fire or visible smoke occurs in the immediate work area, follow the standard response plan:
      a. RESCUE: Anyone in danger
      b. ALERT: Pull the nearest fire alarm (located at each stairwell and near each exit door). Call the HCMC Security Operations Center (SOC) at 911 immediately. PPC will be redirected to the Community 911 operator. Provide your name, exact location, and description of what is burning
      c. CONTAIN: Close all doors. Turn off all fans
      d. EXTINGUISH: Only if it does not place you in danger. To use a fire extinguisher, remember P.A.S.S.
         1) Pull – the safety pin
         2) Aim – the nozzle at the base of the fire
         3) Squeeze – the handles together
         4) Sweep – the nozzle across the base of the fire
   2. If the fire becomes too large, or the extinguisher is emptied without successfully extinguishing the fire, remove yourself as quickly as possible from the area
   3. Personnel housed in HCMC should review Chapter 3 for further instructions
   4. Personnel housed in PPC should review Chapter 4 for further instructions
   5. Personnel housed in Shapiro should review Chapter 5 for further instructions
Chapter 7: ELECTRICAL SAFETY

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Chapter 7

ELECTRICAL SAFETY

I. Policy
   A. Wherever there are electrical outlets, plugs, wiring, or connections there is a danger of electrical shock. Electricity is widely recognized as a serious workplace hazard exposing employees to electric shock, burns, fires, and explosions.
   B. The human body will conduct electricity. Tissue damage, electric shock burns, or electrocution may occur when current flows through the body.
   C. The purpose of this policy is to outline procedures to lessen the possibility of electrical injuries.

II. Methods to prevent electric shock may include, but not be limited to:
   A. Insulation
   B. Guarding
   C. Grounding
   D. Machinery overcurrent protection

III. Emergency Power in the HCMC and Shapiro Buildings
   A. Emergency power is provided to elevators, egress illumination, exit signs, fire alarm system, and selected power outlets.
   B. Red colored outlets are supplied with emergency power and critical equipment should be plugged into a red outlet.
   C. Orange outlets indicate that the power supply is on an independent circuit. Orange outlets are NOT supplied with emergency power.

IV. Emergency Power in the PPC Building
   A. PPC is not supplied with emergency power but does have two hour emergency lighting.
   B. Refer to Chapter 4: Appendix B-PPC Emergency Procedures for further information on power outages in the PPC.

V. Electrical Procedures
   A. Electrical equipment is to be checked for proper grounding and safety when first used.
   B. Equipment should be installed and used in accordance with its listing and labeling.
   C. Ensure that there is sufficient access and working space to permit ready and safe operation and maintenance of equipment.
   D. Check all electrical tools, instruments, cords, and plugs for worn areas, exposed wires, splices, and bare conductors.
   E. Ensure that electrical equipment is grounded and/or has a polarized plug.
   F. Only use UL approved outlet strips and surge protectors.
G. Restrict the use of extension cords to those situations when it is absolutely necessary.
   1. Extension cords must be UL approved
   2. The extension cord must be as heavy as the as the cord it is plugged into
   3. The extension cord must have a polarized plug or be grounded
H. Ensure a plug is dry before plugging it into a circuit.
I. Do not attempt to repair any electrical equipment.
J. Do not use equipment with worn or broken wires.
K. Do not handle electrical equipment or connections with damp hands or while standing in
   or near water.
L. Do not expose equipment to agents that have a deteriorating effect on the equipment.
M. Do not expose equipment to excessive temperatures.
N. Do not continue to run a piece of electrical equipment after liquid has been spilled on it.
   Turn it off immediately, unplug it, and allow it to dry thoroughly both inside and outside.
   Inform co-workers that the equipment is not to be used for a definite time period.
O. Do not use any electrical equipment or device that is causing a mild shock. Unplug the
   device immediately, label machinery as out of order, and inform co-workers that the
   device is malfunctioning. Have the equipment serviced or replaced.
P. Do not place extension cords across passageways. Extension cords cannot be suspended
   overhead.
Q. Extension cords cannot be strung together.
R. Do not use octopus connectors or plug-in adaptors.

VI. Electrical Shock
A. Report all electrical shocks immediately to a supervisor, including small tingles.
B. Do not use any electrical equipment or device that is causing even a mild shock. Unplug
   the device immediately, label as out of order, and inform co-workers that the device is
   malfunctioning. Have the equipment serviced or replaced.
C. In case of a major electrical shock:
   1. Dial 911 for the HCMC Security Operations Center (SOC) and request a medical
      emergency team
   2. In PPC dial 911 for the HCMC Security Operations Center and you will be re-
      directed to the Community 911 service
   3. DO NOT TOUCH THE VICTIM
   4. Confirm that you are not wet or standing on a wet surface
   5. Break the current running to the victim
      a. Turn off the source of electricity. Do not touch the equipment, shut the current
         down at the circuit breaker or fuse box
      b. If unable to turn off the source of electricity move the source away from the
         person and yourself using a non-conducting object made of cardboard, plastic, or
         wood
      c. If the victim is holding onto a wire or other conductor, attempt to knock their hand(s) free
         with a stick or other non-conducting object
   6. Do not move the victim unless s/he is in immediate danger
   7. Begin first aid/CPR if trained in proper techniques
VII. Electrical Failure
   A. In HCMC or Shapiro call HCMC Facilities Emergency Work orders at 612-873-4116
   B. In PPC follow PPC Emergency Procedures
Chapter 8: MINNESOTA EMPLOYEE RIGHT-TO-KNOW ACT (MERTKA)

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Chapter 8

MINNESOTA EMPLOYEE RIGHT-TO-KNOW ACT (MERTKA)
(Hazardous Communication Program)

I. Policy
A. The Hennepin Healthcare Research Institute (HHRI) has established the following program to comply with the OSHA Hazardous Communication Standard (29 CFR 1910.1200) and the Minnesota Employee Right to Know Act (MERTKA).
B. This hazardous communication program is designed to fulfill the following objectives:
   1. To safeguard all administrative and clinical research personnel by providing necessary information on dangers associated with hazardous chemicals, harmful physical or health agents, and infectious agents in the work place
   2. To assure compliance with OSHA Title 29, 1910.1200, Hazardous Communication Standard and MERTKA
   3. To assure areas of responsibility relating to the Right to Know Program are clearly defined

II. Scope
A. The HHRI written Hazardous Communication Right to Know Program will provide administrative and clinical research personnel with a description of the Program.
B. The Program will consist of:
   1. A chemical inventory of all hazardous chemicals stored and used at HHRI facilities
   2. A mechanism to ensure that hazardous chemicals are properly labeled
   3. A mechanism to ensure that Safety Data Sheets (SDS) are available for all chemicals listed in chemical inventory
   4. A mechanism that ensures the SDS system is maintained and updated on a regular basis
   5. A comprehensive training program to provide information on the handling of hazardous chemicals and infectious agents in the work place
   6. Protocols that ensure incoming contractors are provided information about hazardous substances, harmful physical agents, or infectious agents they may encounter at HHRI facilities
   7. Relevant training records
   8. A provision for an annual review of the HHRI Right to Know Program to ensure the program continues to meet all requirements of the OSHA Hazardous Communication Standard and MERTKA
III. Responsibilities
A. The HHRI Board of Directors has entrusted to the HHRI Safety Committee the responsibility of developing and implementing the Right to Know Program.
B. Each Principal Investigator/Supervisor and individual is responsible for implementing the program to protect themselves, other personnel, and visitors.
C. The written Hazard Communication and Right to Know Program will be reviewed annually by the HHRI Safety Committee and updated as needed.

IV. Chemical Inventory/Material Safety
A. Clinical research laboratories and administrative personnel rarely use hazardous chemicals. If hazardous chemicals are being used the Laboratory Services Coordinator must be notified.
B. See Laboratory Safety Manual if handling hazardous chemicals.

V. Chemical Labeling
A. Clinical research laboratories and administrative personnel rarely use hazardous chemicals. If hazardous chemicals are being used the Laboratory Services Coordinator must be notified.
B. See Laboratory Safety Manual if handling hazardous chemicals.

VI. Training
A. Clinical research laboratories and administrative personnel rarely use hazardous chemicals. If hazardous chemicals are being used the Laboratory Services Coordinator must be notified.
B. See Laboratory Safety Manual if handling hazardous chemicals.
C. All personnel who are exposed to infectious agents will be trained to recognize the hazards. Personnel will receive initial training and annual training thereafter. Whenever a new infectious agent is introduced into the workplace, additional training will be implemented.
D. The training program will include:
1. An overview of the OSHA Hazard Communication and MERTKA
2. Location of the HHRI Hazard Communication and Right to Know Program
3. The hazardous substances, physical agents or infectious agents that may be encountered in the workplace and the physical and health hazards of such substances
4. The measures individuals should take to protect themselves against occupational exposure to infectious agents in the workplace (work practices, personal protective equipment)
5. Emergency procedures
6. Training on infectious agents must include the chain of infection and method used to prevent occupational exposure
7. Training in the shipping of hazardous materials will be documented, and a completion of training certificate will be retained
E. The Principal Investigator and the Clinical Trials Training Office will be responsible for implementing the training provisions of the HHRI Right to Know Program concerning infectious agents and training in the shipping of hazardous materials.
F. Training formats will include audio-visual training, hands-on instruction, and information packets.

G. Personnel who are changing positions must receive Right-To-Know training prior to assuming their new duties if not previously trained. When a new individual is assigned or transferred to a department in which hazardous chemicals or infectious agents are present, his/her orientation must include all of the above training elements as well as all other specific required safety and health training.

H. Contractors, vendors, service personnel, and visitors will be informed of areas where potential exposure to hazardous chemicals and or infectious agents could occur, protective measures to be taken, and safe handling procedures to be used.

I. Mandatory annual safety training will be conducted annually by Human Resources.

J. The HHRI will communicate to any contractor, vendor or visitor the potential hazards that exist within HHRI facilities. HHRI will expect all non-HHRI personnel to comply with established worker protection programs. HHRI will also request that the appropriate supervisory personnel be notified if an outside contractor or vendor intends to introduce any hazardous substances into HHRI facilities.

VII. Record Keeping

A. Records of training will be maintained by HHRI. At a minimum training records will contain:
   1. The dates the training was conducted
   2. The name and title of the person who conducted the training
   3. The name of the trainee
   4. A brief summary or outline of the information that was included in the training

B. Training records will be made available upon request for review by employees and representatives of OSHA.
# Chapter 9: Working With Infectious Agents and Human Tissues

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Hennepin Healthcare Research Institute
Administrative & Clinical Research Safety Manual

Chapter 9
Work With Human Pathogens or Other Potentially Infectious Human Materials

I. Policy
A. The Hennepin Healthcare Research Institute (HHRI) policy is to provide safe working environments for all personnel. The HHRI is committed to providing staff all pertinent information regarding pathogenic hazards associated with their work.
B. The HHRI is a multidisciplinary organization. The opportunity for exposure to pathogenic organisms for personnel working within or visiting HHRI laboratory and common spaces can run the range from nearly non-existent to daily contact with known pathogens. Personnel must be familiar with the standard precautions outlined in this chapter to safeguard their own health and the health of other individuals.

II. Purpose
A. Minimize exposures to human pathogens and other potentially infectious human materials.
B. Familiarize personnel with the principles and practices that define standard precautions.
C. Protect personnel from the health risks associated with human pathogens and other potentially infectious human materials.
D. Comply with the Occupational Safety & Health Administration (OSHA)/Department of Labor Occupational Exposure to Bloodborne Pathogens, 29 CFR 1910.1030, and other pertinent regulations.

III. Scope and Responsibilities
A. This policy applies to all HHRI personnel who encounter occupational exposures to human pathogens or to other potentially human infectious materials.
B. HHRI Responsibilities:
   1. To support the safety of all personnel, the HHRI shall provide:
      a. Training
         1) Ensure that all personnel that have the potential for occupational exposure to human pathogens or to other potentially human infectious materials receive information and training relating to proper standard precaution practices. Training will be provided at the time of initial assignment to tasks and annually thereafter
         2) Provide retraining and progressive discipline, when necessary, to individuals who fail to comply with standard precaution policies and procedures.
      b. Work practice controls
         3) Implement engineering and work practice controls in order to eliminate or minimize exposure to pathogens
         4) Ensure that the work site is maintained in a safe, clean and sanitary condition
         5) Monitor and document compliance with exposure control practices on a regular basis
6) Ensure that all laboratory areas and procedural areas where infectious agents, blood or tissue samples or other potentially pathogenic materials are being used are appropriately labeled.

7) Ensure that warning labels are placed on containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials.

8) Label other containers used to store, transport, or ship blood or other potentially infectious materials.

c. Personal protective equipment
   1) Assurance that all individuals are supplied and maintained by the Principal Investigator standard personal protective equipment that is appropriate for the tasks prescribed in the performance of their duties.
   2) Assurance that all individuals requiring specialized personal protective equipment, as determined by the specific pathogens to be used, are provided and maintained by the Principal Investigator.

d. Exposure evaluation and care
   1) Provide post occupational exposure evaluation and follow-up to all personnel who have an exposure incident.
   2) Following a report of an exposure incident, a confidential medical evaluation and follow-up will be immediately made. Follow-up will include:
      a) Documentation of the route(s) of exposure
      b) Circumstances under which the exposure incident occurred
      c) Identification, testing, and documenting of the source individual, unless HCMC/ HHRI can establish that identification is infeasible or prohibited by law.

2. To support the safety of personnel working with human tissues and/or blood, the HHRI shall:
   a. Make the Hepatitis B vaccine and vaccination series available to all personnel who have occupational exposure to human blood or tissue.
   b. Medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure evaluation and follow-up shall be:
      1) Made available at no cost to the individual
      2) Made available to the individual at a reasonable time and place
      3) Performed by or under the supervision of a licensed physician.

C. Personnel working in all areas of the Hennepin Healthcare Research Institute shall:
   1. Know what tasks they perform that may expose them to occupational exposure
   2. Understand the principles of standard precaution policies and procedures
   3. Comply with the standard precaution and exposure control policies and procedures established by the HHRI
   4. Report incidents of actual or suspected exposure to potentially infectious materials to their supervisor
   5. Participate in required training
D. Principal Investigators shall:
   1. Provide and maintain the usual and specialized personal protective equipment appropriate for the tasks associated with their particular laboratory risks
   2. Ensure that an individual is seen in the appropriate medical facility as soon as possible after an occupational exposure incident

IV. Training Curriculum

A. The HHRI ensures employees have the appropriate knowledge and skill level in the risks, prevention, and follow-up for pathogen exposures. Personnel with exposure to human blood/tissues or other potentially infectious materials will have, and be trained in, the following:
   1. Personnel will have access to the pertinent references cited
   2. A general explanation of the epidemiology and symptoms of bloodborne pathogens
   3. An explanation of the modes of transmission of pathogens
   4. An explanation of the HHRI exposure control plan and how to obtain a copy of the plan
   5. How to identify tasks and other activities that may involve exposure to potentially infectious materials
   6. An explanation of the appropriate engineering controls, work practices, and personal protective clothing/equipment to prevent or reduce exposure
   7. Information on the types, proper selection and use, location, removal, handling, decontamination, and disposal of personal protective equipment
   8. Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be provided free of charge based on reasonable risk of exposure
   9. Information on the appropriate actions to take and persons to contact if an exposure occurs that involves potentially infectious material
   10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
   11. Information on the post-exposure evaluation and follow-up that the HHRI is required to provide to the individual following an exposure incident
   12. An explanation of appropriate warning signs and labels
   13. Training records will contain:
      a. Dates of the training
      b. Contents of the training
      c. Names and qualifications of the person(s) conducting the training
      d. Name of person attending the training
      e. Be maintained for 3 years from the date on which the training occurred
V. Definitions

A. **Biological Cabinet**: A device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user. Certified biological safety cabinets are used for activities with infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols

1. **Class I**: A ventilated cabinet for personnel protection with an un-recirculated inward airflow away from the operator and high-efficiency particulate (HEPA) air filtered exhaust air for environmental protection
2. **Class II**: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection
3. **Class III**: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves

B. **Blood**: Human blood, human blood components, products made from human blood. Human blood components include plasma, platelets, and serosanguineous fluids. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9

C. **Bloodborne Pathogens**: Microorganisms that are present in human blood and/or other certain human body fluids and may cause disease in humans. Includes, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV)

D. **Contaminated**: Presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface

E. **Contaminated Laundry**: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps

F. **Contaminated Sharps**: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and test tubes

G. **Decontamination**: The use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal

H. **Engineering Controls**: Controls (i.e., sharps disposal containers, self-sheathing needles, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the pathogen hazard from the workplace

I. **Exposure Incident**: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual’s duties

J. **Handwashing Facilities**: A facility providing an adequate supply of running water, soap, and single use towels or hot air drying machines
K. **HBV**: Hepatitis B virus

L. **HCV**: Hepatitis C virus

M. **HIV**: Human immunodeficiency virus

N. **Needleless system**: Device that does not use needles for:
   1. Collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established
   2. Other procedures involving the potential for occupational exposure to pathogens due to percutaneous injuries from contaminated sharps

O. **Occupational Exposure**: Actual or reasonably anticipated skin, eyes, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual’s duties.

P. **Other Potentially Infectious Materials** (In addition to blood as defined):
   1. Semen
   2. Vaginal secretions
   3. Cerebrospinal fluid (CSF)
   4. Synovial fluid
   5. Pleural fluid
   6. Pericardial fluid
   7. Peritoneal fluid
   8. Breast Milk
   9. Saliva
   10. Amniotic fluid
   11. Other body fluids or waste containing visible blood
   12. All body fluids or waste in situations where it is difficult or impossible to differentiate between body fluids
   13. Unfixed tissue or organs (other than intact skin) from a human (living or dead)
   14. Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, HCV.
      a. Cell, tissue cultures, or organ cultures from humans
      b. Culture medium or other solutions

Q. **Parenteral**: The piercing of mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions

R. **Pathogen**: Any microorganism (virus, bacteria, fungal agent, prion) capable of causing disease

S. **Personal Protective Equipment**: Specialized clothing or equipment worn for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered personal protective equipment

T. **Regulated Waste**: Liquid or semi-liquid blood or other potentially infectious materials. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during
handling; contaminated sharps; and pathological and microbiological wastes containing 
blood or other potentially infectious materials

U. **Research Laboratory:** A laboratory using human blood or other potentially infectious 
materials in scientific endeavors. A laboratory producing or using research-laboratory 
scale amounts of any infectious pathogens of human or animal origin

V. **Sharps:** Any object used or encountered that can be reasonably anticipated to penetrate 
the skin or any other part of the body, and to result in an exposure incident. Sharps 
include, but are not limited to, needle devices, scalpels, lancets, broken glass, broken 
capillary tubes, drills, and burs

W. **Sharps with Engineered Sharps Injury Protections:** Non-needle sharps or needle 
devices used for withdrawing body fluids, accessing a vein or artery, or administering 
medications or other fluids, with a built-in safety feature or mechanism that effectively 
reduces the risk of an exposure incident

X. **Sharps Injury:** Any injury caused by a sharp, including, but not limited to, cuts, 
abrasions, or needlesticks

AA. **Source Individual:** Any individual (living or dead) who’s blood or other potentially 
infectious materials may be a source of occupational exposure

BB. **Sterilize:** The use of a physical or chemical procedure to destroy all microbial life 
including highly resistant bacterial endospores

CC. **Standard Precautions:** A system of barrier precautions to be used by all personnel for 
contact with blood, all body fluids, secretions, excretions, nonintact skin, and mucous 
membranes of all subjects, regardless of the subject’s diagnosis. These precautions are 
the standard of care. This system embodies the concepts of Universal Precautions and 
Body Substance Isolation. Standard Precautions focuses on reducing the risk of 
transmission of microorganisms

DD. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering 
the manner in which a task is performed
VI. Exposure Determination

A. The HHRI is a multidisciplinary organization. Because of the variability of the job responsibilities, the common factor associated among individuals in whom it is reasonably anticipated that a potential exists for exposure to pathogens is the direct handling of, or reasonably anticipated exposure to, blood and/or other potentially infectious materials in fulfillment of their work obligations.

B. The working environment, in part, determines specific work practice controls and universal safety precautions to be followed. If an employee is assigned additional duties the Principal Investigator is responsible to determine if the new duties exposes an employee to, and notify the employee of, potential exposure to blood and/or other potentially infectious materials.

VII. Standard Precautions for Working with Human Blood, Fluids, and Tissues

A. The HHRI requires the application of Standard Precautions as recommended by the Centers for Disease Control for instances where the potential for occupational exposure to bloodborne pathogens or other infectious materials exists. Implementation of Standard Precautions constitutes the primary strategy to prevent transmission of infectious agents in research. The HHRI requires that these precautions be strictly followed whenever the potential of occupational exposure exists.

1. Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions, nonintact skin, and mucous membranes may contain transmissible infectious agents.

2. Standard Precautions include a group of infection prevention practices that apply to all research subjects, regardless of suspected or confirmed infection status. These include:

   a. Handwashing
      1) Hands should be washed for 20 seconds using warm water, soap and friction, giving particular attention to areas around and under fingernails, between fingers, and backs of the hands. Dry well with a disposable towel
      2) Hands should be washed immediately after contamination with blood, body fluids, and/or other potentially infectious materials
      3) Hands should be washed immediately, or as soon as feasible, after removal of gloves or other personal protective equipment. If not feasible to wash immediately use an alcohol-based hand sanitizer and wash with soap as soon as possible

   b. Personal protective equipment/clothing
      1) When utilizing protective barriers, judgment must be exercised based on procedural variables
      2) The following criteria should be considered in order to determine what protective barriers are appropriate:
         a) The procedure being performed
         b) The type of exposure being anticipated
         c) The type of potentially infectious body fluid or substance
         d) The volume of body fluid or substance
e) The potential routes(s) of exposure, e.g. sharps injury, contact with open cuts or skin abrasions, contact with mucous membranes of eyes, nose or mouth
f) The probability of exposure

3) Personal protective equipment should be inspected periodically and repaired or replaced as needed to maintain its effectiveness. Reusable personal protective equipment must be cleaned and decontaminated. Disposable gloves must be discarded properly after use

c. Gloves
   1) Worn when contact with blood, other body fluids, or other potentially infectious material is anticipated
   2) Worn when contact with non-intact skin is anticipated, e.g., when the user has a cut or open sore on his or her hand
   3) Worn when contact with items or surfaces soiled with blood and/or other potentially infectious materials is anticipated
   4) Worn when performing venipuncture or vascular access procedures
   5) Worn when handling contaminated laundry
   6) Remove gloves aseptically, by grasping the bottom edge of the glove and pulling inside out over the hand
   7) Replace gloves as soon as possible if visibly soiled, torn, punctured, or at any time their ability to function as a barrier is compromised
   8) Cleanse hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment
   9) Use hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives if allergic to latex gloves
   10) Always discard after use. Do not attempt to wash or disinfect surgical or examination gloves for reuse

d. Water-impermeable gowns, lab coats, aprons, and other protective body clothing
   1) Worn during procedures that are likely to soil clothing or generate splashes of blood or other potentially infectious materials
   2) Worn when handling contaminated laundry
   3) Buttoned or snapped to protect clothing
   4) Surgical caps or hoods and/or shoe covers or boots are worn in instances when gross contamination can be reasonably anticipated

e. Masks, protective eyewear with solid shields, or chin length face shields are worn whenever splashes or splatters of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated to occur

B. Environmental maintenance
   1. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials
   2. Perform cleanup after completing procedures, when surfaces are overtly contaminated, immediately after any spill of blood, body fluids, or other potentially infectious materials, and at the end of the work shift
      a. Wear appropriate personal protective equipment.
b. One of the following may be used to decontaminate the area:
   1) A blood spill kit containing powdered disinfectant
   2) Chlorine bleach diluted 1:10–fresh solutions must be made daily
   3) Follow product instructions for decontamination-bleach must sit for at least thirty minutes
   4) Sweep up solidified spill with spatula provided in blood spill kit. If liquid disinfectant is used, paper towels should be used to absorb the liquid
   5) Place all waste in a plastic biohazard bag. Dispose of the bag in the hazardous waste receptacle
   6) If a spill has occurred on the floor, after cleaning areas as described above, request that housekeeping clean the area with water and a detergent soap
   7) Wash hands thoroughly

3. All reusable containers that have a potential for becoming contaminated with blood or other potentially infectious materials should be decontaminated as soon as possible upon visible contamination

4. Broken glassware is not picked up directly by hand. Mechanical means such as brushes, dustpans, tongs, or forceps will be used to handle the glass

C. Engineering and work practice controls
   1. Eating, drinking, smoking, gum or tobacco chewing, applying cosmetics or lip balm, or handling contact lenses should not be performed in areas where there is a reasonable likelihood of occupational exposure to blood, body fluids, or other potentially infectious materials
   2. Food and drinks should not be kept in refrigerators, freezers, shelves, cabinets, counters, or bench tops in the laboratory
   3. Mouth pipetting/suctioning is prohibited
   4. Mechanical pipetting devices should be used for all liquids. Pipette tips will be disposed of in biohazard containers
   5. Blood specimens and specimens of body fluids or other potentially infectious materials should be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping
   6. Gloves, masks, face shields, and gowns should be removed as soon as possible before leaving the work area. When contaminated, place these items in proper containers for storage, washing, decontamination, or disposal
   7. All procedures involving blood, body fluids, or other potentially infectious materials should be performed to minimize splashing, spraying, spattering, or generating droplets of these substances
   8. All specimens should be kept in clean and dry outside containers with a secure lid and transported in a secondary container that prevents leakage during handling, processing, storage, transport or shipping. The containers need to be labeled with a biohazard sticker
   9. Only authorized personnel are allowed in laboratory areas

D. Needles and sharps disposal
   1. Use extreme caution when handling used needles, syringes, or miscellaneous disposable sharp equipment. Handle as little as possible
   2. Do not recap ANY needles
3. Use appropriate incorporated safety devices
4. Sharps containers must be rigid, puncture resistant, leak proof on the sides and bottom, portable if portability is necessary, and labeled as a biohazard
5. Place sharps disposal containers in areas accessible by staff
6. Place all syringes, needles, blood lances, glass pipettes, slides, broken glass ampules, broken glass, test tubes, and any item possessing a puncture point that has come in contact with blood, body fluid, or other potentially infectious material in the designated sharps container
7. Place all items point down in the container and with safety device in place
8. Do not overfill container beyond the warning line (approximately 3/4 full)
9. Do not attempt to pack or stuff sharps into containers. Do not attempt to remove an item from a sharps container
10. Sharps contains should not be opened, emptied, or cleaned in any manner which would expose personnel to the risk of a sharps injury
11. When sharps containers are full, close the lid completely or tape the lid closed, and write “FULL” on the lid. Place all filled sharps containers in the hallway for pick-up.
12. Employees housed in HCMC follow HCMC sharps procedures for procurement and disposal

E. Laundry
1. Contaminated laundry should be handled with minimal agitation while wearing gloves
2. Contaminated laundry is to be bagged at the location where it is used and placed in water impermeable plastic bags
3. Close the bag leaving a minimal amount of air in the bag
4. Reinforce any bag with a second bag if it is leaking or appears as though it may leak
5. All soiled laundry will be treated as though it is contaminated

F. Waste disposal
1. Infectious waste is isolated, stored, transported, and disposed of in accordance with the Minnesota Infectious Waste Control Act (Minnesota. Statutes 116.75-116.83)
2. Waste disposal is carried out by HCMC
VIII. Services provided by Hennepin County Medical Center Employee Occupational Health and Wellness Department

A. Hepatitis B vaccination
   1. All HHRI personnel with the potential of occupational exposure to human tissues and/or samples are offered a Hepatitis B vaccine series. If their Hepatitis status is questionable, the individual is offered testing for the Hepatitis B antibody.
   2. The Hepatitis B vaccination program will consist of three doses of vaccine.
   3. Following administration of an initial dose, subsequent doses will be given at one month and six months.
   4. Individuals who decline the Hepatitis B vaccination will be educated on the need for the vaccine and offered the vaccine each year. A waiver will be signed by those declining, and kept in their Employee Health Service file.
   5. A Hepatitis B antibody level will be drawn at one month after the Hepatitis B series is completed.
   6. It is required that all HHRI personnel who sustain an occupational exposure to human blood and/or other potentially infectious materials report their exposure and receive the necessary follow-up in the Employee Occupational Health and Wellness Department. All results will be kept confidential in the individual’s Employee Occupational Health and Wellness record. The source individual (if known or applicable) will have a blood sample collected to test for bloodborne pathogens. This is in accordance with Minnesota State Statute 144.7407.

B. Exposure procedures
   1. Individuals must immediately wash their hands and any other skin contaminated with potentially infectious materials with copious amounts of soap and water. Mucous membranes must be copiously flushed with water immediately following contact of such body areas with potentially infectious materials.
   2. Personnel will notify their supervisor on duty of the exposure. When feasible, a HHRI Employee’s Injury/Incident Report Form should be completed.
      a. The exposed person will report for evaluation as soon as it is safe to leave the worksite. All exposed employees need to be seen within 2 hours of the exposure.
      b. The exposed person will report to the HCMC Employee Occupational Health and Wellness Department located in the Lower Level of the HCMC Purple Building. The phone number is 612-873-2383 and they are located in PL.710. Hours are Monday – Friday: 7a.m. – 4p.m. For exposures taking place after 3p.m. the individual must go to the HCMC Emergency Room/Urgent Care immediately.
      c. If seen in the HCMC Emergency Room/Urgent Care, follow-up with the Employee Occupational Health and Wellness Department is mandatory the next working day.
      d. Information on occupational blood and body fluid exposures will be discussed along with occupational blood and body fluid follow-up procedures.
      e. Follow-up will include the following elements:
         1) Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
2) Testing of the exposed person’s blood as soon as feasible and within legal parameters. Tests will include testing for the presence of the Hepatitis B surface antibody, Hepatitis C antibody, and the HIV antibody
3) Blood testing of the exposed person and source patient will be arranged per HCMC’s policy and procedures
4) Treatment and ongoing evaluation will be arranged per HCMC’s policies and procedures

C. Record keeping
1. A record is maintained for each individual with occupational exposure in the Employee Occupational Health and Wellness Department. Each record contains the following:
   a. Individual’s name and social security number
   b. A copy of the individual’s Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the individual’s ability to receive vaccination
   c. A copy of the results of examinations, medical testing, and follow-up procedures
   d. A copy of the healthcare professional’s written opinion regarding recommendation on Hepatitis B vaccination and post-exposure follow-up
   e. A copy of the information provided to the healthcare professional, which documents the description of the exposed person’s duties as they relate to the exposure incident, result of the source individual’s blood testing, if available, and all medical records relevant to the appropriate treatment of the individual including vaccination status

D. The HHRI Safety Committee will review all bloodborne pathogen exposures for trends and make recommendations for change in safety practices.

IX. References
C. Minnesota Statutes, 116.75-116.83, 144.7407
Chapter 10

HOLIDAY DECORATIONS

I. Purpose
   A. Provide guidelines on holiday decorations with an emphasis on safety.
   B. Honor the diverse backgrounds of staff and visitors to the Hennepin Healthcare Research Institute (HHRI).

II. Definitions
   A. **Private work space:** An area that is assigned exclusively to one employee, such as a cubicle, desk, or office that may be seen occasionally by coworkers.
   B. **Shared work space:** An area that is used or shared by employees such as copy rooms, conference rooms, bathrooms, break areas.
   C. **Public area:** Any space accessible by patients, families, and other staff members. Examples include lobbies, reception areas, and conference rooms.
   D. **Religious Symbol:** An object or image that commonly represents a faith or a specific concept within a religion, such as a crucifix, Star of David, star and crescent, wheel of Dharma, Torii, linga, or nativity scene.
   E. **Secular:** Neither religious nor related to a particular religion. Examples include tinsel or garland, snowmen, candy canes, reindeer, wreaths, hearts, pumpkins, snowflakes, flowers, or baby animals.

III. Policy
   A. All decorations must be non-combustible.
   B. Electrical decorations:
      1. Electrical decorations must have an Underwriters Laboratory (U.L.) or Factory Manual (F.M.) approval tag.
      2. Electrical decorations lacking such approval tags must be approved by HCMC Facilities Management before use in HCMC or Shapiro Buildings.
      3. Lighted decorations less than 40 watts are permitted provided they have an attached approval U.L. or F.M. approval tag.
      4. No extension cords are allowed.
   C. Live trees, wreaths, and boughs are not allowed.
   D. Decorations are not permitted on corridor doors as they may interfere with the proper operation of a smoke or fire door.
   E. Corridors and exits must remain clear and unobstructed. Decorations may not block corridors or emergency exits.
   F. Decorations such as tissue paper, crepe paper, cotton balls, or angel hair are not allowed.
   G. Seasonal decorations should not be attached to walls or ceilings with tape, nails, screws or similar fasteners.

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H. Metallic material may not be used for decorations.
I. No lighted candles of any kind are permissible.
J. No decorations may be hung from fire sprinklers, smoke detectors, or any components of the fire system.
K. Latex balloons are prohibited. Mylar balloons are acceptable.

IV. Cultural Considerations
   A. Secular decorations only may be displayed in public areas. Religious symbols or holiday decorations with a religious content are not allowed in public areas or shared workplaces.
   B. In a private work space an employee may display holiday decorations with religious or secular symbols.
   C. Secular decorations only may be displayed in shared work spaces.