

## CVS POLICY & PROCEDURE MANUAL

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**Policy Area:** Health & Safety

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**Policy # & Name:** 4.2 Emergency Response Planning

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**Group:** All Staff, Volunteers, Practicum Students, Consumers, Families

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**Purpose:**

The purpose of the planning is to provide staff with information, guidelines, and recommendations for action, in the case of an unexpected and severe emergency. Being prepared for emergencies will decrease inconvenience, fear, panic and injury.

CVS will maintain an emergency manual for each site (Discovery, Tamarack, Administration, Residences) that will include emergency plans for fires, bomb threats, natural disasters, power failures, medical emergencies and safety during violent or other threatening situations. These written plans will address evacuation procedures, identify schedules for testing of these procedures (including analysis and a process for performance improvement), and a process for assessing personnel competency in these areas.

**Objectives of Planning:**

- 1) Pro-actively plan and prepare clients and staff for potential emergencies. Contribute to our community's ability to respond to emergencies.
  - 2) Provide for the safety of our clients and staff; reduce potential for property damage; reduce service disruption.
  - 3) Provide written guidelines to assist employees in dealing with emergencies.
  - 4) Clarify staff roles, responsibilities and expectations in the event of a severe emergency.
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**Policy Statement:**

Emergency response planning provides a framework to prepare for an emergency, assess needs and take action during and after an emergency, and to effectively recover from the emergency. CVS employees are trained and dedicated, and will take responsible action in any emergency situation to protect and serve the people in their care. The Emergency Response Plan along with site specific information in the Operations Manual, are resources to assist them in executing their duties.

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**Practice Standards:**

- ? An emergency response plan shall be developed for all emergencies at all CVS worksites.
  - ? The emergency response plan shall include the removal of electronic files, i.e. back up tapes or compact disks, where the facility is at risk. The House Supervisor/Program Coordinator or other designated staff will be responsible for this task.
  - ? Staff shall conduct one emergency response drill every month. All emergency response drills shall occur at least once per year.
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- ? The test drills shall be documented on the Emergency Response/Drill Report (H&S 4.2.A) provided and will include the date, type of test, assessment of the performance, comments and improvements recommended.
  - ? Follow up with staff at the next staff meeting to ensure improved performance for the next drill.
  - ? Staff working directly with semi-independent clients shall ensure that emergency drills are reviewed with the client at least once per year.
  - ? To ensure everyone is aware of the latest emergency response plan it is mandatory for staff to attend their staff meetings. All changes in policy and procedure will be reviewed at these meetings and must be signed-off by each staff member. Any staff member not available at the time of review must make arrangements to review the material immediately upon their return to work. Once reviewed the policy/procedure change must be signed off by the staff member.
  - ? Emergency phone numbers and procedures sheet shall be kept in the office of the residence or program and shall be easily accessible.
  - ? For facility based programs, ensure that attendance is taken daily for roll call purposes in an emergency.
  - ? The Adult Services Coordinator and/or the Executive Director will determine if and when an alternate shelter is required and will arrange for the same.
  - ? Use Resource item 9.6 Emergency Plan (Disaster Recovery) as a template for site specific Emergency Plans.
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**Policy Audit:** Annually – Health & Safety Committee Work Plan

**Date Issued:** May 2004

**Date Revised:**

**Position**

**Responsible:** Executive Director, Health & Safety Committee

**References:**

- ☞ Emergency Plan Manuals
    - Administration
    - Discovery
    - Cooper/Peck
    - Howson
    - Tamarack
  - ☞ Critical Incidences Policy (5.11 Critical Incident Reporting)
  - ☞ Seizure Protocols (5.13 Healthcare Protocols)
  - ☞ Emergency Response Procedures (attached)
  - ☞ Staff Participation Emergency Preparedness Training Form –  
(need to include out-of-town contact number)
  - ☞ Participant Attendance at Health & Safety Classes Form
  - ☞ H&S 4.2.A – Emergency Response\Drill Report
  - ☞ RES 9.7 – Operations Manual Template
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## Emergency Response Procedures

### ***Definition:***

A severe emergency is defined as a situation that has the potential to compromise the health and safety of the individuals we serve and/or our employees and others at the site; or has the potential to damage or destroy property.

### ***General Procedures:***

#### *During An Emergency*

1. Stay Calm.
2. Follow response plan for emergency.
3. Keep yourself safe FIRST.
4. Locate your clients and try to keep them safe and calm.
5. Keep clients and staff together.

#### *Follow Up to an Emergency*

Notification of all emergencies will be given, by staff, to the Adult Services Coordinator, Executive Director, the MCFD /CLBC staff, Community Care Licensing Facility officer who will ensure that BCHMC and all other appropriate authorities or regulatory bodies responsible for the well being of the clients, staff and/or assets of the organization is notified.

### ***Medical Emergency Response***

#### *Definition*

Medical emergencies may include but are not limited to: cardiac/respiratory arrest, sudden loss of mobility, injury to any part of the body, obvious pain (especially chest or abdominal), severe injury or hemorrhage, choking, coma, loss of consciousness, seizure activity that is unusual (i.e. length, consecutive seizures), poisoning, misuse of medication.

#### *Procedures*

Identify an "Emergency Person in Charge". In response to any medical emergency a staff person is designated the role of "Emergency Person in Charge" It is this person's responsibility to remain close to the scene of the emergency and to dispatch staff to ensure that all the steps outlined in the Medical Emergency Response Procedures Checklist are followed. The MER checklist will be posted in a prominent location in every Program and Residence. Any actions taken are reported back to the "Emergency Person in Charge" so that response duplication does not occur.

The first staff person on the scene remains with the person requiring assistance. If required, staff or designate is dispatched by the "Emergency Person in Charge" to bring a first aid kit. The first person on the scene is in charge of first aid treatment of the injured person until:

- ? A place of medical treatment is reached; or
- ? The injured person is passed into the care of an ambulance attendant; or

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- ? Responsibility for treatment is accepted by another individual with a higher level of certificate such as a physician, a registered nurse with a valid Level 2 or 3 certificate or a person licensed as an Emergency Medical Assistant Level 1 or higher by the BC Ambulance Service.

First Aid is administered, as necessary.

If required, staff or designate are dispatched to call 911. Instruct the 911 dispatcher to send an ambulance to the program or residence. This same staff person notifies Adult Services Coordinator or Executive Director, when time allows, that 911 has been called and outlines the circumstances (including victim's name, circumstances and location). The receptionist or staff designated to do so, greets the ambulance and escorts the ambulance attendants to the emergency site.

Other staff must be dispatched to cordon off the area and/or redirect traffic away from the area.

The Emergency Person in Charge (or designate) obtains medical emergency information from Personal Information Form (if available). The information is brought to the scene of the emergency.

The person administering First Aid and the Emergency Person in Charge provide the ambulance attendants with information.

### Immediately Following a Medical Emergency

- ? The appropriate staff person reports to the Adult Services Coordinator and completes a Critical Incident Report (see *Section 4.8*) for submission to the Adult Services Coordinator. The Adult Services Coordinator reviews and signs the reports.
- ? Critical Incident Reporting Procedures are followed. Management responses may include, but are not limited to the following:
  - o Inform MCFD or CLBC social worker.
  - o Send the Critical Incident Report to MCFD or CLBC Authority.
  - o Notify the victim's emergency contacts.
  - o Assess the need for Critical Incident Stress Management.
  - o Ensure required Critical Incident Stress Management is provided.
  - o If required, ensure that WCB claim form is completed and sent off.
  - o Assist staff to ensure that the emergency scene is cleaned and put back in order.

### Long Term Follow Up

Management staff follows up with individuals involved and/or affected by the emergency, as required. Critical Incident Stress Management support is provided, if required.

## **Fire Response Procedures:**

### When You Discover A Fire

- ? Sound the fire alarm or yell "FIRE".
- ? Dial 9-1-1.
- ? State your name and address.
- ? Give information about the fire.

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- ? STAY CALM IN ORDER TO GIVE CLEAR AND ACCURATE INFORMATION.
- ? IF THE FIRE IS SMALL, try to control the fire with available fire equipment.
- ? Isolate the fire by closing doors and windows on your way out, if it is safe to do so.
- ? Supervise or get someone to supervise an orderly evacuation of all persons.

### Evacuation - What To Do

WHEN YOU HEAR THE FIRE ALARM or SOMEONE YELLING "FIRE":

- ? Help Supervise the orderly evacuation of the building according to the pre-designated plan NEVER USE THE ELEVATOR; WALK DON'T RUN.
- ? All staff must check the building on their way out to ensure all rooms have been evacuated.
- ? Proceed to the assembly area.
- ? Check staff and clients to ensure all have been evacuated from the building or to a rescue area.
- ? Notify Fire Department of any persons unwilling to leave and their locations.
- ? Alert fire department to any missing persons or areas of the building you were unable to check.
- ? NEVER ALLOW ANYONE TO RE-ENTER THE BUILDING.
- ? Wait until the Fire Department gives you permission to re-enter the building.
- ? Ensure the comfort and safety of program participants.
- ? Once assistance has arrived, call immediate supervisor. Supervisor contacts the Executive Director.

### If You Are Trapped In Your Area

- ? Close the doors and windows.
- ? Call 9-1-1 and advise the Fire Department of your name, address and where you are trapped.
- ? STAY CALM IN ORDER TO GIVE CLEAR AND ACCURATE INFORMATION.
- ? Stay close to the ground and if possible, place a wet towel/cloth under any door and place one to your mouth to help you breathe.

### ***Earthquake Response Procedure:***

In the event of an earthquake, all persons who are inside a CVS facility will:

- ? Move away from windows and areas with loose furniture and objects.
- ? Get under a desk, table or stand in a doorway or corner.
- ? Avoid use of the elevator.
- ? Avoid going outside.

In the event of an earthquake, all persons who are outside a CVS facility should proceed to an open area away from trees, buildings, walls and power lines.

Upon the cessation of an earthquake or other emergency, the building is to be evacuated according to procedures outlined under "Evacuation, What to Do". The notice to begin evacuation will be given by the most senior person present by shouting

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or sounding of the Fire Alarm and/or over the intercom system and/or by repeating a set of whistle blasts.

### ***Missing Person Response:***

Each individual receiving services from CVS has a Personal/Child Information Form and an up-to-date photo kept on site at the program, in the CVS vehicles used by the program and in central files. In addition, copies of the form and photo are to be taken on all out-of-town trips.

### Procedures

1. Conduct a quick and thorough search of the facility and grounds, using extra personnel or assistance from program participants, if appropriate. If person not found within 5-10 minutes you should:
2. Notify security staff or persons in the vicinity regarding the situation, providing a description of individual. Use first name of individual only and a description of their communication skills.
3. In co-operation with authorities organize a systematic search.
4. If the person is **NOT** located within 20 minutes, notify the Supervisor who will provide instruction on action to be taken. If possible, give the Supervisor a number where you can be reached. If immediate supervisor is not available, contact any other Community Ventures supervisor or the Executive Director.
5. Immediate supervisor or Adult Services Coordinator notifies the RCMP and arranges for staff back-up. Adult Services Coordinator calls the Executive Director.
6. If the search requires police assistance, in the absence of the supervisor, the staff or delegate will be responsible for notifying police, providing description and informing them of any potential medical risks (i.e. anti convulsant medication) and current photograph, if possible. Police notification should be within one hour of person being lost.
7. The Supervisor will take responsibility for co-ordinating the search, communication with family/caregiver, ministry and other appropriate persons, and will contact same when participant has been found.
8. Supervisor and Adult Services Coordinator will come to the site and assist in the search. At this time the Adult Services Coordinator designates one person to do a phone search using information from Personal Information form.
9. One staff to remain on duty at residence of missing person at all times; this person will be responsible for receiving calls at the home and will be awake if on a graveyard shift. All incoming calls are to be recorded to ensure that all particulars are documented, and if relevant to the situation, will be passed on to the proper authorities in an expedient manner.
10. Personal Information forms are taken from the Ridgeway Avenue office to the RCMP office or Search and Rescue site by Ridgeway Avenue personnel. (If the Ridgeway Avenue office is closed, the Adult Services Coordinator will arrange for the forms to be taken to or picked up by an RCMP officer.)
11. The Adult Services Coordinator / Executive Director or designate call family / significant others.
12. If deemed necessary, Executive Director will initiate phone tree to begin implementation of use of all available CVS staff to assist in search efforts.

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13. The staff responsible for reporting the participant missing will then complete incident report once the participant has been found and forward a copy to the program Supervisor.

### ***Unexpected Death Response:***

CVS staff must never make the determination that an individual is deceased. Staff must follow the medical emergency response procedures in all medical emergencies. The determination of an individual's demise is given by the appropriate medical emergency personnel.

In the event of death, staff are to follow procedures outlined in the Ministry for Children and Family Development "A Field Guide on Death and Dying". This information is found in a labeled binder located at Ridgeway Administration Office. It is an information and resource guide which provides practical and functional orientation to MCFD policies, procedures and protocols. It also contains information about death and dying, palliative care, what to expect and what to do when a death occurs, dealing with grief and other resource information.

Following are the reporting procedures required by the Community Care Licensing Regulations:

- 1) Sudden and unexpected deaths must be reported immediately to the coroner, police and family. Individuals whose death is sudden or unexpected may not be moved until given permission by the coroner to do so.
- 2) All deaths must be reported within 24 hours to the Licensing Officer of the Fraser Health Authority on the **Community Living Services Mortality Information Summary form**, which is then attached to the regular Critical Incident form. **See also Policy 5.11 Critical/Internal Incident Reporting.**
- 3) Debriefing is the responsibility of the Adult Services Coordinator.

#### *Staff Debriefing:*

- ? Notify other day program/supported work staff who worked with the deceased.
- ? Arrange for critical stress debriefing and/or grief counseling for staff, volunteers and adults attending the program who require it.
- ? Check back with staff and others during the weeks that follow the death, as they may require further debriefing or grief counseling.

#### *Client Debriefing:*

- ? Identify a plan of communication for informing all concerned.
- ? Inform the clients, caregivers and/or families of people who will be impacted by the death.
- ? Request as needed debriefing and/or grief counseling for CVS colleagues through MCFD social workers or CLBC staff.
- ? Check back with those attending the program during the weeks that follow the death, as they may require debriefing or grief counseling.

Where the Adult Services Coordinator, is unavailable or is unable to perform their duties as above, the responsibility rests with the Executive Director.

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## Carbon Monoxide Emergency Response Procedures

### Facts About Carbon Monoxide Leaks

Any home that contains appliances that are powered by or is heated by gas, wood or oil is at risk for Carbon Monoxide Poisoning. Carbon Monoxide pooled/leaked from unburned gases can be detected by our noses due to a rotten egg smell that is added by the manufacturer. In addition, it tends to be a little lighter than air and will pool at a higher level.

Carbon monoxide formed after the gas/fuel has been burned is more dangerous as it has no smell and is heavier so it pools at a lower level.

Concentration levels of Carbon Monoxide and the physiological effects on persons exposed to it are as follows:

- |                              |   |
|------------------------------|---|
| ? 50 parts per million (PPM) | ✍ Safety level as specified by the Health and Safety Executive              |
| ? 200 PPM                    | ✍ Slight headache within 2 - 3 hours  |
| ? 400 PPM                    | ✍ Frontal headache within 1 - 2 hours, becoming wide spread within 3 hours. |
| ? 800 PPM                    | ✍ Dizziness, nausea, convulsions within 45 minutes, insensible in 2 hours.  |

### Placement Of Carbon Monoxide Detectors

The following should be taken into consideration when determining the placement of the Carbon Monoxide Detector:

- place in an area where the alarm will be easily heard by those in the building.
- whenever possible, place the detector near the cold air return to your furnace as the gases will pass by the detector when the cold air is being sucked into the cold air return.

### Procedure

- Carbon Monoxide Detectors are required in any home that is heated or contains appliances that are powered with gas, wood or oil. There must be at least one detector on each floor.
- Equipment check must be conducted monthly using the Monthly Safety Checklist (BPA 8.1.A).
- The Fire Safety Plan posted at all sites must be followed in the case of a Carbon Monoxide alarm.

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### ***Bomb Threat Procedures***

1. Call "911"
2. Should the threat of a bomb occur, the building will promptly be evacuated following fire drill procedures.
3. As soon as all clients/staff/volunteers/visitors are out of the building and accounted for they will be put in vehicles and taken to another CVS facility until the facility as been deemed safe by the proper authorities.

#### *After A Bomb Threat*

##### Investigation:

The Executive Director, and all other personnel, shall cooperate with law enforcement personnel involved in investigating a bomb threat. Personnel shall not conduct any investigation independently but rather in conjunction with law enforcement.

##### Counseling:

The Executive Director, in consultation with appropriate guidance and other personnel, shall assess the effect of the bomb threat on individuals as a whole and on any individuals who come to his or her attention, to determine if and what type of counseling would be appropriate.

##### Evaluation:

Within one week following the conclusion of the school's response to a bomb threat, the Executive Director shall evaluate:

- ? How well the organization responded;
- ? How consistent its response was with this policy;
- ? How consistent its response was with its implementation procedures; and
- ? Whether any changes to the provisions of this policy or implementation procedures are recommended as a result.

#### *Communicating With The Public About a Bomb Threat*

Families: In the event of a bomb threat, the Executive Director shall attempt to ensure that notice is provided to parents/family members of individuals within 72 hours.

Media: Any staff members approached about a bomb threat by a representative of the media shall refer that representative to the Executive Director or their designee. That official shall provide the representative a formal statement regarding the status of the threat.

General Community: A radio announcement will be made regarding the bomb threat, and if necessary a community meeting will be held.

### ***Violent or Other Threatening Situations Procedure***

1. Secure the safety of yourself, other staff, volunteers, visitors and clients for whom you are responsible.
2. Act in accordance with the appropriate behavior guidelines provided in the risk assessment for the individual served.
3. If the individual has no risk assessment or is not a client act according to general behavior guidelines.