

Andrew County Ambulance District

Exposure Control Plan

January 2014

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POLICY

Andrew County Ambulance District is committed to providing a safe and healthy work environment for the entire staff. This exposure control plan is in place to assist in the prevention or minimizing of occupational exposure to blood borne pathogens and other work-related exposures. In pursuit of this goal, the following exposure control plan (ECP), in accordance with OSHA, has been developed. Employees who have occupational exposure to blood or other potentially infectious material (OPIM) are required to follow the procedures and work practices in this plan.

This ECP is a key document to assist Andrew County Ambulance District in implementing and ensuring compliance with the standard, thereby protecting ambulance employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment (PPE)
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents.

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Medical Safety Officer will see to it that this plan is maintained, reviewed and updated at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Andrew County Ambulance District will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red biohazard bags as required by the standard.

Andrew County Ambulance District will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Andrew County Ambulance District will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

Andrew County Ambulance District will be responsible for training, documentation of training, and making the written ECP available to employees and OSHA.

EMPLOYEE EXPOSURE DETERMINATION

- A. The following is a list of all job classifications within Andrew County Ambulance District in which employees have a strong possibility of occupational exposure. These employees all have direct patient contact and are most at risk for exposure to blood-borne pathogens and Other Potentially Infectious Materials (OPIM).

Job Title

- Emergency Medical Technician
- Paramedic / Registered Nurse

- B. The following is a list of job classifications in which employees *may* have occupational exposure. This exposure risk may occur:

Job Title

- Office Manager
- Billing Personnel
- Contracted Personnel
- When maintenance or contracted personnel come in contact with contaminated vehicles, equipment, paperwork etc. that has been used by the field personnel listed above even though they have not had direct patient contact.
- Office workers such as the Office Manager or Billing Manager have contact with paper reports generated by field EMS personnel that may have been in close proximity with patients and substances.

METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions:

All employees shall utilize universal precautions for blood and bodily fluids containing visible blood, semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid. Universal precautions will also be used with needles and other sharp instruments. These precautions are designed to prevent and minimize the transmission of HIV, hepatitis B virus (HBV), and other blood-borne pathogens when providing first aid or health care services. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood-borne pathogens. Universal precautions are achieved by using protective barriers that include gloves, gowns, protective eyewear and face mask/shields.

B. Exposure Control Plan:

Employees covered by the blood-borne pathogens standard receive an explanation of this ECP during the initial training and orientation sessions. It will also be reviewed in their annual refresher training. A current copy of this plan will be available for review at Andrew County Ambulance District base for use while at the facility. If requested, Andrew County Ambulance District will provide an employee with a copy of this ECP.

The Medical Safety Officer is responsible to see that this ECP is reviewed and updated annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering Controls and Work Practices:

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps containers in all EMS vehicles and all bases of operation.
- Red biohazard bags located in all company vehicles and all bases of operation. Decontamination rated wipes located in all company vehicles and all bases of operation.
- Hand wash stations and liquid soap is located in all bases of operations. Hand sanitizer stations or solutions are located in all company vehicles.

Sharps disposal containers are inspected and maintained or replaced by on duty EMS personnel as a part of regular vehicle maintenance procedures when they are 75% full. Overfilling is not permissible.

Andrew County Ambulance District and Medical Safety Officer will diligently evaluate the need for changes in engineering controls and work practices through regular review of OSHA

records, field incident reports, employee interviews, safety committee reports and the recommendations of field personnel.

D. Hand Washing Practices for Employees:

Hand washing shall occur:

- After patient contact
- After the removal of gloves and/or other PPE
- Before eating, drinking, applying makeup or any other practice involving skin to skin contact.
- Before and after food handling
- Before and after using sanitary facilities.

Employees shall wash their hands / exposed body areas with warm running water and antimicrobial soap, followed by thorough drying with disposable towels.

On exposure, non-aqueous hand cleaner may be utilized as a temporary measure until adequate hand washing can be performed.

Jewelry should be worn with caution. Rings often puncture gloves allowing a route for contamination.

New procedures and new products are evaluated by Medical Safety Officer, and then field personnel. Both front line personnel and management staff are involved in this process through reports of personal experience, information provided through the safety committee and field trial of equipment supplied through various vendors.

E. Personal Protective Equipment (PPE):

PPE is provided to all Andrew County Ambulance District employees at no cost to them. Training in the use of appropriate PPE for specific tasks or procedures is provided. Face masks are “Fit Tested” for each individual employee who may be called upon to use such devices. The types of PPE available to employees are as follows:

- Non-Latex medical gloves in sizes small through XL.
- Full protective disposable facemask with eye shields.
- Full protective disposable gowns.
- Goggles.
- N-95 face masks in sizes Small, Medium, Large, Extra-large and One Size Fits All HEPA face masks

PPE is located in all company vehicles and at all base locations. PPE is included on the daily vehicle equipment checklist and is the responsibility of the employee during said check to assure that all items are in place and in

good condition. Replacement PPE items are available at all base locations. If replacement items are not available the shift duty officer is to be notified and appropriate documentation completed.

F. All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE. Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE will be disposed of in red biohazard bags located in all emergency vehicles or at base station in approved biohazard disposal containers.
- Wear appropriate gloves when it is reasonable anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for their reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, splatters or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

Reusable PPE that has become contaminated shall be cleaned as per the same procedures used to clean EMS items such as backboards etc. Corporate supplied cleaning solutions shall be used for disinfecting items such as goggles that can be cleaned and placed back in service. Universal precautions shall be used when handling any contaminated items such as cleaning cloths, wipes, etc.

G. Housekeeping:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded red and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are to be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms, and are appropriately labeled or color coded red. Sharps disposal containers are available in all ambulance units, the QRV and at all base locations.

The procedure for handling sharps disposal containers is to assure that sharps containers are never overfilled and are disposed of by the approved medical waste company for destruction.

Any waste products should never be left unattended on work surfaces, in vehicles and in any other area where they may be mistaken for non-contaminated items. All regulated waste products shall be clearly marked as such and placed in a bag or secure container that is also marked as containing such waste.

Bins and pails shall be cleaned and decontaminated as soon as feasible after visible contamination has been identified.

Broken glassware that may be contaminated shall be picked up only by using mechanical means such as a brush and dustpan.

H. Laundry:

Contaminated items that will be laundered are limited to those items that are not disposable. These items consist of wool or synthetic blend blankets and other such nondisposable items that may become contaminated. The rule of thumb shall be, when in doubt that an item cannot be decontaminated by conventional means, secure and mark that item and take it out of service.

- Handle all contaminated laundry as little as possible, and with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled color coded containers prior to transport.
- Use red bags or bags marked with the biohazard symbol for this purpose.

Wear the following PPE when handling and/or sorting contaminated laundry:

- Gloves - Must be worn when handling **any** soiled item.
- Gown or face shield - As needed.

Andrew County Ambulance District has a contracted laundry provider with Laverna Village that receives contaminated laundry every as needed. All contaminated items to be laundered shall be bagged appropriately and placed in designated bin for delivery.

I. Soiled/Contaminated Uniforms:

Soiled and/or contaminated uniforms shall be laundered according to CDC guidelines, washed in a mix of detergent and water at a minimum of 160 degrees F for at least 25 minutes.

Personnel having patient contact should consider bring two (2) sets of uniforms to work, in order to prevent downtime when exposure occurs.

Employees will report contamination of their uniform to dispatch so the unit will be adequate time for proper decontamination prior to returning to service.

J. Contaminated Equipment:

Laryngoscopes, scissors, hemostats, straps, and other non-porous equipment shall be soaked for no less than 20 minutes in an antimicrobial solution, rinsed thoroughly with hot water then dried prior to being reused.

Stethoscopes should be cleaned with an antimicrobial agent and wiped dry after suspected contamination and at the end of each tour of duty.

Any cervical collar having patient contact shall be considered contaminated and shall be discarded in a biohazard waste container after removal.

K. Pneumatic Anti-shock Garments and Blood Pressure Cuffs

Bladder Chambers:

Remove all air from bladders and close chambers

Soak in an antimicrobial solution for a minimum of 20 minutes Air until completely dry.

Outer Garment/Shell:

With bladders removed, hand wash in warm water and antimicrobial solution Air dry

Once completely dry, fold and store

L. Disposal

The following items shall be disposed of in an approved sharps container:

- Needles (shall not be bent or cut)
Unprocessed blood tubes
- Bristo-jets & prefilled syringes
- Sharp edged glass, plastics or metal

*Containers must be replaced when seventy five percent (75%) full. Full containers are to be sealed and placed in a biohazard containment bin.

The following items shall be disposed of in biohazard containers:

- Gloves (whether or not appearing soiled). Intravenous tubing.
- Soiled dressings and other non-laundered items. Respiratory disposables.
- Patient diapers or any other soiled/contaminated items.

M. Vehicles:

Routine vehicle and equipment decontamination shall be performed at the beginning of every shift and after any contamination occurring during the shift. Routine decontamination should include all radio handsets, turn signal and gearshift levers, switches, arm rests, door handles, window cranks and switches, stretcher rails, and any other surfaces in the cab and patient compartments that may be subject to contamination.

Grossly contaminated stretchers are *not* to be hosed off. Place launderable blankets beneath stretcher to allow for drainage. Use an appropriate antimicrobial disinfectant spray, allowing it to soak on the hard surfaces and sealed foam pad for a minimum of 20 minutes then wipe off. Handle towels as a routine contaminated biohazard.

Equipment checklists are to be completed at the beginning of the shift in order to assure ample supplies of PPE and other necessary equipment.

Food, beverages, makeup and other personal care products are prohibited in the patient compartment, but are allowed in the forward area, provided that the patient area is isolated through the closing of doors, windows etc. so that the forward compartment and staff are not subject to contaminants from activities in the rear of the ambulance.

Maximum ventilation shall be used to exhaust the patient compartment whenever the patient being treated/transported is experiencing known or suspected respiratory ailments.

N. Labels

Andrew County Ambulance District uses the following labeling

methods: Contaminated PPE, gloves etc. --- Red bag

Contaminated laundry --- Color coded bag or bag marked with biohazard

symbol Contaminated bandages and other EMS disposable --- Red bag

Filled patient blood tubes ---Red bag/baggies with appropriate warning labels

Sharps --- Approved sharps container red/ labeled as such

O. Health Maintenance Standards:

The intent of these standards is to proactively reduce, or whenever possible eliminate, the potential to contract common/preventable diseases both on and off the job. In certain instances, these preventative measures may be required as prerequisites for employment although once employed they become the responsibility of the corporation.

The corporation retains the right to utilize the services of the Department of Health, local hospitals, or other medically approved agencies so deemed by the insurance carrier, to help maintain cost control and standardization.

Prior to allowing any individual to operate in the arena of patient care, said individual must:

- Review all Infectious Control Policies with the Medical Safety Officer or an appropriate designee.
- Provide records of all required immunizations and written acceptance or refusal of the Hepatitis B vaccine.
- Be properly fit-tested for a HEPA respirator per OSHA standard 1910.134
Documentation of a baseline PPD

P. Work Restrictions:

Work restrictions are to be determined by a physician. The following is intended for use as a reference only:

Disease	Work Status
Open wounds	Covered with an occlusive dressing or restricted from duty until healed
Herpes Simplex, Poison Ivy Poison Oak, other dermal lesions	Must be covered with an occlusive dressing or restricted from duty until cleared by MD
Upper Conjunctivitis, Respiratory Infection	Employee use of a particulate respirator with HIGH-risk patients and limit exposure time
Chickenpox, Epstein/Barr syndrome, Hepatitis A, B (active), HIV, positive Measles, Mumps, Rubella, Strep/Staph Infections, Shingles	Restricted from duty until cleared by MD

POST-EXPOSURE EVALUATION AND FOLLOW UP

Should an exposure incident occur, contact Duty Officer as soon as possible.

Following initial first aid (clean the wound, flush eyes or other mucous membranes, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and have the blood tested for HBV, HCV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW UP

Employees are provided immediate medical evaluation and follow-up services through nearest facility.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Medical Safety Officer will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time and work practices followed.
- A description of the equipment being used at the time (including type and brand). Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields etc.)
- Location of the incident (ambulance, hospital, local base etc.)
- Procedure being performed when the incident occurred Employee's training history.

SHARPS INJURY LOG

Duty Officer shall record all percutaneous injuries from contaminated sharps in a Sharps Injury Log and shall forward all reports of such injuries to the Director of Operations.

The log will include the following information:

- *Date of injury
- *Type and brand of device involved
- *Where the incident occurred
- *How the incident occurred

If revisions to this ECP are necessary, the Director of Operations will ensure that the appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to blood-borne pathogens receive initial and annual training conducted by the Training Officer and/or appointed qualified personnel.

All employees who have occupational exposure to blood-borne pathogens receive training on the epidemiology, symptoms, and transmission of blood-borne pathogens diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA blood-borne pathogen standard. An explanation of this ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices and PPE.
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE.
- An explanation of the basis for PPE selection.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occur, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used by this corporation.
- An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

A. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the employee's training file and maintained by the Training Officer. The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Training officer.

B. Medical Records

Medical records are maintained for each employee with occupational exposure..

Andrew County Ambulance District Ambulance Director is responsible for the maintenance of the required medical records. These confidential records are kept in secure files at Andrew County Ambulance District for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Ambulance Director.

C. Hepatitis B Vaccination

Andrew County Ambulance District will provide training to employees regarding hepatitis B vaccinations, addressing safety benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost, within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- documentation exists that the employee has previously received the series; antibody testing reveals that the employee is immune; or
- Medical evaluation shows that vaccination is contraindicated.

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However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employees private personnel file.

Vaccination will be provided at a location of the District's choosing.

Written documentation of Hepatitis B Vaccine will be provided to Andrew County Ambulance District and be placed in employee's records.

EXPOSURE TO NON BLOOD BORNE PATHOGENS

A. Purpose:

Employees of Andrew County Ambulance District may be exposed to Blood-Borne substances and Other Potentially Infectious Materials (OPIM) through the regular performance of their duties. The possibility also exists that an employee may be exposed and contaminated by other means and by substances not associated with blood and body substances.

B. Scope:

The intent of this section of Andrew County Ambulance District ECP is to establish guidelines that deal with employee exposure to non-blood-borne contaminants including those that may be received via a route other than skin to skin contact. This can include air-borne contaminants that require proper respiratory protection in order to assume employee health and safety, and materials, chemical in nature that an employee may encounter during day to day operations. These substances/chemicals can include but may not be limited to:

Cleaning Materials used in routine vehicle maintenance and decontamination
Other materials used in cleaning chores at base locations
Vehicle Fuel, Oil, and other fluids checked and added by the driver.
Unexpected substances encountered during the workday including those encountered at motor vehicle accidents and in support of hazardous materials incidents.

C. Exposure to Substances Not Related to Patient Care or Contact:

Employees of Andrew County Ambulance District, through the routine performance of their duties often come in contact with contaminants unrelated to patients or patient contact. These substances can range from items used by administrative and office personnel such as printer ink and copier toner to the various oils, degreasers and fluids used by fleet maintenance workers.

Information on dealing with contact and contamination from any of these substances can be found on the Material Safety Data Sheets (MSDS) located on hard copy at each dorm.

As with contamination by body substances, contamination by other materials shall be reported to the Duty Officer as soon as possible. Efforts should commence immediately to decontaminate not only the employee but the area where the incident occurred. This may include but is not limited to:

Wipe any spills in the work area per manufacturer's instructions including the safe disposal of any contaminated towels, rags etc.
Applying appropriate absorbent materials to any vehicle spills of any size. This absorbent should then be disposed of per manufacturer's guidelines. It is not

acceptable to hose liquids spilled from vehicles into floor or parking area drains. Fuel spills onto the painted surface of vehicles should be washed with soap and water as soon as practical. Should an employee's uniform/clothing be contaminated by a non-biohazard, the Duty Officer shall be notified immediately to arrange sufficient down-time given for the employee to retrieve his/her spare uniform and change.

Should there be a skin contamination, time should also be given to allow a quick decontamination shower at the appropriate dorm location. The uniform should be bagged in a non-biohazard, non-absorbent plastic bag and removed at the end of the shift to be laundered per instructions from the material's manufacturer via the MSDS.

D. Mixing of Chemicals:

Chemicals such as cleaning solutions shall be used according to manufacturer's instructions and guidelines only. The mixing of various solutions can result in the release of toxic and dangerous fumes. Two benign materials, when mixed can become a hazardous material that may easily cause serious injury or death.

E. Respiratory Protection Program:

The Training Officer is tasked with assuring that all employees receive training in the use of any Personal Protective Equipment (PPE) designated to protect the employee from airborne contaminants. These devices include:

- Simple Surgical
- Masks N-95
- Face Masks
- HEPA Respiratory Protective
- Masks Full Face Shields

FIT Testing is done on a routine basis for all employees to assure that all personnel are aware of the size mask needed to maintain a proper seal that will keep contaminants from entering the wearer's respiratory system. FIT Testing is done during the initial orientation and training program prior to the employee performing any tasks involving patient care and contact and each year thereafter to insure that any changes to the employee's facial features has not created a change in mask size.

All FIT Testing shall be performed by the Education & Compliance Division via a person trained and certified to do so.

F. Recordkeeping and Retesting:

Records of all employees' training and testing with Respiratory Personal Protective Equipment (RPPE) shall be maintained by the Training Officer and reviewed for each employee on an annual basis. Employees who are due for re-testing shall be notified with sufficient time to schedule such as re-test.

G. Hazardous Non-routine Tasks

Andrew County Ambulance District employees shall not be required to perform non-routine tasks that are hazardous and/or above their level of training or equipment.

Examples of non-routine tasks may include:

- Confined space entry.
 - Entry into oxygen deficient or contaminated atmospheres.
- Entry into bodies of water or onto ice fields.
 - Encounter with electrical equipment that is charged or not yet deemed safe.
- Entry into the “hot zone” of firefighting operations.
 - Operations at hazardous materials incidents in the field that require entry beyond the “cold zone”
 - Contact with contaminated patients that require the wearing of Haz-Mat protective suits.
 - Care for these patients shall be assumed only after proper decontamination has been performed to the level that patient contact is safe with basic EMS PPE devices.
 - Exceptional decontamination of equipment by hazardous substances not usually encountered.

Andrew County Ambulance District employees may be required to stand-by and provide medical support to exceptional field operations as conducted by trained and properly equipped teams from municipal or private sources such as local Fire Departments, Hazardous Material Response Teams, Urban Search and Rescue Teams (USAR) etc.

Should the employee feel that he/she is being called upon to perform a task over and above this corporate policy the unit on scene should call a field supervisor immediately and “stand down” until the supervisor arrives on scene, interfaces with the incident commander and makes a determination based on corporate policy.

PROGRAM AVAILABILITY

A copy of this program will be made available, upon request, to employees and their representatives, will be included as an appendix to the Andrew County Ambulance District Employee Handbook, will be in a binder at each dorm.