C7: Corporate Medical Emergency Response Plan

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Policy

PURPOSE

The Corporate Medical Emergency Response Plan details actions to be taken by Massey Services team members to help manage emergency medical situations in our corporate offices.

Medical emergencies happen quickly. Depending on the extent of an illness or injury, a sufferer’s health can rapidly decline.

Having a well-rehearsed Medical Emergency Response Plan is vital to ensuring the critically injured or ill receive the best care possible within 60 minutes from occurrence; known as the golden hour.

RESPONSE TEAMS

Response teams are made up of team member volunteers who will respond directly or indirectly to medical emergencies at the Massey Services corporate office.

- Direct Response: Those in contact with the sick or injured; rendering care and comfort or managing the activities of the immediate area where care is taking place (crowd control, 911 dispatch contact, EMS guidance).
- Indirect Response: Those responding outside direct contact with the sick or injured. Directing team members away from the scene, holding elevators, positioned in the parking lot to direct EMS when

they arrive, or retrieving items such as medical supplies or PPE to assist with care.

Team member volunteers will go through an initial orientation and training to include certification courses CPR AED and Stop the Bleed and complete a recertification every two years.

911 CALLS AND TEAM NOTIFICATION

911 calls from all corporate extensions located in the 5-story and the 2-story buildings identify to emergency dispatch as Massey Services 315 Groveland Street and include the floor number and office number if applicable. If an emergency call is answered by dispatch and then disconnected, the dispatcher will call back to the designated corporate 911 number. The number reaches a ring group of designated corporate and reception team members who will either continue the call or transfer the call back to the person who originally made the call.

911 calls from the corporate office also trigger notifications to designated team members trained in responding to corporate emergencies. If a call is made and notification sent, the reception team verifies the legitimacy of the call and responds accordingly.

CORPORATE ENVIRONMENT

Familiarity with the corporate campus is important for those responding to medical emergencies.

- **315 Groveland St**: a five-story building with one elevator and two stairwells. Each stairwell is marked by each entrance door with the stairwell number and the floor. Stairwell number 1 runs from the fifth-floor executive suite to a second-floor landing leading to an emergency exit door. It then leads to the parking lot in the rear of the building. Stairwell number 2 runs from the fifth-floor executive suite down to a ground level exit in the executive parking lot. There is also a stairwell that runs from the second-floor lobby balcony to the front door lobby on the first floor by the front doors and reception area. There are three egress doors on the first floor: the front doors, the rear ‘shipping’ doors, and the hallway door leading to the executive parking lot. Access control devices are present on these doors for ingress traffic. Team member access is only permitted through the front door.
- **3100 Clay Ave**: a two-story building with one elevator and three stairwells. One stairwell on the east end of the building leading from the second floor to the rear parking lot, and one on the west side of the building also leading to the rear lot. The third stairwell leads from the central balcony of

the second floor to the first-floor lobby doors.

Note: This access is blocked if fire alarms are activated as the steel fire door will close from the ceiling to the floor restricting access to the stairs.

The first floor has an exit in the Business Analysis hallway near the five-story lobby, doors in the front lobby, a door in the rear of the lobby, and three doors in the IT area, one to the north, one to the east, and one to the south of the suite.

The five-story building elevator car measures 84” x 66” and can fit a modern ambulance stretcher. The two-story elevator measures 70” x 44”. While a foldable stretcher can fit in the car, it cannot fit a standard size stretcher occupied by a patient. Due to these restrictions, the main elevator in the five-story **MUST** be used for all EMS response to the five-story or second floor of two-story building.

FIRST AID AND CPR TRAINING

It is encouraged that all team members should be trained and certified in Adult CPR AED through an organization such as the American Heart Association or the American Red Cross. This training will equip responders with the basic skills to assist in areas such as emergency cardiac care, choking, and stroke. Massey Services periodically holds AHA CPR AED Certification Training courses as well as Hands Only CPR AED and Stop the Bleed course team members can take part in.

arning basic first aid is also encouraged to help identify and assist with issues such as severe bleeding, hypoglycemia, anaphylaxis, heat related illness, or fractures.

AED (AUTOMATED EXTERNAL DEFIBRILLATOR)

In the 5-story building there is an AED cabinet located in the lobby, and then one on each floors’ break room on floors two through five. AED cabinets are also located in the 2-story lobby, and the second-floor breakroom. There are AED signs posted on the wall near each unit. Each cabinet contains an AED and accessory kit, a Stop the Bleed kit, and a LifeVac airway clearance device. All equipment is inspected and logged by Safety Committee members each month.

FIRST AID KITS

First Aid kits are available in the breakroom of each floor, and the 5-story lobby. They contain the essentials for assisting with basic first aid needs. Small bandages, band aids, etc.

STOP THE BLEED

Each AED cabinet contains one Stop the Bleed kit to address a traumatic bleeding event. Each kit contains:

- C.A.T Tourniquet with permanent marker.
- Nitril gloves – large.
- Paramedic shears.
- Emergency high strength pressure bandage.
- Rolls of gauze.
- Vent Chest Seal twin pack.
- QuickClot combat gauze.

WHEN TO PHONE 911

- Heart Attack – Pain, pressure, tightness in the chest, pain spreading to shoulder, arm, back, and jaw, cold sweat, heartburn, lightheadedness, nausea.
- Stroke (FAST - Facial drooping, Arm weakness, Speech difficulties, Time to call).
- Bleeding that does not stop with direct pressure over the wound.
- A cut or burn that is large, deep, or involves the head, chest, or abdomen.
- Allergic reaction (Anaphylaxis).
- Head injury with loss of consciousness, confusion, vomiting, or poor skin color.
- Skin or lips that look blue, purple, or gray.
- Seizures (rhythmic jerking or loss of consciousness)
- Sudden inability to move, trouble breathing, or choking.
- Unconsciousness or lack of responsiveness.
- Asthma attack.

- Unconsciousness due to an accident, overdose, consumption of poison or too much alcohol.
- Severe injury resulting from an accident.If a Team Member feels ill or has an undisclosed injury and requests help via Emergency Medical Services. Call 911 immediately.

RESPONDING AND PROVIDING AID

Responding team members should always be equipped with personal protection equipment (PPE) when assisting a sick or injured person. Nitril gloves, safety glasses, and face masks should be donned before patient contact to help prevent transmission of viral or bacterial agents, and/or bloodborne pathogens. These items can be found in the PPE kits in each AED cabinet.

Note: If a person is unresponsive, assume they want help, have someone call 911 and render the appropriate aid until EMS arrives.

An unresponsive person is one who does not react to taps or shouts, has no signs of breathing, or is experiencing agonal gasps. Agonal gasps are a natural reflex when the brain is not getting enough oxygen due to cardiac arrest. It is a sign that a person is near death.

Those who are unresponsive with no signs of breathing, or who are having agonal gasps, should have immediate CPR. Those who are unresponsive but are breathing should be monitored until emergency services arrive and take over.

When assisting a sick or injured person who is conscious and responsive, team members should always identify themselves and ask the person for permission to help. An example would be – “Hello my name is Sue; I see you are (injured/sick). I am trained to assist; may I help you.” If the person needing care agrees, proceed with aid and comfort and have someone call 911.

If the person rejects assistance, but is in obvious distress, you may not physically assist them. You can however ensure EMS is called and help direct the rescue services to the sick or injured party when they arrive.

All other illness or injuries should be managed using basic first aid procedures and care.

RESPONSE PLAN FOR SERIOUS INJURY OR ILLNESS

If a severe injury or illness takes place (heart attack, stroke, anaphylaxis, amputation, etc.) 911 should be called immediately. The team member calling 911 will provide details on the illness or

injury and answer any questions EMS dispatch will have including verification of address. Responding medical personnel will enter in multiple waves, the first will enter with portable medical equipment and should be directed to the victim using the fastest pathway. The EMS team entering with a stretcher should be directed to the lobby of 315 Groveland Street unless the patient is on the first floor of the 2-story building.

- When responding to an emergency on the first floor of the two-story, EMS should be directed to the lobby of 3100 Clay.

Though notification of 911 calls are automatically sent via email to the reception team, they should also be notified by a team member about the sick or injured team member, and that EMS has been called.

The reception team will notify the Safety Committee team members that an emergency is taking place.

A member of reception should be outside to direct EMS to the front doors and open the access-controlled door for them when they enter. The door should remain in the standard closed position, preventing unauthorized entry, until EMS arrives.

When the EMS vehicle arrives in the front lot, a team member should call the elevator to the first floor and hold it for the EMS team.

The team member holding the elevator should use their access control device to activate the elevator for arrival at the required floor.

The team member should escort EMS to the area of need to ensure they can enter all access-controlled doors.

If available, the elevator key should be used to lock the elevator on the floor where EMS responded to ensure it is available when they leave with the sick or injured person.

EMS will exit through the front door of the five-story as they entered.

Responding team members will verify with EMS what hospital they are transporting to and provide the information to HR so they can make any needed notifications to the team member’s emergency contact.

When EMS leaves, a team member should note the EMS unit number and time for the incident report.

911 CALL BACK

If a call is made to 911 and the call is disconnected, 911 dispatch will call the designated 911 number. These calls are routed directly to the reception team. The call can then be transferred back to the team member who called 911 if needed or managed by reception.

INCIDENT REPORT

Once EMS leave the building, each responding team member is required to fill out an incident report detailing their involvement and actions and submit the report to HR. Any witness to the injury or illness should also complete a detailed incident report and provide to HR. All medical information shared in reports will be treated confidentially and shared only with authorized personnel.

POST INCIDENT SUPPORT AND CARE

Massey Services is committed to supporting the health, safety, and well-being of all team members before, during, and after any emergency event.

Serious medical emergencies can lead to traumatic incident stress for first responders and witnesses. Anxiety, grief, fear, guilt, depression, and emotional numbness can be immediate or delayed. In the wake of a traumatic medical emergency, it is recommended that team members seek post-incident support.

Information on support providers can be found through the following confidential resources:

- Benefits department: Contact the Benefits department directly for confidential guidance 407-505-4608 or benefits@masseyservices.com.
- For immediate assistance with emotional distress dial 988 from any phone for the crisis lifeline.

PLAN MAINTENANCE AND REVIEW

This plan will be reviewed annually by the Safety Committee and updated as needed to reflect changes in personnel, training, or facility layout.

Downloads

Embedded media: https://milo.masseyservices.com/wp-content/uploads/2026/01/C7-Corporate-Medical-Emergency-Response-Plan-v1.0-FINAL.pdf

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