

**Generic Emergency  
Procedures  
and  
Information Resources**

## Emergency / Non-Emergency Telephone Numbers

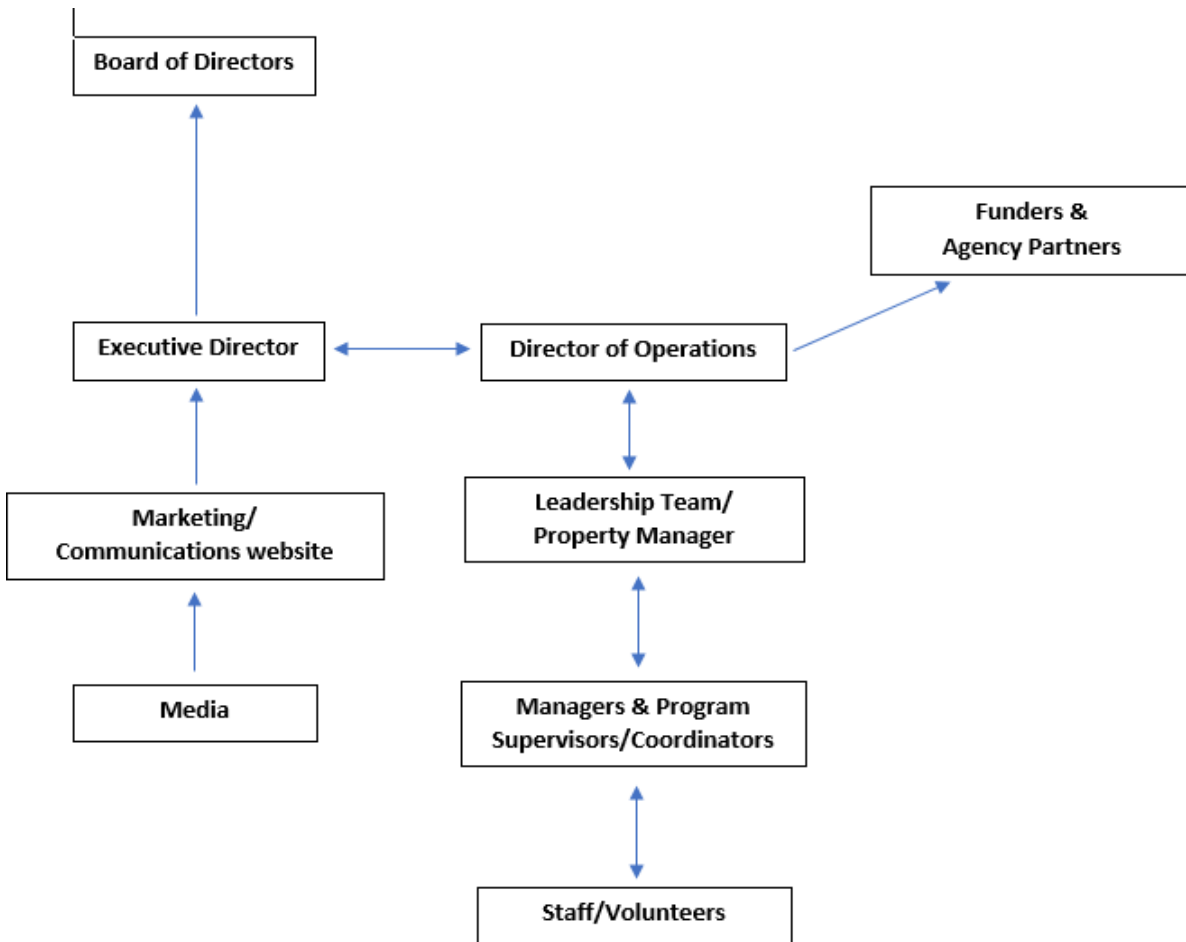
### Emergency Contacts

Fire, Police, Ambulance	911
Fortis Gas Leaks and Odors	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	604-626-1536
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 sent to satellite program locations by Managers
- Program Supervisors are notified with detailed information to staff
- Outreach staff / staff away from the building will be contacted by cell phone by Managers
- Signage is developed for all affected program sites/buildings

Any incident requiring 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 to 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 safe to do so, the receptionist or designate will take the first aid kit containing the Emergency Preparedness Plan and a cell phone picture of 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 Mobility Challenges

### **Non-Ambulatory Persons**

Always consult with the person as to their preference.

- If recommended, determine ways of being removed from their wheelchair ie. The number 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.
- If is not possible to remove person from wheelchair and get them to safety, place them in the designated Area of Refuge. Notify First Responders where they are.

### **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 the designated meeting area, 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 not be aware of emergency alarms. Therefore, they may need to be advised of the emergency 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 the designated meeting area, 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

<b>COMMUNITY SERVICES (upstairs):</b>	In the staff room, on top of the recycle shelving, left of the main door
<b>COMMUNITY SERVICES (downstairs):</b>	In reception, marked cabinet across from the kitchenette sink
<b>THE CLUB:</b>	Under reception desk next to the entrance
<b>ALISA'S WISH:</b>	In the medical examination room #151
<b>CCRR / FAMILY PLACE:</b>	ECE kitchen cupboard, behind the door
<b>FOUNDRY:</b>	There are two first aid kits in the center, one in the cupboards above the microwave in the demo kitchen, and the second in the cupboards above the touchdown space in the staff room. In addition, both exam rooms used by doctors are equipped with medical supplies akin to the contents of the first aid kits

### AED Location

<b>COMMUNITY SERVICES:</b>	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, volunteers and 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 affected facility 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 render 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
- Only as needed, notify other appropriate personnel of the situation. (check others choice and privacy considerations)

## 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 for 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 or
  - Debrief sessions can be facilitated by a 3<sup>rd</sup> party such as WorkSafeBC or contractor

## 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, staff, 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 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 shown on the previous page
- Wipe up blood or bodily fluids with absorbent paper towels
- Clean up spilled fluids with freshly made solution of one part bleach to ten parts water (1:10). Do not use bleach to clean up urine; use a disinfectant in its place
- 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 bag them and have clothes dry-cleaned
- Wash hands after gloves are removed with soap and water
- Ventilate the room well when using bleach solution

**Exposure to Blood and Bodily Fluids:**

If exposed to blood or potentially 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 pick up/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, staff, 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 wearing gloves, a pair of tongs and disposed of in a SHARPS container. Once the container is full, take to Save On Foods for a replacement.

### **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:

It involves turning the person onto their side, with their head tilted back and mouth angled downward, allowing fluids to drain.

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 speaker mode. 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 an 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 over their mouth 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. Holding the ampule away from your body, gently but firmly snap the ampoule top off. 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 as the person may awake aggressively. If conscious after administering Naloxone, 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 each dose is important.**

**For more information visit: [www.towardtheheart.com](http://www.towardtheheart.com)**