

# **Maple Ridge/Pitt Meadows Community Services Emergency Preparedness Manual (Plan)**

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## Emergency / Non-Emergency Telephone Numbers

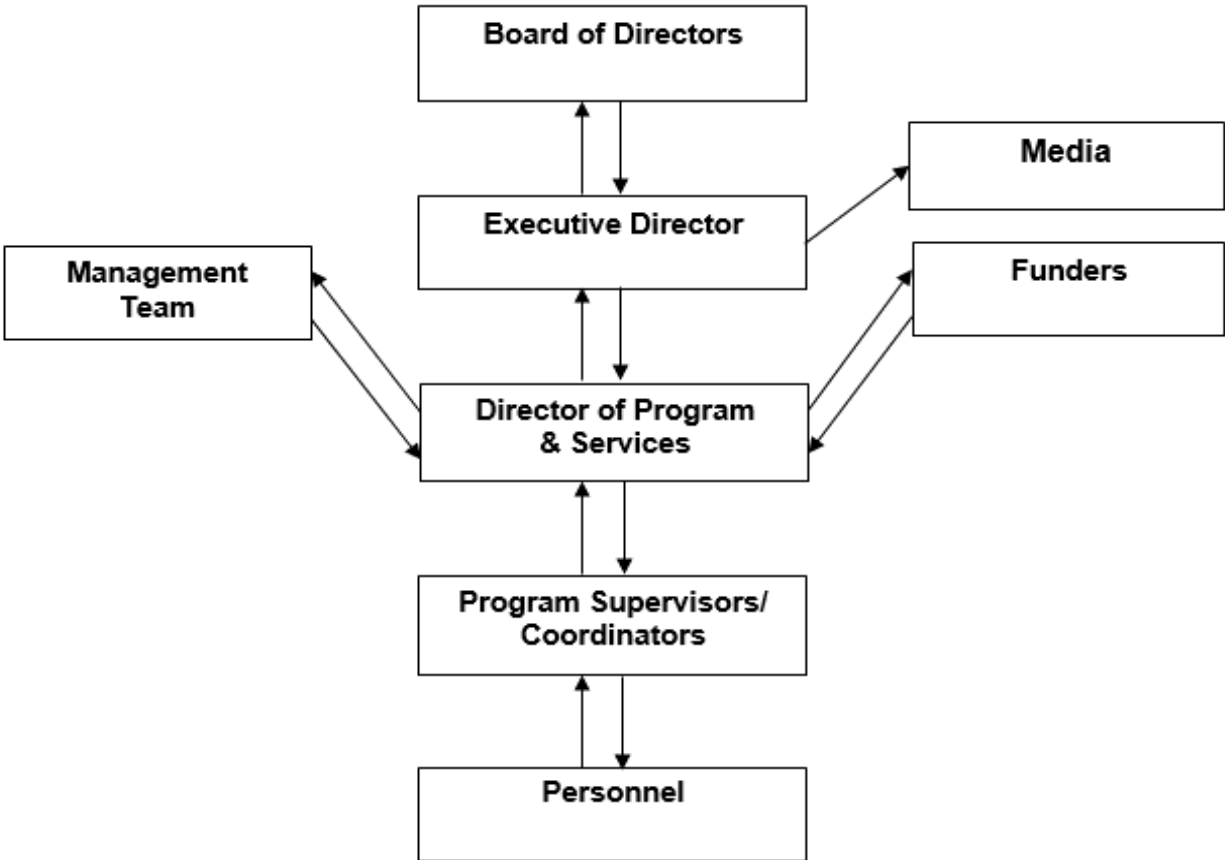
### Emergency Contacts

Fire, Police, Ambulance	911
Terasen Gas Leaks and Odours	800-663-9911
Earthquake, Flood, Dangerous Goods Spill, Tsunami	800-663-3456
Poison Control Centre	604-682-5050
	604-682-2344
Power Outages and Emergencies	888-769-3766
Municipal Emergency Program	604-463-5221
Nights and Weekends	604-463-9581
Crisis Centre	604-540-2221

### Non-Emergency Contacts

Police	604-463-6251
Fire Department	604-463-5880
Ambulance	604-872-5151
Ridge Meadows Hospital	604-463-4111

## Emergency Notification Tree



<p><b>Communication with Staff and Volunteers:</b></p> <ul style="list-style-type: none"> <li>• Information is shared with all staff in the building</li> <li>• Internal message is left on the central phone system</li> <li>• Phone messages given to satellite program locations</li> <li>• Program Supervisors are notified with detailed information for staff</li> <li>• Outreach staff /staff away from the building will be contacted by cell phone</li> <li>• Signage is developed for all effective program sites/buildings</li> </ul>
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- Signage is developed for all effective program sites/buildings

Any incident requiring serious medical attention will be investigate by a trained member of the OH&S Committee with Union and Management Representatives.

## Agency Documentation / Incident Reports / DMI Forms Completed

## Designated Meeting Areas

Below are the areas designated as assembly areas in the event of an emergency where evacuation is necessary. All Clients, personnel and visitors will report and remain at the assembly area to allow the Executive Director or designate to account for everyone's whereabouts using the sign in/out sheets. The Executive Director or designate will assess immediate risk to personnel and property and the potential for escalation of the cause of the emergency prior to assigning emergency duties. Clients, personnel or visitors shall not leave the assembly area until directed by the Executive Director.

**COMMUNITY SERVICES -** southwest side of the building accessed from the lane. (beside the Bowling Alley)

**FOUNDRY -** entrance of the building in the parking lot.

**DO NOT USE THE ELEVATOR!**

## Evacuation

Evacuation is used to get clients, personnel, volunteers and visitors out of the building to avoid contact with a potential threat such as fire, explosions, spills, an earthquake, or bomb threats.

Evacuation of the facility is to be implemented when it becomes necessary to leave the building due to an emergency that threatens human health and safety. Evacuation may be necessary to prevent personal injury.

### **Procedure:**

- Receptionist will announce "This is an emergency evacuation, please leave the building immediately"
- Leave the building immediately, in a calm orderly manner, using only the exit and directions given. If necessary and safe to do so, the receptionist or designate will take the first aid kit containing the Emergency Preparedness Plan and the sign in/out sheet.
- Get to and remain at your designated area.
- Call 911 to obtain appropriate emergency services.
- Stay together in a group. Do not leave clients unattended. Maintain support of clients with familiar staff.
- Account for clients, personnel, volunteers and visitors using designated sign in sheet.
- Wait to be contacted for further instructions by the Executive Director or designate or Emergency Services. Clients, personnel, volunteers and/or visitors shall not leave the designated area until directed by the Executive Director or designate
- Follow the **EMERGENCY NOTIFICATION TREE** to contact Maple Ridge/Pitt Meadows Community Services Personnel

## Evacuation of Persons with a Disability

### **Non-Ambulatory Persons**

Always consult with the person as to their preference with regards to:

- Ways of being removed from their wheelchair i.e. the number of persons necessary for assistance.
- Whether to extend or move extremities when lifting because of pain, catheter bags, spasticity, braces, etc.
- After evacuation: ask if medical attention is required and if a wheelchair is not available, ask where they would be comfortable.

### **Visually Impaired Persons**

- Tell the person the nature of the emergency and offer assistance.
- As you walk with the person, tell them where you are and advise them of any obstacles.
- When you have reached safety, orient the person to the location and provide any further assistance that is needed.

### **Hearing Impaired Persons**

- Persons with impaired hearing may not be aware of emergency alarms. Therefore they may need to be warned in other ways: get the person's attention by moving into their line of sight, touching the person on the shoulder, or using a note telling them what the emergency is and the nearest evacuation route.
- Assist the person to evacuate and when you have reached safety, ask if any further assistance is needed.

## First Aid / Naloxone Kits

All First Aid Kits include a Naloxone Kit packed with them.

### Locations

<b>Community Services Upstairs</b>	On top of recycle shelving, left of main door.
<b>Community Services Downstairs</b>	In reception, marked cabinet across from kitchenette sink.
<b>The Club</b>	Under reception desk next to the back entrance.
<b>Alisa's Wish</b>	
<b>CCRR / Family Place</b>	ECE kitchen cupboard, behind the door.
<b>Foundry</b>	multiple first aid kits throughout the center, one is in the cupboards above the microwave in the demo kitchen, another is in the cupboards above the touchdown space in the staff room and both exam rooms that the doctors use are equipped with medical supplies akin to the contents of the first aid kits.

## **Emergency Facility Closure / Emergency Temporary Relocation**

### **Emergency Facility Closure**

Maple Ridge/Pitt Meadows Community Services is prepared for emergency situations that could impact personnel, clients and the facilities. The Executive Director or designate is responsible for communicating all emergency situations to the Board of Directors. In the event of a facility closure:

- A sign will be posted at the facility affected explaining the reason for closure.
- An emergency contact number(s) will be posted for the agency.
- If known an estimated re-opening time will be posted.
- Where applicable, affected family members will be notified.
- It will be the responsibility of the Executive Director in conjunction with the Management team to arrange for alternate locations for service if the relocation needs to be longer than temporary (a couple of hours to one day). The Executive Director will work with Community Partners and the Ministries to find space to utilize while the facility is closed.

### **Emergency Facility Closure**

In the event of a temporary emergency that results in the agency having to relocate its service, the programs will find temporary relocation at other agency facilities. This temporary location will provide telephones, internet, washrooms, and meeting space.

For example:

Work from home guidelines may be set by the Executive Director or Program Supervisors.

## General Information

If a client, personnel, volunteer or visitor has a serious injury or medical condition, use the following procedure to analyze the type of assistance needed. For further assistance refer to the current First Aid Book in the First Aid Kit.

- Assess the situation to the best of your ability.
- If you do not have a First Aid certification, find a First Aid trained staff member to apply appropriate First Aid
- Call 911 to obtain appropriate emergency services.
- Check client, personnel, or volunteer files for medical information that may be important.
- Notify other appropriate personnel to the situation.

### AED Locations

**Community Services**                      downstairs reception, to the right of the sign in/out board

**Foundry**

### Panic Button Locations

**Community Services**

**The Club**

**Family Place**

**Alisa's Wish**

**CCRR**



# Choking

## Infant

A baby who is coughing is still able to breathe, do not hinder the efforts to expel the object. Stay with the baby and watch closely.

In case of choking:

### CALL

- Shout for help and try to get the attention of a bystander or a family member to assist you.
- If the baby is making high-pitched noises, is wheezing, can no longer make a sound, or becomes too weak to cough, have someone call 911. Ask someone to get the AED while you care for the baby.
- If you are alone, immediately begin care for complete choking. Call 911, put the cell phone on speaker and place it beside you.

### CARE

- Sit or kneel while holding the baby.
- Position the baby face down along your forearm, holding their jaw in your hand.
- Rest your forearm on your leg so that the baby's head is lower than their body.
- Sit or kneel while holding the baby.
- Deliver 5 firm back blows between the shoulder blades with the heel of your free hand.
- If the object has not been dislodged, turn the baby face-up, ensuring you support their head.
- Place 2 fingers on the middle of the chest just below the nipple line and quickly deliver 5 firm chest compressions, pushing 1/3 of the chest's depth.
- Repeat 5 firm back blows and 5 chest compressions until the object is coughed up, the baby starts to cry, breathe, or cough, or the baby becomes unresponsive.

## Child

If the child cannot speak, cough, breathe, or is making high-pitched noises, immediately begin care for choking. Alternate between any two of the following methods until the object is coughed up.

### Back Blows

- Place your arm across the child's chest.
- Bend the child forward and deliver 5 firm blows to the back between the shoulder blades.

### Abdominal Thrusts

- Place your fist just above the belly button.
- Give up to 5 quick, inward and upward thrusts.

### Chest Thrusts

- Place your fists in the middle of the child's chest with your thumb facing upward, and place your other hand over your fist.
- Give up to 5 chest thrusts by pulling straight back.

If the child becomes unresponsive, call 911 and begin CPR, starting with chest compressions.

## Adult

If the person can speak or cough, encourage coughing, but do not strike the person on the back.

- If the person cannot speak or cough but is conscious:
  - Wrap your arms around the person's waist while standing behind them.
  - Make a fist with one hand, grasp that hand with the other hand, and place both hands above the navel to avoid the lower tip of the breastbone.
  - Give one quick upward thrust.
  - Repeat upward thrusts until airway is clear, or until the person becomes unconscious.
  - If the person is unconscious, use resuscitation measures.

## Unconsciousness

- To determine whether the person is unconscious, shout or gently shake their shoulder.
- If there is no response, check for breathing: look for chest movement, listen for breathing, lean in and feel for breath on your cheek.
- If the person is unconscious but still breathing, place them in the recovery position and monitor the airway, breathing and circulation until the ambulance arrives.
- If the person is breathing but injuries are apparent, do not move the person and wait for an ambulance or first aid attendant.
- If the person is not breathing, begin resuscitation.

# Heart Attack

## Warning Signs of a Heart Attack

- Feeling of heavy pressure or squeezing pain in chest, arms or jaw.
- Shortness of breath, pale skin, sweating and weakness.
- Nausea and vomiting.
- Abdominal discomfort with indigestion and belching.
- Apprehension or fright.
- Denial of impending heart attack.

## Actions When You Suspect a Heart Attack

- Ensure prompt medical attention by making appropriate calls to emergency numbers. Reassure the victim that help is on the way.
- Assist victim to take ONLY THE DOSE OF MEDICATION PRESCRIBED FOR THE CONDITION.
- Help patient to rest, sitting or lying in most comfortable position.
- Loosen victim collar, belt and other light clothing.
- Keep patient quiet but avoid physical restraint.

# Resuscitation and CPR

## ABC - Airway, Breathing, Circulation

### Airway

- If you suspect neck injury, do not move victim onto their back.
- Place one hand on victim's forehead to tilt head back and fingers of other hand under chin to lift the jaw.

### Breathing (Artificial Respiration)

- Look for chest movement, listen for breathing.
- Feel for breath on your cheek.
- If not breathing, start artificial respiration immediately:
  - Keep head well back,
  - Pinch nostrils,
  - Place your mouth over victim's mouth,
  - Give two full breaths,
  - Continue with one breath every 5 seconds until victim breaths normally or help arrives (ventilation)
- If air does not enter victim's chest during artificial respiration:
  - Reposition head and attempt artificial respiration again.
  - If successful, go to section "C" of Resuscitation.
  - To clear airway, place heel of one hand on top of head of other hand just above the navel but well below the tip of the breastbone. Press upper abdomen with 6-10 quick thrusts. If this fails, open patient's mouth by grasping tongue and lower jaw between thumb and fingers and lift chin. Insert index finger of other hand deep into mouth and use finger sweep to dislodge and remove foreign body.
  - Attempt to ventilate, if unsuccessful, repeat sequence (abdominal thrusts, finger sweeps and attempts to ventilate) until obstruction is cleared.

### Circulation - Cardiopulmonary Resuscitation (CPR)

- Call 911 or ask someone else to do so.
- Try to get the person to respond; if he/she is unable, roll the person onto his/her back.
- Start chest compression. Place the heel of your hand on the center of the victim's chest. Put your other hand on top of the first with your fingers interlaced.
- Press down so you can compress the chest at least 2 inches in adults and children and allow the chest to completely recoil before next compression
- Compress the chest one hundred times a minute (That is about the same rhythm as the beat of the Bee Gees' song "Stayin' Alive". Perform 30 compressions at this rate. If you are not trained in CPR, continue to do chest compressions until help arrives.
- If you have been trained in CPR, you can now open the airway with a head tilt and chin lift.
- Pinch closed the nose of the patient. Take a normal breath, cover the patient's mouth with yours to create and airtight seal, and then give two, one second breaths as you watch for the chest to rise.
- Continue compressions and breaths - 30 compressions, two breaths - until help arrives.

## **Resuscitation of Infants and Small Children**

- Cover baby's mouth and nose with your mouth and use small breaths.
- In an infant (younger than 1 year) place 2 fingers on the sternum below the nipples, compress the chest 1/2" to 1 1/2". After every 5 compressions, give 1 ventilation.
- Continue until help arrives.

# Poisoning

## Procedure in all cases:

- Ensure there is no further danger.
- If possible, identify the poison and container. Most containers provide information on dealing with swallowed contents. Read the label and follow directions.
- Call the local Poison Control Centre. **(604-682-5050)**
- If required, call ambulance. Send container and contents with victim to the hospital.

## For Inhaled Poisons

- Be sure you don't also become a victim: remove the source of the fumes if possible.
- Move victim to fresh air.

## For Poisons in Contact with Skin or Eyes

- Flood area with cold running water for at least 15 minutes (flush eyes gently)
- Remove contaminated clothing.
- Do not use chemical antidotes.

## For Swallowed Household Chemical Poisons

- For conscious victim:
  - Call the local Poison Control Centre. **(604-682-5050)**
  - Only induce vomiting on advice from the Poison Control Centre or Physician.
  - Give milk or water. For adult 1-2 cups; for child 1/2 - 1 cup.
  - To avoid inhalation of vomit, place victim's head lower than body.
  - If poison is corrosive, DO NOT induce vomiting, but give milk or water.
- For unconscious victim:
  - Place victim in recovery position.
  - Monitor breathing. Begin CPR if necessary.
  - If victim is unconscious, DO NOT induce vomiting.

## Spilled Body Fluid

Universal precautions are steps we should take to protect ourselves when we come into contact with blood or body fluids of other people. The purpose of universal precautions is to stop the spread of germs to others.

Since we often can't tell if a person is infected with communicable disease, including AIDs and Hepatitis B or C, it's best to treat the blood and body fluids of every person as potentially infectious. Potential infectious body fluids include blood, semen, saliva, and vaginal secretions.

**For larger spills that go beyond your ability to clean with the supplies at hand, contact 911.**

**Chlorine releasing agents should not be used on urine spills due to the risk of high levels of chlorine gas release.**

### The Basics of Universal Precautions

#### **Hand washing:**

Hand washing is the single best way to prevent the spread of infectious diseases in a workplace. Wash hands frequently and thoroughly, especially after contact with any body fluid or contaminated surface.

Wet, soap. And lather hands for at least 10 seconds. Rinse hands thoroughly and dry.

Always wash hands:

- Before preparing food.
- Before eating.
- After coughing or sneezing.
- Before breastfeeding.
- After using the washroom or changing diapers.
- Before and after providing first aid.
- After handling blood or body fluids.

#### **Gloves:**

Wear latex, vinyl or rubber disposable gloves when handling blood, body fluids or when cleaning cuts, scrapes and wounds. Gloves are also necessary when disinfecting contaminated surfaces. Wash hands after removing gloves and dispose of the gloves in a plastic bag. Add gloves to your first aid kit so that they are always ready.

#### **Needle-stick injuries:**

Go to the nearest Health Unit or Hospital Emergency Department for treatment or assessment.

#### **Personal Articles:**

Never share toothbrushes, razors or any other personal articles that can transmit even small amounts of blood or body fluid from one user to the next. Dispose of such items carefully.

#### **Sharp Objects:**

Any sharp object which might be contaminated with blood or body fluids should not be handled with bare hands. They should always be picked up using latex gloves, a pair of tongs and disposed of in a SHARPS container. Once the sharp item is placed in the container using appropriate safety measures, the container must be disposed of at a pharmacy. The Pharmacist will take the SHARPS container and a new one must be purchased.



## SHARPS Container Locations

**Community Services Upstairs**  
**Community Services Downstairs**

**The Club**

**Family Place**

**Alisa's Wish**

**CCRR**

**FOUNDRY**

## Clean up of spilled blood and body fluids

If a client, personnel, volunteer, or visitor is exposed to blood or infectious body fluids through a break in the skin, an open wound or across mucous membranes of the eyes, nose, or mouth, they must IMMEDIATELY report to the nearest Hospital Emergency Department. Contact Program Supervisor and completed required agency documentation.

- Wear disposable latex gloves at all times when dealing with blood or body fluids.
- Avoid getting another person's body fluids in your eyes, mouth, open sores or wounds.

### When clean up is required:

- Refer to Universal Precautions BC Ministry of Health.
- Wipe up blood or body fluids with absorbent paper towels.
- Clean and rinse with usual disinfectant.
- Clean up spilled fluids with freshly made solution of one part bleach to nine parts water (1:10).
- Place contained fluids and clean up materials in a plastic bag, seal the bag and place it in a plastic lined garbage.
- Wash soiled clothing separately in hot soapy water and dry in a hot dryer or have clothes dry-cleaned.
- Wash hands after gloves are removed with soap and water using an alcohol based hand rub.
- Ventilate the room well when using bleach solution.

### Exposure to Blood and Body Fluids:

If exposed to blood or infectious body fluid through a break in your skin or an open wound:

- Gently encourage bleeding.
- Wash well with soap and water.
- If you can safely pickup/transport the contaminated object take it with you.
- Report to the nearest Hospital Emergency Department.
- Report to your Program Supervisor. The Program Supervisor will support the client, personnel, volunteer, or visitor to ensure they receive immediate assistance. The Program Supervisor will complete an incident report form and forward the information to the Executive Director and the Risk Management Committee.

**Overdose**

## Suspicious / Dangerous Persons

A **suspicious** person could be someone at the agency property who does not appear to have a legitimate purpose.

### To deal with a suspicious person within the agency:

- Politely greet and identify yourself (consider asking another staff person to accompany you before approaching).
- Inform person that all visitors must sign in at reception. Ask the person the purpose of his/her visit. If possible, attempt to identify the individual and/or their vehicle.
- If the person's purpose is not legitimate, ask him/her to leave. Accompany them to the exit.
- Notify the receptionist and Executive Director or designate of the suspicious person.

A **dangerous** person is someone whose behaviour suggests a possible threat.

### To deal with a dangerous person within the agency:

- Try to remain calm. Think Rationally and picture everything clearly.
- Do not confront the person. Do not obstruct the person's passage way.
- Call 911, or alert a co-worker to phone 911 to report and request assistance. Access a panic button if possible.
- Take measures to protect your own safety and the safety of those around you (i.e.; have clients leave the room, position yourself close to the door).
- Try to defuse the situation by:
  - Talking to the person quietly and slowly,
  - Listening and offering assistance, don't be judgemental,
  - Maintaining appropriate distance,
  - Avoiding staring, which may be perceived as a challenge,
  - Avoiding unnecessary or sudden movements and gestures,
  - Being a problem solver,
  - Getting the person's license plate number.
- Comply with instructions as well as you can.

### Procedure:

- Notify the receptionist, Executive Director, or designate immediately of a dangerous or suspected dangerous person by either calling/yelling for help or using your phone. If necessary, the receptionist or designate will use a broadcast to notify staff stating facts such as, "serious situation, please stay in your office"
- Once notified, stay in your office unless otherwise directed by the Executive Director, designate or Emergency Services.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS Personnel.
- Stay with you client, volunteer, or visitor.
- Call 911, or alert a co-worker to phone 911 to report and request assistance. Access a panic button if possible.
- Further action if required, will be determined by the Executive Director or designate.

## Hostage Taking

### When a hostage taking occurs or if there is a threat of this situation:

- Remain calm.
- Call 911 stating there is a Hostage taking, your name and location and a brief description of the incident.
- Press one of the panic alarm buttons.
- Evacuate all clients, personnel, volunteers and visitors from the immediate area.
- Seal off the affected area.
- Appropriate staff member(s) should remain to try to open and maintain a dialogue with the hostage taker, pending the arrival of the RCMP.
- Do not provide the hostage-taker with drugs, alcohol, food, drink, transportation or means of escape unless directed to do so by the RCMP.
- Prepare to fully cooperate with the RCMP.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS Personnel.

### Guidelines for hostages:

- Remain calm.
- Activate your panic alarm or call 911.
- Avoid aggressive behaviour, language, stance, or gesture.
- Attempt to establish a sympathetic rapport with the hostage taker.
- Remain alert for safe opportunities to escape (do not take risky chances).
- Refuse any offer of food or drink from the hostage taker.
- Stay away from windows and doors (in case a rescue attempt is made from outside of the room).

## Suicide

When agency personnel believe a **PERSON IS A DANGER TO HIMSELF/HERSELF, OTHERS OR THE COMMUNITY or has SERIOUS SUICIDE IDEATION**, they are to:

- Consider any reference to suicide as serious.
- If known client of the agency, let the client know that you will contact their worker or the Program Supervisor/Manager to determine the best course of action which may include contacting a social worker, mental health therapist, and/or 911.
- Contact the clinical Director for assistance and/or direction.
- If the danger is immediate, personnel are to contact 911 immediately, and then follow up an Incident Report to supervisor as soon as possible.
- If in doubt of whether there is risk or danger, personnel are to consult with their immediate supervisor.
- Stay with the person until help arrives.
- Try to calm the person.
- Reassure the person/be supportive.
- Try to engage the person in decision making.

## Violent Assault

It is Maple Ridge/Pitt Meadows Community Services policy to promote a safe environment for its clients, personnel, and visitors. The agency is committed to working with personnel to maintain a work environment free from violence, threats of violence, harassment, intimidation and other disruptive behaviour.

Violence, threats, harassment, intimidation, and other disruptive behaviour will not be tolerated. All reports of incidents are taken seriously and will be dealt with appropriately. Such behaviour includes oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm.

Do not ignore violence, threatening, harassing, intimidating, or other disruptive behaviours. If you observe or experience such behaviour report it immediately to your Program Supervisor or Management team.

### **Procedure:**

- In the event of a violent incident, whether verbal, physical, or implied, personnel will immediately assess the need to call 911 for assistance.
- If an individual is being attacked they should scream as loud as possible (call 911) to try to gain the attention of others around so they can get help.
- Activate a panic alarm if possible.
- Try all possible ways to get to safety.
- Other personnel will remove clients, volunteers and visitors from the incident.
- Meet the emergency personnel upon their arrival and apprise them of the current situation.
- Personnel and/or clients are offered a debriefing session as appropriate.

**Active Shooter**

## Death

The cause of a possible death (natural or unnatural) and the circumstances surrounding the incident (violent or not) will affect your behaviour during the event and during post-trauma procedures.

**Remember:** There is a Clinical Counsellor on staff that is able to provide crisis debriefing.

Never assume someone is dead until certified by appropriate medical personnel. Provide all possible support until that time.

**Procedure:**

- Provide medical support if it is safe to do so.
- Call 911.
- Call Program Supervisor.
- Police will notify the family.
- Emergency Personnel will provide further instructions.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS Personnel.
- Reassure others if appropriate and have them leave the area is possible.
- The Executive Director or designate will contact the Ministry.



## Missing

If someone is missing, first contact immediate supervisor or designate

**Procedure:**

- Make all reasonable attempts to find the person including the missing person's cellphone, emergency contacts numbers, as well as their family.
- Call 911 for assistance if the person is not found within a short span of time.
- Emergency personnel will provide further instruction.

## Fire or Explosion

If there is a fire or an explosion in the building, it is expected that clients, personnel, volunteers and visitors will evacuate immediately. Do not place yourself or clients at risk by attempting to fight the fire.

### WHEN IN DOUBT, GET OUT!

#### Procedure:

- Immediately begin yelling fire, if the horn used in fire drills is close by start blowing the horn. Find another person and follow the fire drill procedures.
- Reception will intercom "Fire, please evacuate" to all building phones.
- If safe, eliminate the power source if an applicable is on fire. Only fight a small fire with a fire extinguisher, if you are with someone, and only if it is not between you and your escape route.
- Evacuate everyone from the building calmly but briskly via the nearest exit route. Close all doors behind you. Do not put yourself or clients in danger. If safe to do so, take the First Aid Kit and sign in/out sheets.
- If caught in smoke, drop to your hands and knees and crawl; try to hold your breath as much as possible and breathe through clothing to filter the smoke.
- If escaping from a closed door, check for heat before opening. Use the top of your hand to feel the top of the door, the doorknobs, and the crack between the door and the door frame before you open it. Never use the palm of your hands or the tips of your fingers to test for heat.
- If forced to advance through flames, cover your head and keep your eyes closed, hold your breath, and move quickly through the flames.
- If trapped in a room, place a cloth material under the doorway to prevent smoke from entering. Retreat, closing as many doors as you can between you and the fire. Signal from a window but avoid breaking the glass unless absolutely necessary, as this may bring smoke from outside into your room.
- If a client, personnel, volunteer or visitor's clothing catches on fire, do not allow him or her to run. Try to smother the fire by wrapping the person in heavy fabric (coat, rug, curtain, etc.) and rolling the person on the ground. If the fabric is not available, roll the person on the ground unwrapped and get medical assistance.
- Meet at the designated spot - keep the group together. Do not leave the area until instructed to do so by the Executive Director or designate.
- Call 911 from next door or use a cell phone.
- Account for all clients, personnel, volunteers and visitors and report to Fire Department upon their arrival.
- Once safely out of the building, do not re-enter until authorized by fire/safety officials.
- Follow **EMERGENCY NOTIFICATION TREE** procedures to contact MRPMCS personnel.
- MRPMCS Management Team will organize immediate assistance and make arrangements for alternate accommodations.

## **Hazardous Material Spill**

### **Hazardous Material Spill Emergency Contact Number: 1-800-663-3456**

Many hazardous materials do not have a taste or odour. Some materials can be detected because they cause physical reactions such as watering eyes or nausea.

### **Hazardous Material Spill - Inside of the Facility**

The first priority is the safety of clients, personnel, volunteers and visitors.

The location quantity, concentration and other factors affect how a spill should be handled. Unless you are familiar with the material, its health risks and specific cleanup procedures, do not try to clean up the spill.

- Do not walk or touch any of the spilled substance.
- Ensure everyone is removed from the area. When leaving, attempt to close doors and windows (if access is safe) in order to contain the material.
- Determine the name of the chemical if possible.
- Notify 911, providing specific details of the spill including:
  - Exact location,
  - What chemical was spilled,
  - How much was spilled.
- Check persons exposed to the spilled products for adverse medical conditions i.e. shortness of breath or headache and report to emergency personnel.
- Prevent access to the spill area.
- Await/follow instructions from the Executive Director or the Fire Deptment.
- Keep telephone lines clear.
- Assist in calming clients and visitors as required.

### **Hazardous Material Spill - Outside of the Facility**

A hazardous material spill may also occur outside the building and/or in the vicinity of the agency. Dependent upon the situation and risks to clients, personnel, volunteers and visitors, the implementation of the agency's specific plans for evacuation to another site may be necessary to secure the building and detain both clients and personnel until it is safe to make an exit.

- The agency will be notified by the Fire Department and/or other emergency response organization that a hazardous spill has occurred near the agency.
- Obtain the following information:
  - Name and telephone number of person calling,
  - Location of emergency,
  - Nature of emergency (i.e. leak, explosion, spill, fire, derailment, etc.),
  - Actions to be taken by the agency personnel.
- Inform the Executive Director or another Management Team Member. They will inform all agency personnel of the situation and instruct them with directions from the Fire Department.
- Keep telephone lines clear.
- Assist in calming clients and visitors as required.
- Listen to the radio for "Shelter-in-place" announcements.
- If instructed to do so, seek in place sheltering
  - Close windows and doors and seal cracks with towels, blankets, or tape.
  - Move clients and personnel to protected areas such as hallways away from exposed windows and doors.
  - If possible, shut off all exhaust fans.

## Bomb Threat

A bomb threat can be written, recorded, or communicated verbally. Most bomb threats however are delivered by telephone. The call recipient must remember to do many things, all of which will aid in the search for the device and provide authorities with as much information as possible for their later investigation.

Remain **CALM** and **LISTEN** carefully. Try to keep the caller **ON THE LINE FOR AS LONG AS POSSIBLE**.

- Immediately get the attention of someone else and have them call 911 or hit your personnel panic alarm. **DO NOT USE MOBILE TELEPHONE OR RADIO.**
- Never transfer the call to someone else unless the caller requests you to do so.
- Listen politely. Avoid interrupting the caller.
- Write down the time of the call.
- Write down the time the call was terminated. **DO NOT HANG UP.** Leave the receiver off the hook.
- Write down exact words of the caller if possible.

### Questions to ask

- What time is the bomb set to explode?
- Where is the bomb located? Floor? Area?
- Is it open? Concealed? Disguised?
- What kind of bomb is it?
- What does it look like?
- Why was the agency/program targeted?
- How did it get to the agency?

### Description of the caller

Is the caller:  
Male or Female?  
Calm?  
Frightened?  
Young?  
Middle-aged?  
Old?

- Does the caller speak with an accent? What type?
- Does the caller use slang expressions? If so, what type?
- Does the caller sound educated?
- Is there background noise? What does it sound like?
- Note any other clues.

### After the bomb threat has been made

- Evacuate the building meeting at the designated spot.
- Call 911 if not already alerted.
- Follow all instructions given by the police.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS personnel.

## Suspicious Item Found

Bombs could be disguised in packages delivered or found.

- Take note of the time when the object is found.
- **Do not touch it. Do not cover it. Do not move it. Do not disturb it in any way.**
- Evacuate the building immediately.
- Call 911. Do not use cell phones or two way radios.
- Follow all instructions given by police.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS personnel.

## Vehicle Accident / Emergency

MRPMCS provides transportation to many of the clients it supports in either privately owned or organization operated vehicles.

### **Procedure if in a vehicle accident:**

- Remain at the scene.
- Secure your vehicle in a safe position, turning off the ignition, and ensuring that your hazard lights are on.
- Use first aid and arrange for medical assistance if necessary.
- In case of injury call 911.
- Evaluate the need for evacuation. If you need to evacuate, move clients to a safe location away from the vehicle.
- If available, protect the area with emergency warning devices (flares, lights).
- At the scene, do not discuss the accident with any onlookers or speculate about what happened. Never accept or place blame.
- Exchange names, driver's licence plate numbers, registration numbers, vehicle descriptions and license plate numbers with person involved. Record a brief description of the damage. Collect any witness's names and phone numbers.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS personnel.
- Follow up with appropriate medical, if needed.
- **Contact ICBC at 604-520-8222**

# Earthquake

Earthquakes can strike without warning, so you must be prepared to begin appropriate protective action immediately. Since structural damage caused by the earthquake may mean that communication systems will stop working, be prepared to take safety measures.

## What to expect in the event of a major earthquake:

- During the actual earthquake, people will experience shaking of buildings and possibly extremely loud noises.
- The motion may be severe - if you are standing, you may be thrown to the ground.
- Doors may violently swing back and forth.
- Door frames may bend, jamming the doors closed.
- Pieces of ceiling and light fixtures may drop to the floor.
- Shattered glass from broken windows may fly across the room.
- There may be flooding from burst water pipes/mains.
- Free standing furniture such as bookcases, filing cabinets, may fall to the floor.
- There may be fires from broken natural gas lines, electrical short circuits or other causes.
- There may be structural and/or non-structural damage to buildings.
- There may be injuries sustained by clients, personnel, volunteers, and visitors.
- There may be power outages and other utility failures.
- Chemical spills may also be a possibility.

## Earthquake Kit Locations

<b>Community Services</b>	In reception, marked cabinet across from kitchenette sink.
<b>The Club</b>	Under reception desk next to the back entrance.
<b>Foundry</b>	Hallway storage next to the group rooms.

## If you are indoors

- Stay inside.
- Do not attempt to exit the building.
- Stay away from windows, bookcases, filing cabinets, and other heavy objects that could fall.
- Drop, cover, and hold - if possible, take cover immediately under desks, tables, or other heavy furniture.
- Turn away from windows.
- If heavy furniture is not available, take cover in narrow halls or against weight bearing walls.
- If you are in an area where there is no cover available, drop to your knees with you back to the wall and cover your head and neck with your hands to protect yourself.

## If you are outdoors

- If you are outside, stay outside.
- Move into an open area away from buildings, trees and power lines.
- Avoid utility poles, trees and overhead wires.
- Once in the open, stay there until the shaking has stopped.

### **If you are in a moving vehicle**

- Stop the car and stay still.
- Avoid stopping near buildings, large trees or utility wires.
- Stay in the vehicle until the shaking has stopped.

### **If you are in a wheelchair**

- Stay in the wheelchair.
- Move to cover is possible.
- Lock your wheels.
- Protect your neck and head with your arms.

### **Once the shaking has stopped**

- Remain in a secure area until the shaking has stopped.
- Wait 60 seconds after the shaking has stopped before moving from the secure area.
- Assess your surroundings.
- Be prepared for aftershocks.

### **ASSESS THE DAMAGE**

- Assess the damage to your designated area and inform a member of the Management Team.
- Use caution when opening doors to cupboards and rooms as objects may have shifted and could fall.
- Salvage essential supplies, equipment and records if you can do so safely.
- Post signs indicating dangerous areas and report these to the Management Team.

The Executive Director and/or Management team representatives will activate the agency communication process to notify personnel, Board members, and Funders of the status of the building(s), personnel and services.

### **EARTHQUAKE LIFE SAFETY**

#### **Check for injuries:**

- Assess if anyone is injured and provide medical assistance to the best of your ability.
- Call other staff members for assistance if required.
- Do not move seriously injured persons unless they are in immediate danger or further injury.
- Call 911 for help.

#### **Check for people who may be trapped:**

- Inspect offices.
- Leave doors to offices open.

#### **Calm clients, personnel, and/or volunteers:**

- Remain calm, reassuring clients by speaking and giving instructions in a firm, calm voice.
- Keep clients and visitors away from windows, exterior walls and objects which could fall.

### **BE PREPARED TO EVACUATE**



- Prepare clients and visitors to evacuate. Follow the MRPMCS Evacuation Procedures.
- Evacuate the building when advised by the Executive Director or designate.
- Check evacuation route(s) for damage and debris in the event that evacuation is required.
- Expect to clear debris upon exiting.

#### **CHECK FOR HAZARDS**

- Check for fires and extinguish them, or call for help.
- Inspect all areas for hazards, i.e., chemical hazards, gas leaks, and/or broken utility lines.
- If you smell gas, open windows and doors. Turn off the main gas valve.
- Avoid all obvious hazards;
  - Do not touch fallen or damaged electrical wires.
  - Do not smoke or allow open flames (i.e., lighters, matches, burners)

#### **TELEPHONES**

- Check the operating status of all telephones and replace all receivers back on their bases.
- Resist the urge to make phone calls unless they are completely necessary.
- An overloaded telephone system becomes worthless in a disaster.

#### **FOOD AND WATER CONSUMPTION**

- Conserve water - use water supplies plus water from water heaters, toilet tanks, and melted ice.
- Do not flush the toilets.
- Do not consume or distribute food or water unless you are certain it is free from contamination.

# Flood

Floods are the most common and widespread of all natural disasters, except fire. Although floods can be slow or fast rising, they generally develop over a period of days. Therefore, advance warning is usually available. The seasons during which threat of flooding is highest are spring and fall.

The best protection during a flood is to leave the area and find shelter on higher ground.

## POST FLOOD HAZARDS

- Contaminated drinking water: Use bottled water or bring water to a rolling boil for 10 minutes and add two drops of non-perfumed chlorine bleach to one litre of contaminated water. Stir and wait 30 minutes before drinking.
- Building full of water: Drain water in stages, about one third of the volume of water per day. (Draining the water too quickly could cause structural damage).
- Watch out for mold: Mold is a health hazard. If mold is present, wear a facemask and disposable gloves. Anything that stays wet long enough will grow mold. Dry everything as quickly as possible to avoid further health concerns.
- Dispose of any food that may have come in contact with flood water.

## If a flood is likely in your area

- Listen to the radio or television for information.
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground.
- Be aware of streams, drainage channels, canyons, and other areas known to suddenly flood.

## If you must prepare to evacuate

- Secure the building. Move essential items to higher ground.
- Turn off utilities at the main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water. Stand on a dry board and shut off the power with a dry wooden stick.
- Follow the **EMERGENCY NOTIFICATION TREE** procedure to contact MRPMCS personnel for evacuation instructions and alternate accommodations.

## If you have to leave the building

- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving if possible. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If floodwaters rise around your car, abandon the vehicle and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

### **Ater flood guidelines**

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Avoid all moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a vehicle.
- Stay away from downed power lines, and report them to the power company.
- Return home only when authorities have indicated that it is safe to do so.
- Stay out of any building that is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Clean and disinfect everything that may have gotten wet. Mud left from flood water can contain sewage and chemicals.

### **Driving Flood Facts**

- Six inches of water will reach the bottom of most passenger vehicles causing loss of control and possible stalling.
- A foot of water will float many vehicles.
- Two feet of rushing water can carry away most vehicles, including sport utility vehicles and pick-ups.

## Severe Lightening Storm

Despite their often small size, all lightening storms are dangerous. Lightening injures more people each year than tornadoes, although most lightening victims do survive. Person's struck by lightening often report a vareity of long-term debilitating symptoms including memory loss, attention deficits, sleep disorders, numbness, dizziness, irritability, fatigue, and depression. Lightening is very unpredictable, which increases the risk to individuals and property.

### If you are in a building

- Stay inside.
- Stay away from windows, doors, fireplaces, stoves, sinks, and other electrical charge conductors.
- Uunplug computers, TVs, radios, toasters and other electrical appliances. Do not use the phone or other electrical equipment.

### If you are outside

- Seek shelter.
- If you are caught in the open, crouch down with your heels close together and your head down.
- **DO NOT** lie flat - minimize your contact with the ground to reduce your risk of being electrocuted by a ground charge.
- Keep away from telephone and power lines, fences, trees, and hilltops.
- Get off bikes and motorcycles.

### If you are in a car

- Stop the car and stay inside.
- **DO NOT** stop near trees or power lines.

**Excessive Heat**

## Safe Drinking Water

Loss of safe drinking water can be deadly. Most people, with a few exceptions, will start feeling the effects if they go without water for more than 36 hours. Dehydration occurs much quicker than starvation. Our bodies can tolerate the loss of food much better. With an ample water supply, starvation is delayed many days, even weeks.

If the purity of your water source is questionable, use the following methods to make the water safe to drink:

- The best thing is to use bottled water from emergency supplies.
- If you don't have bottled water, you should boil water to make it safe. Boiling water will kill most types of disease causing organisms that may be present. If the water is cloudy, filter it through coffee filter, cheesecloth, or a paper towel and allow it to settle, and draw off the clear water for boiling. Boil the water for 10 minutes, let it cool, and store it in a clean container with covers.
- If you can't boil water, you can disinfect it using household bleach. Bleach will kill some, but not all types of disease causing organisms that may be in the water. If the water is cloudy, filter it through clean cloths or allow it to settle, and draw off the clear water for disinfection. Add 1/8 teaspoon (or 8 drops) of regular, unscented, liquid household bleach for each gallon of water, stir it well and let it stand for 30 minutes before you use it. Store disinfected water in clean containers with covers.
- **DO NOT** store any plastic water containers directly on concrete. The concrete will leech chemicals into the water, contaminating it and also degrading the plastic bottle, causing failure.

### Other sources of water:

- Toilet water storage tank. **Note:** Use the water from the storage tank - not the toilet bowl. Do not drink if you use colouring or chemicals in the water.
- Melted ice cubes.
- Water packed canned goods (even syrups are mostly water).
- Water trapped in home piping. The water can be removed by locating and shutting off the main valve. Then open the faucet at the highest point of the building. Then when you open the faucet at the lowest point, gravity will force the water from the pipes.
- **DO NOT** use water from the pipes if you hear reports of or suspect broken water or sewer lines.

**Remember:** Shutting off the water at the main valve will trap the water that is in the hot water heater and toilet tank. Not shutting the water off may allow it to flow out of these appliances and back into the main lines.

### Getting the water out of your water heater:

- Use extreme caution. Let the water cool.
- Turn off the cold water supply to the tank.
- Turn off the gas or electric heater for the tank.
- Open the drain valve at the bottom of the tank.
- **DO NOT** turn on the gas or electricity when the tank is empty.

## Power Outages

All personnel should shut off computers, office equipment and tools. This will prevent injuries and damage from unexpected equipment start-ups, power surges to the equipment and possible fires.

Leave one light switch on, this will signal the return of power.

**Call BC hydro at 1-888-769-3766 to notify them of the outage.**

## Utility Shut Off

### Water

#### Turn off the water at the water shut off valve:

- If you hear reports or suspect that water or sewer lines have been broken or damaged.
- If you hear reports or suspect that the water supply has been contaminated.
- If there is an extended power outage and the temperature outside is at or near freezing. Turn off the water and DRAIN THE PIPES.

#### Procedure:

- Locate the main water service pipe into the building.
- You will see a gate valve on the pipe. If you know you have leaks or the water has been contaminated, you can shut off all water to the building with this valve.
- Water shutoff at street level is NOT recommended due to difficulty.

#### To drain the pipes:

- Shut off the main water valve.
- Open the faucet at the highest point of the building.
- Open the faucet at the lowest point of the building.

### Electricity

#### Shut off the main circuit breaker or fuse at the electrical panel.

- If your building has flooded or a flood is imminent.
- If you smell, see or suspect an electrical fire.

**WARNING: If the area around the fuse or circuit breaker is wet, stand on a dry board and shut off the power with a dry wooden stick.**

- Locate the electrical panel for the building. Your building may be equipped with either fuses or circuit breakers.
- If your building has fuses, you will find a knife switch handle or pullout fuse that should be marked "MAIN". Remove all the small fuses or turn off all the small breakers first, and then shut off the "MAIN" switch.
- If your building has a circuit breaker, you may need to open the metal door of the breaker box to reveal the circuit breakers (never remove the metal cover). The main circuit breaker should be clearly marked showing on and off positions.
- If your building has any sub-panels adjacent to the main fuse or breaker panel in other parts of the building, in an emergency be safe and shut them off too. Shorts can sometimes develop that cause a circuit to bypass the breaker or fuse.

### Gas

- Call 911.
- Open all the windows and leave the building following evacuation procedures.
- Do not turn on or off any light or do anything that may ignite a fire from fumes.
- **Call Fortis Gas at 1-800-663-9911**