

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

Generic Emergency Procedures / Information Resources

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Emergency / Non-Emergency Telephone Numbers

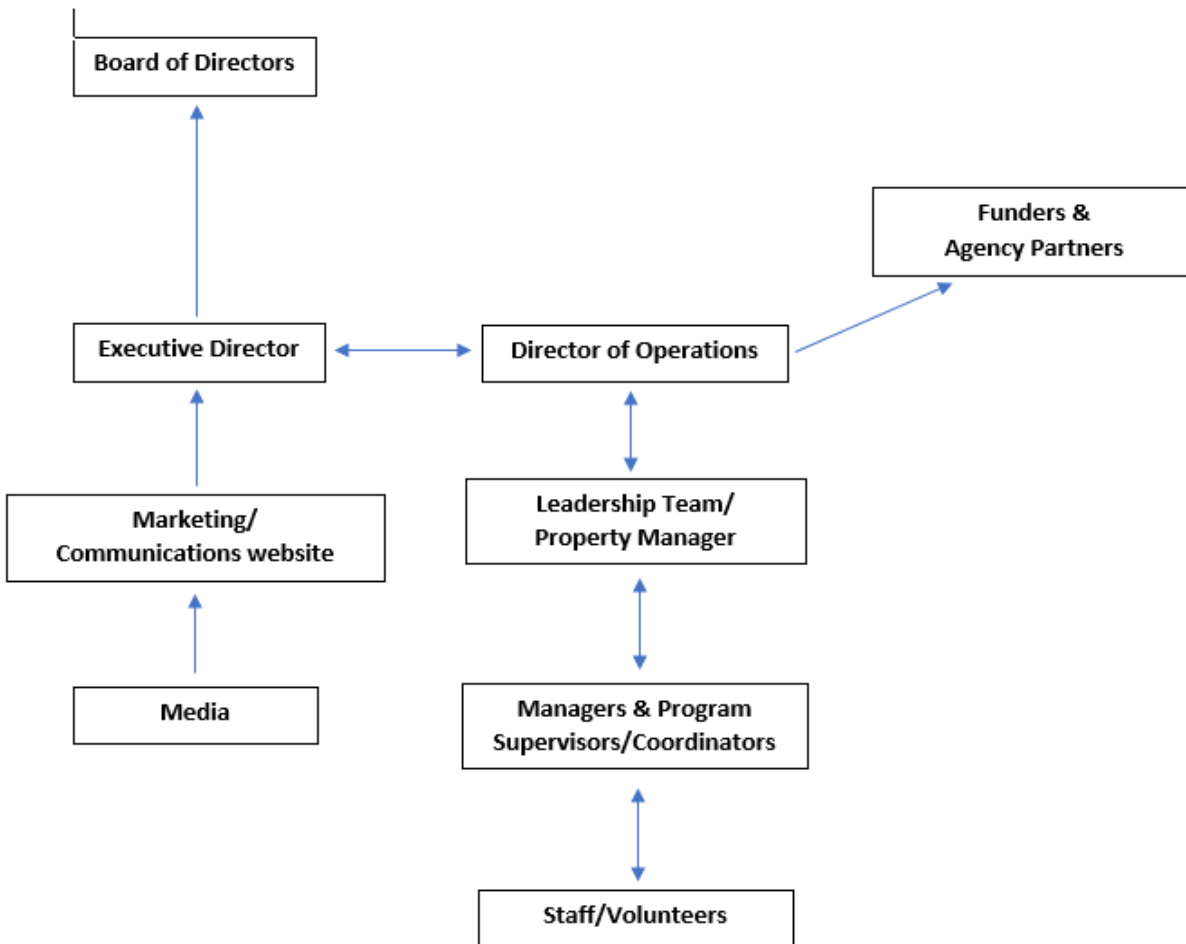
Emergency Contacts

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
Municipal Emergency Program – Nights and Weekends	604-463-9581
Crisis Centre	604-540-2221

Non-Emergency Contacts

RCMP	604-463-6251
Fire Department	604-463-5880
Ambulance	604-872-5151
Ridge Meadows Hospital	604-463-4111
Westridge Security	604-463-8933
Citiloc	604-879-0404

Emergency Notification Tree



Communication with Staff and Volunteers:

- Information is shared with all staff in the building
- Internal message is left on the central phone system
- Phone messages given to satellite program locations
- Program Supervisors are notified with detailed information to staff
- Outreach staff / staff away from the building will be contacted by cell phone
- Signage is developed for all effective program sites/buildings

Any incident requiring serious medical attention will be investigated 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 muster stations, in the event of an emergency where evacuation is necessary. All clients, personnel and visitors will report and remain at the muster station to allow the Executive Director and/or designate to account for everyone's whereabouts. Staff take a photo of the sign in/out board and collect any physical sign in/out sheets. The Executive Director, OH&S committee representative and/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 muster station until directed by the Executive Director or designated representative.

COMMUNITY SERVICES: West 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 and 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 (taken by cell phone).
- 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 Mobility Challenges

Non-Ambulatory Persons

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

- If recommended, ways of being removed from their wheelchair ie. The numbers of persons necessary for assistance.
- Whether to extend or move extremities when lifting because of pain, catheter bags, spasticity, brace, etc.
- After evacuation, ask if medical attention is required and if a wheelchair is not available, ask where they would be comfortable.

Persons with Low Vision

- 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.
- Confirm “buddy” for the duration of the evacuation

Hard of Hearing Persons

- Persons with impaired hearing may now be aware of emergency alarms. Therefore, they may need to be warned on 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.
 - Confirm “buddy” for the duration of the evacuation.

First Aid / Naloxone Kits / AED

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

Locations

COMMUNITY SERVICES (upstairs):	In the staff room, on top of the recycle shelving, left of the main door
COMMUNITY SERVICES (downstairs):	In reception, marked cabinet across from the kitchenette sink
THE CLUB:	Under reception desk next to the entrance
ALISA'S WISH:	In the medical examination room #151
CCRR / FAMILY PLACE:	ECE kitchen cupboard, behind the door
FOUNDRY:	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

AED Location

COMMUNITY SERVICES:	Downstairs reception, to the right of the sign in/out board
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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
- Emergency contact number(s) will be posted for the agency
- If known an estimated re-opening time will be posted
- When possible, the agency social media and website will be updated with pertinent information
- Where applicable, affected family members will be notified
- It will be the responsibility of the Executive Director in conjunction with the Senior Leadership 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 or designate will work with Community Partners and the Ministries to find a space to utilize while the facility is closed.

Emergency Temporary Relocation

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

For example:

Working from home, if appropriate

Relocation to other community facilities

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 availability
- 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 personnel or volunteer files for medical information that may be important, and check client case records if applicable
- Notify other appropriate personnel of the situation. Only as needed, check others choice and privacy

Safety Link Bands

Safety link bands can be signed out through reception

Foundry has panic buttons in all office and meeting spaces

Debrief and Well-Being

Emergency situations will occur when we least expect them and even after we've done our very best in ways of prevention. It's important to take care of yourself and not assign blame or guilt as the safety of staff, volunteers and clients are everyone's top priority.

After an emergency situation, please reach out for help and assistance. This can take many different forms depending on the person, the type of incident as well as change as time of the incident and after may alter our perspective. The following are available resources:

- Speaking with your Program Director or colleagues
- Speaking with the Director of Human Resources or Executive Director
- Speaking with your union for support
- Connecting with the agency's confidential Employee Assistance Program (EAP) – Lifeworks
- Coordinating with your Program Director or formal and/or informal debrief session, individually or group depending on the situation
- Debrief sessions can be facilitated 'in-house' leaning into colleagues with clinical/incident debriefing expertise
- Debrief sessions can be facilitated by a 3rd party such as WorkSafe or contractor

Choking

Adult

If the person can speak or cough, encourage coughing, but do not strike the person on the back. Call 911, then proceed with;

- 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 the airway is clear, or until the person becomes unconscious
- If the person is unconscious, use resuscitation measures

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
- 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, call 911, then 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 other hand over your fist
- Give up to 5 chest thrusts by pulling straight back

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

Unconsciousness

- To determine whether the person is unconscious, shout or gently pinch 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
- Call 911
- 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, address first aid needs to the best of your ability and wait for an ambulance or first aid attendant
- If the person is not breathing, begin CPR

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 calling 911. Reassure the person that help is on the way
- Assist the person to take ONLY THE DOES OF MEDICATION PRESCRIBED FOR THE CONDITION
- Help the person to rest, sitting or lying in the most comfortable position
- Loosen the person's collar, belt and other light clothing
- Assist the person to remain calm

Resuscitation and CPR

ABC – Airway, Breathing, Circulation

“A” - Airway

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

“B” – Breathing (Artificial Respiration)

- Look for chest movement, listen for breathing
- Feel for breath on your cheek
- If not breathing, start artificial respiration immediately using a one-way valve mask found in the first aid kits:
 - Keep head well back,
 - Pinch nostrils,
 - Place your mouth over the person’s mouth,
 - Give two full breaths, continue with one breath every 5 seconds until the person breathes normally or help arrives (ventilation)
- If air does not enter to person’s chest during artificial respiration:
 - Reposition the head and attempt artificial respiration again
 - If successful, got to section “C”
 - To clear airway, place heel of one hand on top of heel 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.

“C” – Circulation – Cardiopulmonary Resuscitation (CPR)

- Call 911 or ask someone else to do so
- Try to get the person to respond; if they are unable, roll the person onto their back
- Start chest compression. Place the heel of your hand on the center of the person’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 Gee’s song “Stayin’ Alive”. Perform 30 compressions at this rate. 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 person. Take a normal breath, cover the person’s mouth with yours to create an 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 $\frac{1}{2}$ " to $1\frac{1}{2}$ ". 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 911. Send container and contents with the person to the hospital

For Inhaled Poisons

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

For Poisons in Contact with Skin or Eyes

- Using the eyewash area or sink, flood area with cold running water for at least 15 minutes (flush eyes gently)
- Eyewash stations are located in Clubhouse and ECE Kitchen eye flush bottle are located in Alisa's Wish and the staff room kitchen and Foundry Kitchen
- Remove contaminated clothing and ensure person is comfortable
- Do not use chemical antidotes

For Swallowed Household Chemical Poisons

- For conscious person:
 - Call the Poison Control Centre **(604-682-5050)**
 - Only induce vomiting on advice from the Poison Control Centre or Physician
 - If advised by poison control, give milk or water. For adult 1-2 cups; for child ½-1 cup
 - To avoid inhalation of vomit, place the person's head lower than the body
 - If poison is corrosive, DO NOT induce vomiting, but give milk or water
- For unconscious person:
 - Call 911
 - Place the person in recovery position
 - Monitor breathing. Begin CPR is 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, 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 a Senior Leadership Team Member for assistance and/or third-party biohazard cleaning service.

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 anybody fluid or contaminated surface. Wash hands with 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 bodily 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.

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 complete 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 Precaution BC Ministry of Health
- Wipe up blood or bodily 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 Bodily 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

Spill Kit Locations

COMMUNITY SERVICES: Downstairs main reception

FOUNDRY: Janitor's Closet

SHARPS

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. Once the container is full, take to the pharmacy and a new one must be purchased.

SHARPS Container Locations

SHARPS containers are located in all agency washrooms, as well as, at every first aid kit location.

Overdose

Follow the SAVE ME steps below to respond.

If the person is unconscious and must be left unattended at any time, put them in the recovery position.

Stimulate, Airway, Ventilate, Evaluate, Medication, and Evaluate.

*Ensure the area is safe for yourself

Call 9-1-1.

If you are alone, you can put the phone on a speaker. Remember, you will not get in trouble if you call 9-1-1 for a suspected overdose.

Stimulate: If you suspect someone might be having a drug overdose, start by stimulating them to confirm that they are unresponsive. Shout at them - use their name if you know it. Next, do a trapezius squeeze (squeeze the nailbed of the finger) or pinch the webbing between their thumb and fingers to see if they respond to pain. Always tell someone what you are going to do before you touch them.

If the person does not respond to sound or pain, then it is a medical emergency.

The call-taker will ask for:

- Your location – address, cross streets, name of business, and town or city;
- Your phone number, in case you get disconnected; and
- What you think the problem is

***Ensure that you have gloves from the first aid kit before continuing.**

Airway: Check the person's mouth for any obstructions. Items like gum, dentures, or a syringe cap would be preventing them from breathing properly. Remove any obstructions. Once you've confirmed the mouth is clear, tilt their head back - this opens the airway.

Ventilate: The next step is to breathe for the person.

Breaths are crucial to the overdose response. They keep the brain alive. Ventilation is the best way to reduce the risk of irreversible brain injury.

9-1-1 dispatch provide step-by-step instructions on how to give rescue breaths followed by naloxone administration in a respiratory arrest or drug overdose.

A mask is available in the Take Home Naloxone Kit to provide a barrier. You can use a piece of clothing if you do not have a mask.

Keep the person's head tilted back, pinch their nose, and give them two breaths. You should be able to see their chest rise with each breath. Continue to give one breath every five seconds until the person is breathing on their own or first responders arrive.

If you are responding by yourself and do not have naloxone, or do not feel confident about administering naloxone, breaths are more important. Some people may not be comfortable giving rescue breaths. In that case, call-takers can also coach 9-1-1 callers through providing chest compressions.

Evaluate: Has the person responded to your breaths?

If they are unresponsive, continue the rescue breathing (one breath every five seconds). Now it is time to give naloxone, if you have it. If there is someone with you, have them prepare the naloxone kit.

If you do not have naloxone, or if you are alone and can't prepare the kit, keep providing breaths until first responders arrive.

Muscular injections: the BC Take Home Naloxone kits contain:

- SAVE ME instructions on the lid
- Alcohol swabs

- Gloves and a breathing mask to protect the responder
- Three vanish point syringes
- Pill bottle containing three ampoules of Naloxone
- An overdose response information form to be completed after the Naloxone has been used

Naloxone comes in glass ampoules that need to be opened

1. Hold the ampoule by the top and swirl to bring the medication to the bottom. Gently but firmly snap the ampoule top off, away from your body. The plastic amp snapper is there to protect your fingers
2. Pull the plunger to draw up the liquid
3. Inject the Naloxone into a muscle. Press the plunger all the way down to trigger the safety retraction.

Evaluate: Monitor the person to see if they respond to the naloxone. Do they start breathing again? Do they regain consciousness?

Step back when monitoring at the person may awake aggressively.

If not, keep giving one breath every five seconds.

If they have not regained consciousness after three to five minutes (approximately 40 breaths), you can give a second dose of naloxone.

Monitor the person after each dose is given for three to five minutes (approximately 40 breaths) before giving additional doses.

Naloxone is a safe medication, but people who are dependent on drugs may experience unpleasant withdrawal symptoms like pain, sweating, agitation and irritability. Naloxone can take three to five minutes to work, so waiting five minutes between dose is important.

For more information visit: www.towardtheheart.com

Suspicious / Dangerous Persons

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

To deal with a suspicious person within the agency:

- Politely greet and identify yourself (consider asking another staff person to accompany you before approaching)
- If possible, have something between you and the person i.e. A corridor or railing
- Inform person that all visitors must sign in at reception. Ask the person the purpose of their visit. If possible, attempt to identify the individual and/or their vehicle
- If the person's purpose is not legitimate, ask them 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 behavior 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
- Politely ask the person to discontinue behavior and to leave and that 911 is being called for everyone's safety
- 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 judgmental,
 - Maintain 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, "attention all staff, please remain 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 your 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 is 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 on of the panic alarm buttons, if possible
- Evacuate all clients, personnel, volunteers and visitors from the immediate area
- Close off the area to prevent other coming close
- 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 behavior, 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 THEMSELVES, 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 of 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 an appropriate colleague 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

Violence, threats, harassment, intimidation, and other disruptive behavior will not be tolerated. All reports of incidents are taken seriously and will be dealt with appropriately. Such behaviors include 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 behaviors. If you observe or experience such behavior 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 respond by assessing the need of their safety and that of others
- Call for help from others
- Call 911 for assistance
- Activate a Safety Monitoring Box, Safety Link Band, or Panic Button if possible
- Try all possible ways to get safety
- 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

This procedure is used when there is an imminent threat to Maple Ridge/Pitt Meadows Community Services. Staff are secured in the offices they are currently in and no one can leave until the situation has been safely resolved or evacuated safely. Most implemented when the building has an intruder. A lockdown can be initiated by the RCMP or by the Executive Director and/or Directors.

Steps to implement lockdown after a threat has been identified:

1. Lockdown signal is given via broadcasting to all phones;
“This is a lockdown...” (repeated 3 times)
2. Staff call 9-1-1 and remain on the line with the RCMP
3. Using the **EMERGENCY NOTIFICATION TREE**, notify all necessary individuals of the situation
4. All persons must report to the nearest securable office/room immediately.
5. Once inside a secured office:
 - a. Secure and barricade doors;
 - b. Turn out the lights;
 - c. Cover windows;
 - d. Pull shades;
 - e. Move staff out of line of sight of doors and windows;
 - f. Hide; and
 - g. No talking
6. Staff are not allowed to open doors from ANYONE under ANY circumstance.
7. Ignore fire alarms unless first-hand knowledge of fire or emailed/texted information to respond. If exiting, go to the Muster station – as directed by RCMP or Directors
8. In the event of an Active Shooter/Homicide in progress:
 - a. Follow the instructions above. Stay secure/barricaded and hidden!
 - b. In the presence of a deadly threat, it is ultimately your discretion to remain in lockdown, confront the intruder or to evacuate immediately by means other than hallways may have to be exercised.
 - c. Got to the exit area as identified by the RCMP.

WHEN EVACUATING, LEAVE WITH HANDS UP UNTIL CLEAR OF THE RCMP PERIMETER

9. **“Code Green – ALL CLEAR” (repeated 3 times)** will be broadcast to all phones, only after the building is secured and most have been evacuated by RCMP. Only open doors/Come out of hiding for the RCMP.

Death

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

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/Director
- 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, if possible
- The Executive Director or designate will contact the Ministry or Healthy Authority

Missing Person

If someone is missing from the worksite/work location, first contact immediate Supervisor or designate.

Procedure:

- Program Supervisor/Director will make all reasonable attempts to find the person including calling 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
- If appropriate, the Program Director with other staff, will contact/check the last known work location
- Executive Director is immediately notified after calling 911

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. 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 photo.
- 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 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 muster station – 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 Senior Leadership 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 odor. Some materials can be detected because they cause physical reactions such as watering eyes or nausea.

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 the persons exposed to the spilled product for adverse medical conditions ie. 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 Department.
- Keep telephone lines clear.
- Assist in calming clients and visitors required.

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 persons calling,
 - Location of emergency,
 - Nature of emergency (ie. Leak, explosion, spill, fire, derailment, etc.)
 - Actions to be taken by the agency personnel
- Inform the Executive Director or another Senior Leadership Team Member. They will inform all agency personnel of the actuation 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 and social media 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 personal panic alarm button. **DO NOT USE MOBILE TELEPHONE OR TWO-WAY RADIO** as it could affect an armed device.
- Never transfer the call to someone else unless the caller requests 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 the 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 muster station.
- Call 911 if not already alerted.
- Follow all instruction given by RCMP.
- 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 anyway.**
- Evacuate the building immediately.
- Call 911. Do not use cell phones or two-way radios.
- Follow all instructions given by RCMP.
- 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 license numbers, registration numbers, take photos of damage, vehicle descriptions and license plate numbers with person involved. Record a brief description of the damage. Collect any witness' names and phone numbers.
- Inform Program Supervisor/Manager, follow up with appropriate medical care if needed, then complete necessary agency documents.
- Follow the **EMERGENCY NOTIFICATION TREE** to contact MRPMCS personnel.
- **Contact ICBC at 604-520-8222**

Earthquake

EARTHQUAKE KIT LOCATIONS

COMMUNITY SERVICES:	In reception, marked cabinet across from the kitchenette sink
THE CLUB:	Under reception desk next to the back entrance
FOUNDRY:	Hallway storage next to the group rooms.
ALISA'S WISH:	In reception area.

Procedure

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 extreme 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.

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 your 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 if 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 Senior Leadership Team.
- Use caution when opening doors to cupboards and rooms as objects may have shifted and could fall.
- Salvage essential supplies and equipment if you can do so safely.
- Post premade signs indicating dangerous areas and report these to the Senior Leadership Team.

The Executive Director and/or designate will activate the **EMERGENCY NOTIFICATION TREE** process to inform 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 of 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 the 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, ie. 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 (ie. 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 liter 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 and social media 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.

After flood guidelines

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwater; 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

If you are in a building

- Stay inside.
- Stay away from windows, doors, fireplaces, stoves, sinks, and other electrical charge conductors.
- Unplug computers, TVs, radios, toasters and other electrical appliances. Do not use a landline 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.
- Do not touch or approach fallen wires, call 911

Excessive Heat

An Extreme Heat Emergency is when daytime and nighttime temperatures get hotter every day and are well above seasonal norms. Extreme heat is dangerous for the health and wellbeing of our communities and is responsible for the highest number of weather-related deaths annually.

While everyone can benefit from planning and preparing for extreme heat emergencies, the following people are especially at-risk if they do not have access to air conditioning and need to be prepared and supported:

- Seniors aged 65 years or older;
- People who live alone;
- People with pre-existing health conditions such as diabetes, heart disease, or respiratory disease;
- People with mental illnesses such as schizophrenia, depression, or anxiety;
- People with substance abuse issues;
- People who are marginally housed;
- People who work in hot environments;
- People who are pregnant;
- Infants and young children; and
- People with limited mobility.

If you are at risk and you live in a building or residence that gets very hot, with sustained internal temperatures of 31 degrees or higher, plan to go elsewhere during an Extreme Heat Emergency. During an Extreme Heat Emergency, you should prepare to stay in the coolest part of your residence and focus on keeping that one location cool. Start by identifying a room that's typically coolest and consider how you can modify the layout to support sleeping and day-to-day living for the duration of the heat event.

If an Extreme Heat Emergency has been issued, it's time to put your plan into action:

- Relocate to a cooler location if you have planned to do so;
- Reconfigure the coolest location if you have planned to do so;
- Check in with your pre-identified heat buddy. If you don't have one, reach out;
- Put up external window covers to block the sun if you can safely do so;
- Close your curtain and blinds;
- Ensure digital thermometers have batteries;
- Make ice and prepare jugs of cool water;
- Keep windows closed between 10am and 8pm. Open them at 8pm to allow the cooler air in, and use fans (including kitchen and bathroom exhaust fans) to move cooler air through the house.
- Discover extreme heat services provided by the city, such as the recreation centre or cooling stations.

Getting Too Hot

Overheating can be harmful to your health and potentially deadly. If you're experiencing symptoms, such as rapid breathing and heartbeat, extreme thirst, and decreased urination with unusually dark yellow urine, take immediate steps to cool down and seek emergency care.

- Get medical attention or call 911
- Submerge yourself or the person in cool water
- Remove clothes and apply wet cloths

Heat stroke is an emergency. Call 911 or your local emergency number if you are caring for someone who displays symptoms, then take immediate action to cool down while waiting for help to arrive.

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 a 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 leach 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 coloring 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 the 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 on light switch on, this will signal the return of power.

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

Power Outages

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 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 services 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 turnoff 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 off any light or do anything that may ignite a fire from fumes.
- **Call Fortis Gas at 1-800-663-9911**