[Facility Name]

Residential Emergency Response Plan

[Insert Logo]

Facility Address

Facility Contact #

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# FORWARD

The following is intended as a resource to a residential care facility in developing a comprehensive emergency preparedness program and plan. This template is intended to be customized to meet the needs your facility and your residents. The information provided, includes examples of possible templates, tools and resources, planning considerations and response guidelines. If you have an existing plan, elements of this framework may be used to supplement your current documents.

# INTRODUCTION

The preparation and maintenance of an Emergency Plan and program is a requirement of the BC Residential Care Regulation and [*insert other applicable legislation - Provincial Emergency Program Act and the BC Health Act*]. The [*facility name*] Emergency Response Plan is designed to address these regulatory requirements and to ultimately ensure a safe and effective response to emergencies.

The [Facility Name] Emergency Response Plan is an all-hazards emergency/disaster response plan. It provides overarching principles and operational guidelines used to coordinate an effective response to all types of emergencies that may affect staff, residents and facilities.

## Purpose & Objectives

* Provide direction and outline processes for the management of personnel, equipment, facilities and resources during an emergency
* Minimize the impacts of an emergency by maintaining a standard of operational readiness, awareness and preparedness
* Ensure, as much as possible, the wellbeing of residents, staff and all others on site in the event of an emergency
* Maintain the continuity of operation to the highest degree possible
* Roles and responsibilities for planning

## Authority & Legislative Requirements

The [*facility name*] Emergency Response Plan has been prepared to address the following regulatory and legislative requirements:

|  |
| --- |
| *List all that apply to your facility* |
| Provincial & Regional |
| BC Emergency Program Act |
| Health Authorities Act |
| BC Emergency Program Management Regulation |
| BC Residential Care Regulation |
| Industry Standards and Corporate Policies |
| Accreditation Canada Standards |

## Distribution and Amendments

The distribution of and amendments to the plan will be maintained and approved by [staff position or department].

### Distribution List

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Organization, department | Title | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### 

### Amendment Record

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Page(s) of Sections Amended or Added | Amended By | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Roles and Responsibilities

### Manager

* Develop and maintain the Emergency Management program and plan for [Facility Name]. Utilizing an all-hazards approach in the development of Residential Emergency Response Plan
* Ensure that appropriate education/training is provided to staff to make certain that response processes are performed in a safe manner
* Maintain records and documentation of emergency training exercises
* Maintain emergency supplies and equipment
* Ensure a designate is identified to act as Incident Commander for events occurring when not on site
* Generate and maintain staff fan-out/contact lists
* Communicate with staff, residents and visitors during the event
* Respond to emergency events, facilitating command and control operations functions
* During an emergency event, enhance situational awareness and assist in the collation and compilation of critical data, acts as liaison with external agencies
* Develop, support and facilitate training, education and exercises of Emergency Response and Codes for staff
* Promote personal preparedness for staff

### All Staff

* Review and understand emergency response procedures
* Attend and participate in emergency training and exercises
* Ensure personal contact information is current and accurate
* Understand the process for the continued supervision and on-going care of residents

### Food Services

* Maintain a sufficient supply of food and fluid (minimum 3 day supply)
* Ensure contingency plan is in place to support the emergency food and fluid supply
* Review and understand emergency response procedures
* Attend and participate in emergency training and exercises
* Ensure personal contact information is current and accurate

### Housekeeping Services

* Ensure contingency plan is in place to support the event for any housekeeping needs that may arise
* Maintain a sufficient supply of linen and cleaning supplies
* Review and understand emergency response procedures
* Attend and participate in emergency training and exercises
* Ensure personal contact information is current and accurate

### Maintenance

* Participate, review and assist in the development of the facility emergency response plans
* Provide and maintain facility specific information in the emergency response plan
* Review and understand emergency response procedures
* Attend and participate in emergency training and exercises
* Ensure personal contact information is current and accurate

# FACILITY DESCRIPTORS

The following facility site description identifies the physical location and construction of [Facility Name], layout of operations and key utilities and services that support the facility.

## 

## Facility Information

|  |  |
| --- | --- |
| Facility Location | |
| Site Name |  |
| Street Address |  |
| Legal Description |  |
| GPS coordinates |  |
| General directions |  |

|  |  |
| --- | --- |
| Facility Construction | |
| Number of Floors |  |
| Number of buildings |  |
| Sprinklers |  |
| Facility Construction |  |
| Building Material(s) |  |
| Other information |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Residents | | | |
| Resident Care | **Area Name** | **Level of Care Provided** | **# of Beds** |
| Services Floor 1 |  |  |  |
| Services Floor 2 |  |  |  |
| Services Floor 3 |  |  |  |

|  |  |  |
| --- | --- | --- |
| Residential Facility Services | | |
| Service | **Description** | **Location** |
| Shipping/Receiving |  |  |
| Food Services |  |  |
| Laundry |  |  |
| Housekeeping – |  |  |
| Patient Transport |  |  |
| Chemical Storage |  |  |
| IT Systems |  |  |
| Phone System |  |  |
| Other |  |  |

## Facilities Utilities Table

*Add photos to provide a visual of the different shut off valves etc.*

|  |  |
| --- | --- |
| Facility Utilities | |
| Utility | **Description** |
| Natural Gas | Valve location(s):  Uses:  Provider/Site Lead: |
| Propane | Located:  Provider/Site Lead: |
| Electrical | Capacity:  Location of disconnect:  Provider/Site Lead: |
| Water | Source:  Shut off valve(s):  Provider/Site Lead: |
| Alternative water source | Source:  Access:  Provider/Site Lead: |
| Medical gases | Type(s) / Volume(s):  Location(s):  Usage(s):  Provider/Site Lead: |
| Back-up Generator(s) | Type(s):  Location(s):  Area(s) powered:  Provider/Site Lead: |
| Fuel Stores | Type(s) / Volume(s):  Location(s):  Provider/Site Lead: |
| Boiler(s) | Type:  Location:  Provider/Site Lead: |
| Air Conditioning Unit(s) | Type(s):  Location(s):  Provider/Site Lead: |
| Mechanical Room(s) | Location(s): |
| Elevator(s) | Type(s) / Capacity:  Location(s):  Provider/Site Lead: |

## Critical Equipment / Information Table

|  |  |  |  |
| --- | --- | --- | --- |
| Critical Equipment/Information | Location | Preventative Maintenance Action Required | Location of Back-up in time of loss |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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# EMERGENCY PREPAREDNESS

## Communication

To ensure alternative modes of communications are deployable should one system fail during an emergency, the following equipment or communication systems can be used:

[list the alternative modes of communications available – can include telephone lines (include analog phones in case of power outage, mobile both personal and facility issued, radio (handheld, am/fm and amateur radio), pager, electronic – email, intranet and internet sites, public announcement/broadcast systems]

**Communications Directory**

The communications directory *(Table 1)* identifies the location of communications equipment and provides the contact information of key staff, agencies and vendors. The directory should be updated [*enter frequency – e.g. every 6 months*] by [*enter staff position or department responsible*].

**Staff Directory and Call Back**

The staff directory *(Table 2)* holds staff contact information based on their distance from and travel time to work. Depending on the emergency and condition of major transportation routes, contact staff in closest proximity to your facility first. Staff availability and estimated time of arrival can be tracked using *(Table 3)* both during actual emergencies and during call back drills to test your procedures and contact information. Staff Directories should be updated twice a year and tested annually.

### **Table 1** - Emergency Communications Directory

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contacts** | | | | | | |
| Internal |  | r/Fr |  | |  |  |
| Satellite Phones |  |  |  | |  |  |
| Handheld Radios |  |  |  | |  |  |
| Amateur Radio |  |  |  | |  |  |
|  | **Phone** | **Cell Phone** | **Pager** | | **Email** | **Fax** |
| Incident Command Post |  |  |  | |  |  |
| External |  |  |  | |  |  |
| Agency | **Phone** | **Cell Phone** | **Pager** | | **Email** | **Fax** |
| Fire, Police, Ambulance | 911 |  |  | |  |  |
| Property Management |  |  |  | |  |  |
| Relocation Site #1 |  |  |  | |  |  |
| Relocation Site #2 |  |  |  | |  |  |
| Licensing Local Office |  |  |  | |  |  |
| FortisBC | 1.800.663.9911 |  |  | |  |  |
| BC Hydro | 1.888.POWERON |  |  | |  |  |
| Insurance Company Policy |  |  |  | |  |  |
| Transportation Providers |  |  |  | |  |  |
| Vendors/Contractors |  |  |  | |  |  |
| Restoration Companies |  |  |  | |  |  |
|  | | | | | | |
| **Updated by:** | | | | **Date:** | | |

### **Table 2** - Emergency Staff Directory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Home Phone | Home Email | | Pager | Cell |
| **Within 15 Minutes** |  |  | |  |  |
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|  |  |  | |  |  |
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|  |  |  | |  |  |
| **Within 30 Minutes** |  |  | |  |  |
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|  |  |  | |  |  |
| **Over 30 Minutes** |  |  | |  |  |
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|  |  |  | |  |  |
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|  | | | | | |
| Updated by: | | | Date: | | |

### **Table 3** - Staff Call Back Record Sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident: | | | Date: | | |
| Recorder: | | | Signature | | |
| Facility | | | Return form to: | | |
| Name | **Time** | **Contact**  **(yes/no)** | **Message Left (yes/no)** | **Available**  **(yes/no)** | Estimated Time of Arrival |
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## Facility Emergency Supplies

### Fluid/Nutrition

Residential Facilities should have plans in place to provide fluid hydration for residents, for up to three days (72 hours). The recommended quantity includes 1.5 liters of fluid per resident per day (includes juice, milk, bottled water). This requirement is based on providing two 500 ml bottles per day, with the remainder of fluids provided by other meal tray components such as soup, milk and juice.

|  |  |
| --- | --- |
| Emergency Water Supply Location Form | |
| Emergency Water Locations | **Expiry Date** |
|  |  |
|  |  |
| Emergency Food Location | **Expiry Date** |
|  |  |
|  |  |
| *Reminder to keep track of expiry dates and rotate items.* | |

### Facility Emergency Supplies Form

In a major emergency or disaster you may be on your own for a minimum of 72 hours without outside resources, electricity or the use of other utilities. To minimize these impacts and to support staff in carrying out the response roles, each facility should store enough supplies to sustain all staff and residents for a minimum of three days.

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Emergency Supplies | | | |
| Floor | **Location** | **Content** | **Access Key Location** |
| EOC Supplies |  |  |  |
| Walkie-talkie |  |  |  |
| Satellite Phone |  |  |  |
|  |  |  |  |

The list below contains suggested supplies; supplies to meet the extra support needs of residents should also be considered.

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Supplies | | | |
|  | AM/FM radio & batteries\* |  | Food & water |
|  | Flashlight & batteries |  | Paper cups & plates |
|  | Light sticks |  | Manual can opener |
|  | Blankets |  | Medication |
|  | Dust masks |  | Diapers & wipes |
|  | Safety Gloves |  | Sanitation supplies |
|  | Crowbar |  | Toilet paper |
|  | Hard hat |  | Portable or Alternate Toilet |
|  | Duct Tape |  | Paper, pencils & indelible markers |
|  | Plastic sheeting & tarps |  | Facility keys |
|  | Gas wrench |  | Signage |
|  | Adjustable wrench |  | Copy Emergency Plan |
|  | Shovel |  | Resident medical records |
|  | Alternative lighting |  | Disaster First Aid Kit |
|  | Hydrated lime |  |  |
|  | Water purification tablets |  |  |
|  | Garbage bags |  |  |
| *\*To avoid corrosion do not store batteries inside flashlight* | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Supplies Inventory & Maintenance Form** | | | | |
| **Qty** | **Item** | **Inspected** | **Comment** | **Date Replaced** |
|  |  |  |  |  |
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|  |  |  |  |  |
| Date of Inspection: | | Inspected by: | | |
| Date Replacements Complete: | | Replaced by: | | |

## Emergency Operations Centre Supply List

The following table is a list of the minimum recommended items for the EOC Supply Kit; based on the needs of the Facility please add appropriate items.

|  |  |
| --- | --- |
| Product | Quantity |
| Batteries | package of 10 |
| Clear Tape | 1 roll in dispenser |
| Clipboards | 3 |
| Contact List | 1 |
| EOC Binder | 1 |
| Extension Cord | 1 indoor – 10 feet |
| Flip Chart | 1 post it flip chart |
| Headlamps | 3 |
| Maps (Facility) | 1 full set in tube |
| Masking Tape | 1 roll |
| Name Badges | For handwritten names |
| Paper | 5 note pads |
| Paper Clips | 1 box |
| Pens | 1 box of 12 |
| Permanent Markers | 5 |
| Phone Book | 1 |
| Post it Note Pads | 1 - 5 x 3  1 – 3 x 3  1 – 2 x 2 |
| Stationary Supplies | E.g. Stapler, highlighter, message pads |
| Totes | 1 |
| White Board Eraser | 1 |
| White Board Pens | 1 set assorted |
| Windup/battery Radio | Radio for use without power |
|  |  |
|  |  |
|  |  |

# RESPONSE PROCEDURES

This section provides general planning considerations and response guidelines for some suggested hazards. Templates are to be customized for your facility.

* Aggression
* Bomb Threat
* Cardiac Arrest
* Evacuation
* Fire
* Hazardous Material Spill
* Missing Patient
* Utility Failures – Power, Water, Gas, Sanitation
* Controlled Access
* Earthquake
* Reception & Relocation
* Shelter In Place

In the event of an incident, consider contacting your local municipal contact and/or your local health authority.

## Aggression

An emergency response to aggression is intended for a situation in which a person is behaving in a potentially dangerous manner towards him/herself or others and indicates a potential for escalating beyond the capabilities of present staff to control.

#### Response Guidelines

* Ensure your own safety and that of others (e.g. if necessary, leave the area until sufficient resources are available)
* Attempt to de-escalate the situation
* Attempt to remove items which may cause injury or be damaged (e.g. stethoscope, ID Tag)
* Reduce stimulation (e.g. reducing noise level) if possible
* Provide information to the Team Leader such as:
  + What happened?
  + What has been done?
  + Recommendations on what is needed
  + Note any special precautions required (e.g. gloves)
* Keep other persons away from the area
* Notify the physician if the aggressive person is a resident
* Ensure medication as ordered by the physician is administered
* Document the incident
* Dial “911” if necessary.
  + Be prepared to provide your facility address, name, contact information and any other relevant information
* If there is a weapon (e.g. gun, knife) involved or any instrument that may cause harm, notify police by dialing “911”

## Bomb Threat

A bomb threat Emergency Response is intended for threats, usually verbal or written, to detonate an explosive or incendiary device to cause property damage, death, or injury, whether or not such a device actually exists. Typically bomb threats are delivered by telephone or other telecommunication means.

A bomb threat Emergency Response is also intended for suspicious packages. A suspicious package is any package for which the owner cannot be located and/or the circumstances around it are suspicious in nature.

#### Planning Considerations

* Ensure all staff are aware of their role in a bomb threat situation
* Reception and frontline staff should always have immediate access to bomb threat procedures and forms

#### Response Guidelines

**Telephoned Threat** *(Table 1)*

If you receive the call:

* Remain calm
* Keep the caller on the phone as long as possible
* Make note of the phone number on the call display if possible
* Flash a note to alert another staff member to:
  + Call **911** immediately
    - Be prepared to provide your facility address, name, contact number and any other relevant information
  + Attempt to make notes of the conversation
* Leave the phone off the hook when the caller hangs up. This may allow police to trace the call
* Record information using the checklist below
* Notify appropriate staff – e.g. security, resident manager/director/administrator on- call
* DO NOT activate the Fire Alarm
* DO NOT use transmitting devices e.g. cell phones or two-way radios

**Written Threat or Suspicious Package** *(Table 2)*

If you are given a written threat or find a suspicious package:

* Do not touch it
* If you have touched it, put it down gently and move away
* Do not handle the note/package after reading it to retain fingerprints
* Call **911** immediately
  + Be prepared to provide your facility address , name, contact number and any other relevant information
* Record information using the checklist below
* Notify appropriate staff – e.g. security, resident manager/director/administrator on-call
* DO NOT activate the Fire Alarm
* DO NOT use transmitting devices e.g. cell phones or two-way radios

**Upon notification of a Bomb Threat:**

* Conduct a visual inspection of your work area. Report suspicious packages or persons
* DO NOT use transmitting devices e.g. cell phones, two-way radios
* Remain in your department until otherwise directed
* Follow instructions provided by police

#### Telephoned Threat Checklist (Table 1)

|  |  |  |
| --- | --- | --- |
| **BOMB THREAT – TELEPHONE CHECKLIST** | | |
| Date (yy/mm/dd): | Time (24 hour) received: | Duration of call (hh:mm): |
| Record the exact wording of the threat: | | |
| **Ask the caller** | | |
| What time is the bomb set to explode? | | |
| Where is the bomb? | | |
| What does it look like? | | |
| Why did you place the bomb? | | |
| Where are you calling from? | | |
| What’s your name? | | |
| **Background noises** | | |
|  Static   Clear   Street noises   Music   Office machinery |  Motors   Voices   PA system   Animal noises   Factory machinery |  Local   Long distance   House noises   Other: |
| **Bomb threat call details - threat language** | | |
|  Foul   Taped   Irrational |  Incoherent   Well spoken(educated)   Message read by caller |  Remarks: |
| **Caller’s voice** | | |
|  Calm   Angry   Nasal   Deep   Distinct   Raspy   Disguised |  Excited   Slow   Rapid   Laughter   Slurred   Ragged   Clearing throat |  Soft   Loud   Normal   Crying   Stutter   Lisp   Other: |
| **Accent** | | |
|  French |  English |  Other: |
| Is the caller’s voice familiar? (specify) | | |
| **Gender** |  male |  female |
| Estimated age: | | |
| Was the caller familiar with the area? (specify) | | |
| Your name (print & sign) | | Department |

#### Written Threat or Suspicious Package Details (Table 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Written threat/package details** | | | | | | |
| Name(s) of person(s) who handled the note/package: | | | | | | |
| How was the threat made? | | | Time threat was made (24 hrs)? | | | |
| How was the threat delivered? By whom? | | | | | | |
| If a messenger brought the note/package, describe the messenger: | | | | | | |
| Hair: | Height: | | | Build: | | Gender: |
| Other distinguishing features: | | | | | | |
| Your name: (print & sign) | | Department: | | | Date: (yy/mm/dd) | |

## Cardiac Arrest or Medical Emergency

Any staff member may initiate a Medical Emergency call if they encounter a situation requiring medical assistance for anyone in the facility or on its grounds. Such situations may include but are not limited to falls, choking, severe bleeding, loss of consciousness, lack of pulse or breathing.

#### Response Guidelines

* Call out for help
* Call 911. Be prepared to provide your facility address, name, contact information and any other relevant information
* Determine degree of intervention required
* Assess for responsiveness if trained
* Do not move victim
* Initiate CRP if trained to do so
* Remain with victim until Emergency Response arrives

## Fire

#### Planning Considerations

* The spread of smoke is a significant threat to health and safety of residents and staff
* Ensure all staff are aware of their role in fire
* All fire alarms should be taken seriously and assumed to be an actual fire until verified otherwise
* Ensure all fire plans and staff training, comply with the 2012 British Columbia Fire Code

#### General Response Procedures

**If you discover a fire, suspect the presence of a fire or are with someone who discovers a fire:**

**RACE procedures:**

* Remove anyone in immediate danger to a safe area
* If you need to evacuate refer to Evacuation Procedures
* Activate the alarm by pulling the nearest pull station. Ensure 911 is called
* Contain the spread of smoke and flames by closing all doors and windows in the area if able
* Extinguish only if safe to do so

**PASS: To use a fire extinguisher**

* Pull the pin
* Aim the nozzle at the base of the fire
* Squeeze the lever
* Sweep from side to side

**Additional Actions:**

* Direct visitors to stay with patients/residents in their rooms or to a safe area away from the fire zone
* Advise responders of any special hazards that may be in the area (e.g. oxygen bottles, hazardous materials, etc.)
* Ensure corridors are unobstructed
* Use stairs. Do not attempt to use elevators
* If your work location is in an area close to the fire emergency, be prepared to assist if needed
* Take direction from Fire Department

## Hazardous Materials Spill

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

* A known substance that cannot be contained or cleaned up
* A substance of significant quantity that poses an immediate risk to staff and residents
* The material is unknown
* A chemical reaction is present
* Incident could escalate and increase level of risk

#### Planning Considerations

* Determine what resources are needed on site to clean up minor spills
* Contact external agencies that can assist with the mitigation and clean-up of hazardous material incidents Include this information in the communications directory
* Ensure all hazardous materials are securely stored and maintained

#### General Response Procedures

**Minor spill of a known substance**

* Protect yourself – avoid contact with skin, eyes and inhalation
* Notify staff of the spill and cordon off area
* Follow appropriate clean-up procedures
* Dispose of contaminated material as per your facility policies and protocols

**Major Spill or unknown substance**

* Protect yourself – avoid contact with skin, eyes and inhalation
* Notify staff of the spill
* Remove anyone in immediate danger
* Cordon off and secure the area to prevent re-entry
* Call 911 immediately if there is a risk of explosion, chemical reaction or to staff and residents. Advise first responders of details – location, type of spill and provide MSDS sheet if possible
* Contact external agency to assist with mitigation and clean up

## Missing Resident

#### Definition & Overview

The Emergency response for a missing Resident is intended for when the whereabouts of a Resident is unknown and it is believed that he/she may still be in the facility. A systematic search of the facility and its grounds should be conducted.

#### Planning Considerations

* Identify possible risk factors for Resident population
* Determine the resources needed to conduct a systematic search of the facility (e.g. Maps)
* Ensure resident confidentiality is maintained

#### Response Guidelines

* Prepare a description:
  + Physical description – obtain photo if possible
  + Distinguishing features
  + Clothing worn
  + Emotional / mental state
  + Medical needs
  + Physical ability of movement or mode of transportation used
  + Time last seen
* Conduct search of all common areas
* All available staff in the immediate area will search the floor / rooms / area / activities area / hairdresser area / tub rooms
* If necessary, broaden search to include adjacent floor / rooms / area; searching room by room so that all areas will be examined
* If necessary search locked areas
* Ensure facility grounds are searched
* Document search areas examined
* Call Police at 911 for assistance if situation warrants. Be prepared to provide your facility address, name, contact information and any other relevant information
* Document incident

## Utility Outage

Utility failures, such as power outages can occur frequently and are generally manageable. There can be a greater impact depending on the duration of the outage, the functions they support and the time of year and weather conditions.

#### Pre-event Planning and Actions

* Determine alternatives and/or resources to manage consequences of loss of service
* Identify all critical operations that rely on the key utilities
* For Natural Gas a strong odorant is deliberately added to an otherwise colourless/odorless gas (‘rotten egg’ odor) so leaks can be detected
* Contact FortisBC and follow all directions given
* Establish procedures for restoring systems
* In consultation with the Facility Maintenance Department ensure preventative maintenance schedule for all systems and equipment
* Ascertain surge protection measures and back-up generator power at the site
* Identify the location of controls and shut-offs on facility map
* Label the controls and shut-off valves at the source, tag them with instructions on how to properly turn them off
* Identify and train appropriate staff on how, when and where to turn them off
* Add photos of the turn off procedures to aid staff

#### Natural Gas Leak – Response Guidelines

If a ‘rotten egg’ smell is detected, or leak suspected, immediately:

* Call FortisBC – follow all instructions received
* Call 911
* Open doors and windows

#### Power outage – Response Guidelines

* Check surrounding area for power to determine if outage is only at your facility
* Advise Facitlity Maintenance - follow all instructions received
* Check for people located in areas of no light, provide assistance as able
* Open draperies and raise blinds to let in outside light
* Turn off all lights except one per visual area, which will alert you when the power has been restored
* Keep the doors of refrigerators and freezers shut as much as possible to maintain cold temperatures
* Turn off electrical equipment to prevent an electrical surge that could potentially damage such equipment once power is restored

#### Loss of Potable Water - Response Guidelines

* Contact Facility Maintenance – follow all instructions received
* A water leak may have various shut-off locations, if localized at the appliance (e.g. a sink) shut off water at appliance
* Depending on the duration of water loss (e.g. a boil water advisory), Emergency Water rations for residents may need to be activated

## Earthquake

During an earthquake the majority of injuries are caused by non-structural items falling and becoming projectiles.

#### Pre-event Planning and Actions

* Complete a non-structural facility assessment and mitigate as many of the earthquake hazards as possible (e.g. unsecured bookcases)
* Identify safe places in each room, and safe areas within the facility
* Note all locations on the facility map
* Provide educational material or sessions to help staff understand how to protect themselves during an earthquake and how to prepare at home (e.g. staff participation in the annual Shake Out Drill)

#### Response Guidelines

When you feel the shaking of an earthquake, immediately:

* Protect yourself – **drop, cover and hold on**
* Stay covered until the shaking stops
* Direct all others to drop, cover and hold on until the shaking stops and it is safe to emerge
* Stay away from windows, bookcases, and other hazards

If no shelter/furniture is available:

* Choose an inner wall, hallway or corner
* Crouch down with your back to the wall and protect your head and neck
* Place blankets over head to prevent debris from entering or injuring eyes/face if able

After the immediate threat of an earthquake or other emergency:

* Protect yourself – wear sturdy shoes, gloves and other protective gear, as needed
* Check for immediate hazards – fire, flooding, chemical spills
* Determine if evacuation or shelter-in-place is required
* Account for all staff and residents
* Check for injuries and provide first aid
* Contact Facility Maintenance – follow all instructions received
* Inspect for and respond to a disruption to utilities – gas, hydro, water and sewer lines
* Establish communications – listen to radio for local updates, check phone lines

In **most** situations you will reduce your chance of injury during an earthquake if you: **DROP, COVER and HOLD ON**

* **DROP down to your hands and knees** (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
* **COVER your head and neck** (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
* **HOLD ON to your shelter** (or to your head and neck) be prepared to move with your shelter if the shaking shifts it around. Stay there until the shaking stops. Be aware of aftershocks and/or falling debris after the shaking stops.



## Shelter-In-Place

Sheltering in place is a process of taking immediate shelter in a location by typically sealing a room from outside contaminants for a short period of time.

In the event of a hazard material release, local authorities and/or first responders may instruct people in the affected area to remain indoors and shelter-in-place. The goal to prevent inhalation or ingestion of the material by remaining indoors and preventing contaminates from entering the facility.

#### Pre-event Planning and Actions

* Select an interior room(s) to shelter in with the fewest windows and vents, access to a telephone or alternative means of communication. Identify room(s) in advance and note on the facility map. Ensure there is a toilet available
* Ensure staff know the location and how to turn off the ventilation systems for the facility
* Ensure you have adequate supplies to seal windows and doors to prevent contaminants from entering the room(s) and for resident and staff needs, for example:
  + Duct tape and plastic (cut to window, door and vent sizes)
  + Blankets and other resident comfort items
  + Bottled water
  + Medical supplies/first aid kit
  + Wind up radio
  + Head lamps
* Ensure staff are aware of the shelter-in-place supplies and how to prepare the pre-determined room(s)
* Place emergency supplies in the room you plan to shelter in

#### Response Guidelines

* Contact Maintenance – follow all instructions received
* Ensure ventilation systems are turned off, including heat, air conditions and fans
* Close and lock all windows, doors and vents
* Close off non-essentials rooms – storage areas, laundry rooms
* Gather all staff and residents into the pre-determined room(s)
* Ensure you have access to a telephone or alternate communications
* Gather food, water, medication and other supplies to take with you
* Seal gaps around windows, doors, vents, exhaust fans with pre-cut plastic sheeting and duct tape (use painters tape first to protect walls)
* Place a damp towel or blanket a bottom of door opening
* Keep staff and families informed and advise them to listen to the radio for safety instructions prior to coming to the facility
* Emerge from the room(s) only when an all clear has been issued

Important – Be sure to take clinical requirements into consideration when determining shelter-in-place rooms

## Lockdown

A lockdown of your facility may be required to ensure an external hazard does not enter your facility. Lockdown procedures are implemented to secure and protect staff and residents when an unauthorized or suspicious person enters your facility or grounds. Lockdown procedures are when it may be more dangerous to evacuate the facility than stay inside. If the intruder is outside the facility secure all windows and doors, and gather all staff and residents inside the building. If the intruder has entered the facility, secure staff and residents in a safe room.

When implementing lockdown procedures, ensure that you are communicating with staff, volunteers, residents and families as calmly as possible. Call 911 immediately and follow the direction of the police. By controlling access to, and movement and noise within the facility, emergency personnel are better able to manage and respond to the threat.

#### Planning Considerations

Select an interior room to shelter in with the fewest windows, access to a telephone or an alternative means of communication. Identify this room in advance and note it on your facility map

Determine how to alert and notify all staff of the threat and to initiate lockdown procedures.

#### Response Guidelines

* Call 911 as soon as possible. Be prepared to provide your facility address, name, contact information and any other relevant information
* Communicate with staff to initiate lockdown procedures
* Gather residents, family, staff and volunteers inside, preferably in an interior room away from the intruder with access to telephone and other communications (turn phones on quiet or vibrate)
* Keep everyone away from windows and doors. Choose an inner wall
* Close, lock and cover all windows and doors. Barricade doors if possible
* Speak as calmly as possible. Provide quiet activities to help keep residents focused and quiet
* Request that everyone remain as quiet as possible
* Remain indoors until you receive further instruction from emergency personnel (police)

## Evacuation

Emergency evacuation is the immediate and rapid movement of people away from the threat or actual occurrence of a hazard.

The scale or level of the evacuation can vary depending on the threat. A horizontal evacuation involves the movement of people away from the immediate threat but remaining in an area of refuge on the same floor. A vertical evacuation involves the movement of people to a different floor and a complete facility evacuation requires the movement of people out of the facility to an assembly point outside and potentially to a relocation site.

#### Planning Considerations

* Identify areas of refuge on every floor and assembly points outside the facility
* Identify these locations on your facility map
* Conduct and maintain an assessment of residents based on their mobility and ability or requirements for evacuation
* Determine criteria and priority for evacuation
* Consider devices and training staff in special lift techniques for non-ambulatory patients
* Ensure plans are current and posted, reflecting any changes to your facility
* Evaluate your existing evacuation routes to ensure you have 2 unobstructed escape routes. Indicate the routes and exits on your facility map
* Determine who will lead the evacuation and has the authority to initiate a preventative or complete evacuation, such as the facility administrator or most senior staff member

#### Response Guidelines

* Identify area of refuge (safe location), ensuring route and location have been checked for possible hazards
* Conduct a census of all people to be evacuated
* Determine the mobility and equipment needs of residents
* Move residents in the following order
  + 1st Persons most at risk
  + 2nd Persons easiest to move
  + 3rd Persons most difficult to move
* Obtain assistance as required/able
* Direct people to the closest safe exit
* Collect resident records, medications, and resident valuables in pillowcases (one pillowcase per resident) as able
* Collect staff and volunteer sign-in sheets/schedules, WHIMIS information and specific supplies as able
* Check all areas to ensure everyone is evacuated
* Place a piece of masking tape or alternate method (coloured chalk mark) above door handle to indicate rooms are evacuated, as time allows
* Leave lights on
* Upon arrival at safe location conduct a census of all evacuated people
* Remain in assembly area with residents until notified to return
* Carry out further evacuation options as directed and/or required

## Relocation & Reception

If a complete or facility evacuation is required and re-entry is not possible, the facility, operations, staff and residents will need to relocate.

#### Pre-Planning Considerations

* Identify similar facility for relocation
* Determine and negotiate requirements including space, staffing, supplies, medical management and additional support required
* Secure access to sufficient transportation
* Develop a letter of agreement or memorandum of understanding with transportation providers and relocation site (template below)
* Determine how notification, activation and transportation will occur to facilitate relocation of residents
* Develop a method of communicating to inform family members

#### Response Guidelines

If further evacuation is required or you are unable to re-enter your facility:

* Determine host facility based on situation, hazard and weather
* Contact host facility with estimated arrival time of residents and staff
* Secure your facility if possible, shutting off utilities as required and locking doors
* Arrange for sufficient transportation
* Transport all necessary medications, supplies, emergency contacts, residents medical records, record of attendance/sign-in sheet
* Take attendance again once you arrive at the re-location site
* Notify families of evacuation and host facility information
* Make arrangements for support of residents at host facility until re-entry or an alternate facility is available

#### Relocation & Reception Sites

|  |  |
| --- | --- |
| Evacuation Assembly Point | An area outside the facility that is designated for assembly of staff, residents, volunteers and visitors. |
| Location |  |
| Secondary Assembly Point | An open or safe area within the area should you need to evacuate further from your facility. |
| Location |  |
| Relocation Sites | An alternate site that can accommodate the needs of residents. These facilities must agree to serve as hosts for your staff and residents, have suitable space and amenities to meet the needs of residents. |
|  |  |
| Facility Name: |  |
| Location: |  |
| Phone number: |  |
| Alternate number: |  |
| Contact person: |  |
|  |  |
| Facility 2 Name: |  |
| Location: |  |
| Phone number: |  |
| Alternate number: |  |
| Contact person: |  |

#### Letter of Agreement - **sample**

This is a mutual agreement between [*facility name*] and [*facility name*]\_ to provide assistance in the event an evacuation of either facility is required.

Please note that each resident’s original “home” facility is ultimately responsible for ensuring appropriate care and services and all costs incurred for those residents remaining under the care of said facility, regardless of the resident’s relocation status during a disaster.

Responsibilities of the **Evacuating Facility** include, but are not limited to:

* Ensure appropriate care and services are provided
* Promptly notify the Receiving Facility of the potential to evacuate
* Promptly notify the Receiving Facility when the decision to evacuate has been made
* Evacuate residents, utilizing own resources, to the Receiving Facility
* Provide the following items:
  + Resident medications and medication storage unit
  + Medical supplies and equipment
  + Food and water
  + Medical records
  + Blankets as needed
  + Supplement the Receiving Facility’s staff

Responsibilities of the **Receiving Facility** include, but are not limited to:

* Provide a person of contact upon notification of imminent evacuation
* Receive residents and direct to area where they will be sheltered
* Coordinate appropriate use of medical supplies and services
* Integrate Evacuating Facility’s staff into resident care planning
* Integrate Evacuating Facility’s contracted staff
* Provide dietary needs using food supplies from Evacuating Facility

In the event of a disaster or other emergency that damages both facilities, the senior management of both facilities will determine to what extent each facility may assist the other. This agreement is effective upon signature of both facility leadership / administrators.

#### 

#### Term of Agreement

This agreement shall be automatically renewed on a month to month (quarterly, 6 month etc.) basis without action by either facility. Either party may terminate this agreement with a thirty (30) day written notice

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name, Staff Position, Facility |  | Name, Staff Position, Facility |
| [*ensure agreement is approved by staff with the authority to enter into an agreement on behalf of your facility/company]* | | |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
| Date |  | Date |

# RECOVERY

Recovery planning is just as important as preparedness planning. Many facilities that have not planned for business disruption have never recovered from a disaster. If you are forced to close over a long period of time, what will happen to your workforce? If you require specialized equipment and technology, how long will it take to replace, particularly if other facilities are also attempting to find a replacement?

To assist in the recovery of your facility and operations, pre-planning can help to get you up and running faster.

* Identify critical supplies, equipment, and key suppliers that support your facility to determine strategies to protect key resources or to identify alternatives. Include contact information of key suppliers in the communications directory
* Determine critical operations and make plans to ensure the continuity of those operations or to bring those systems back online
* Back up or store off-site copies of key documents, files and business records
* Identify and make arrangements for an alternate location where you can continue to provide care, if you cannot re-occupy your site
* Determine if you have adequate insurance coverage, including earthquake coverage
* Maintain adequate records to inventory furniture, equipment and high-cost items(photos can be helpful)
* Conduct a thorough damage assessment of your facility following the disaster
* Consider plans for supporting staff - cash advances, salary continuation, flexible work hours, reduced work hours, crisis counseling, care packages, daycare
* Identify restoration companies that can assist with the clean-up of your facility and include their 24 hour contact information in the communications directory
* Contact Community Care Facility Licensing to report a service delivery problem within 24 hours of isolated incidents using the Incident Report Form

### Critical Equipment and Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insurance Policy |  | Company |  | |
| Policy Number |  | Contact Information |  | |
| Critical Equipment/Information | Location | Serial Number | Preventive Action Required | Location of Back-up |
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# TRAINING AND EXERCISING

Training and exercising plans, procedures and staff are essential components of an emergency management program. The requirement to train and exercise is established in the new BC Residential Care Licensing Regulation, the Canadian Council of Health Services Accreditation standards, and provincial legislation governing emergency management. The goal is to provide staff with opportunities to further their understanding of the facility emergency plan and procedures, enhance their familiarity, confidence and capacity to carry out their role in an emergency.

The following types of exercises provide a practical approach to staff training and an opportunity to test and evaluate the effectiveness of your emergency plans. Use a combination of the various types of exercises depending on your needs and objectives.

A suggested schedule includes:

* Orientation – as needed
* Drills – monthly
* Tabletop – quarterly
* Functional – annually
* Full Scale – every 3 years

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| --- | --- | --- |
| Type of Exercise | Description | Characteristics |
| Orientation | A basic familiarization with a specific plan, procedure, or piece of equipment; discussion-based | * Information discussion * 1-2 hours |
| Drill | A coordinated, supervised exercise to test or practice a single specific function  Examples: fire and earthquake response and evacuation drills, and call back procedures | * Actual facility response * Simple to design * Use of actual equipment |
| Tabletop | A facilitated analysis of an emergency situation; usually low-stress, problem-solving discussion-based | * Written narrative with problem statements * No time pressures |
| Functional | A simulated, interactive exercise to test an organization’s ability to respond to a moderate incident | * Interactive with inputs provided by simulators * Real time pressure * 2 or more hour |
| Full Scale | Simulates a real, potentially stressful event as closely as possible; evaluates operational capabilities | * Realistic event * Use of personnel and equipment |

#### Training & Exercise Record of Participation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: | | | | | |
| **Date** | **Type** | **Objective** | **Participants** | **Changes Required** | **Assigned to** |
| **Education and Training** | | | | | |
|  | Staff Orientation | Overview of emergency program |  |  |  |
|  | Personal Preparedness | To encourage staff to be prepared |  |  |  |
|  | Plan Orientation | Familiarization with emergency plan |  |  |  |
|  | Incident Command | Understanding the command structure |  |  |  |
| **Exercises** | | | | | |
|  | Drill | Evacuation – earthquake scenario |  |  |  |
|  | Tabletop exercise | Shelter in place procedures |  |  |  |
|  | Plan review | Communications Directory – updated staff contact information |  |  |  |
|  | Maintenance | Emergency supplies – expired items |  |  |  |
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## Tabletop Exercise Template

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | | **Facilitator:** | | |
| **Participants:** | | | | |
| **Purpose:** To provide an opportunity to discuss and reinforce earthquake safety procedures and establishing an incident command post.  **Objectives:** | | | | |
| **Scenario:**  At 10:07 hours this morning, a 7.2 magnitude earthquake with its epicenter just off the coast of Vancouver Island, struck southwestern British Columbia. The earthquake, accompanied by strong surface shaking, lasted approximately 45 seconds. Hardest hit were Vancouver Island, the urban centers of Greater Vancouver, the Sunshine Coast and large portions of the Fraser Valley. The tremors were felt as far away as Terrace to the north and Kamloops to the east.  Imagine that you hear a low, rumbling, roaring sound. The noise builds, getting louder and louder, for about ten seconds. Then you feel the building and floor beneath you shake. | | | | |
| **Questions & Inputs** | **Expected Outcome** | | **After Action** | **Assigned To** |
| What should you do first? | Protect yourself - drop, cover & hold and call out your earthquake command to trigger everyone to do the same | |  |  |
| What if you cannot find furniture to get under? | Choose inner hallway, corner, crouch, protecting head, and neck | |  |  |
| **Input 1**  The shaking has stopped. Staff begin coming out from under furniture and other safe positions. The power is out and staff wonder if they should evacuate. | | | | |
| What are your first steps? | Assess environment and impact on staff and residents. If no immediate life threatening situations requiring the need to evacuate, assemble at a pre-determined location to organize your response. | |  |  |

### Earthquake Scenario

At 06:07 hours this morning, a 7.2 magnitude earthquake with its epicentre just off the coast of Vancouver Island, struck southwestern British Columbia. The earthquake, accompanied by strong surface shaking, lasted approximately 45 seconds. Hardest hit were Vancouver Island, the urban centres of Greater Vancouver, the Sunshine Coast and large portions of the Fraser Valley. The tremors were felt as far away as Terrace to the north and Kamloops to the east.

Thousands of people sustained mild to severe injuries, and hospitals experienced moderate to severe damage to their facilities and infrastructure. Emergency Medical Services are overwhelmed by the numbers of calls and arriving injured. Transportation to hospitals is difficult due to street debris that is blocking access.

Main water and power services have been disrupted in your community. Telephone landlines are non-functional, rendering telephone, fax and internet unavailable to the Care Centre.

Your facility appears to have sustained minor damage, with a few broken windows and cracks in the concrete parking area walls. The damage may be minor but the situation has not yet been determined.

#### Sample Questions

1. What do you need to know to determine the magnitude of the event?
2. What is your primary concern?
3. Who would you put in charge at the incident?
4. Who should receive the initial notification of this incident, how will you contact them and what information will you provide?
5. What are you top three priorities?
6. What is needed to address the identified priorities?

### Chemical Spill Scenario

Kaboom Chemical Corporation is located in the industrial area in close proximity to your facility. Today at 13:15 Hours, a malfunction within the plant causes an explosion. Fire breaks out and there is an immediate release of chlorine gas into the air. A light (7 km per hour) breeze carries the plume north east toward your facility and residential areas. There are a moderate number of casualties and two fatalities on site, but people in the immediate area are exposed to high levels of chlorine.

Emergency warnings are issued for nearby residents to shelter-in-place. It is estimated that nearly 10,000 people could potentially be exposed to the smoke and chlorine, as the plume moves downwind.

The local Fire Department and BC Ambulance are dispatched to the scene. Upon verification of the incident and determination of its severity, other appropriate agencies are notified, including the RCMP and hazardous material team.

There is widespread fear among residents, of contamination even though they are not in the plume area. Family members are calling the facility for more information.

#### Sample Questions

1. What do you need to know to determine the magnitude of the event?
2. What is your primary concern?
3. Who would you put in charge at the incident?
4. Who should receive the initial notification of this incident, how will you contact them and what information will you provide?
5. What are you top three priorities?
6. What is needed to address the identified priorities?

### Windstorm Scenario

On Tuesday December 9, at 18:30 hrs Emergency Management British Columbia (EMBC), sends out a “Weather Advisory” predicting that a storm will strike the Southwestern portion of British Columbia mid-morning tomorrow. Media outlets are informed but downplay the magnitude of the storm.

By Wednesday at 09:50 hrs the storm warning has been upgraded to “severe”. Environment Canada Meteorological Service is predicting that 80 to 100 km (50 to 60 mph) winds will be a possibility in the afternoon. Media outlets are now reporting on the coming storm, warning residents to stay in place.

By noon, a severe windstorm is striking the south west portion of the Province, hitting Vancouver with winds gusting to 100 km per hour (62 mph). Power outages are reported throughout the region.

By 13:30 hrs the storm has set in and constant winds of 125 Km per hour (80 mph) are causing structural damage, downed trees and interruption of telephone service. Most cellular sites in the Greater Vancouver area are heavily damaged by the extreme winds.

At 14:45 hrs. severe winds persist causing a power blackout. Some windows in your building have blown out. Debris from roof tops is falling on the street.

At 15:05 hrs. all telephone and cellular communication in Metro Vancouver is down, unconfirmed reports that 60% of the phone system in the Fraser Valley is damaged. Falling trees and debris from buildings have caused most major routes to be closed. Complete power failure in your community. There is partial power failure throughout neighbouring communities.

#### Sample Questions

1. What do you need to know to determine the magnitude of the event?
2. What is your primary concern?
3. Who would you put in charge at the incident?
4. Who should receive the initial notification of this incident, how will you contact them and what information will you provide?
5. What are you top three priorities?
6. What is needed to address the identified priorities?

### Water Main Rupture

There is construction just down from your facility. During excavation a 12 inch water main is ruptured causing significant flooding in your neighbourhood. This causes a disruption of water service to your facility and the surrounding area, repair may take more than 12 hours. Water from the incident is encroaching on the grounds of your facility.

#### Sample Questions

1. What do you need to know to determine the magnitude of the event?
2. What is your primary concern?
3. Who would you put in charge at the incident?
4. Who should receive the initial notification of this incident, how will you contact them and what information will you provide?
5. What are you top three priorities?
6. What is needed to address the identified priorities?

# RESOURCES

## Local

|  |  |
| --- | --- |
| Abbotsford | <http://www.abbotsford.ca/> |
| Anmore | <http://www.anmore.com/> |
| Belcarra | <http://www.belcarra.ca/> |
| Burnaby | <https://www.burnaby.ca/Home.html> |
| Chilliwack | <http://www.chilliwack.ca/main/home.cfm> |
| Coquitlam | <http://www.coquitlam.ca/> |
| Delta | <http://www.delta.ca/> |
| Hope | <https://hope.ca/> |
| Kent | <http://www.district.kent.bc.ca/index.html> |
| Langley City | <http://www.city.langley.bc.ca/> |
| Langley Township | <http://www.tol.ca/> |
| Maple Ridge | <http://www.mapleridge.ca/> |
| Metro Vancouver | <http://www.metrovancouver.org/> |
| Mission | <http://www.mission.ca/> |
| New Westminster | <http://www.newwestcity.ca/> |
| North Vancouver | <http://www.cnv.org/> |
| Pitt Meadows | <http://www.pittmeadows.bc.ca/EN/index.html> |
| Port Coquitlam | <http://www.portcoquitlam.ca/> |
| Port Moody | <http://www.portmoody.ca/> |
| Powell River | <http://www.powellriverrd.bc.ca/> |
| Richmond | <http://www.richmond.ca/home.htm> |
| Sunshine Coast | <http://www.scrd.ca/> |
| Squamish | <http://squamish.ca/> |
| Surrey | <http://www.surrey.ca/default.aspx> |
| Vancouver | <http://vancouver.ca/default.aspx> |
| West Vancouver | <http://westvancouver.ca/> |
| White Rock | <http://www.whiterockcity.ca/EN/index.html> |
| Whistler | <https://www.whistler.ca/> |

## Regional Health Authorities

|  |  |
| --- | --- |
| Fraser Health | <http://www.fraserhealth.ca/> |
| Providence Health | <http://www.providencehealthcare.org/> |
| Provincial Health Services | <http://www.phsa.ca/default.htm> |
| Vancouver Coastal Health | [www.vch.ca](http://www.vch.ca) |

## 

## Provincial and Federal

|  |  |
| --- | --- |
| 72 Hour Preparedness | [www.getprepared.ca](http://www.getprepared.ca) |
| BC Hydro | [www.bchydro.com](http://www.bchydro.com) |
| Emergency Management BC | <http://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery> |
| Ministry of Healthy Living and Sport | [www.hls.gov.bc.ca/ccf/adult\_care.html](http://www.hls.gov.bc.ca/ccf/adult_care.html) |
| Natural Resources | [www.earthquakescanada.nrcan.gc.ca](http://www.earthquakescanada.nrcan.gc.ca) |
| Public Health Agency of Canada | [www.phac-aspc.gc.ca/index-eng.php](http://www.phac-aspc.gc.ca/index-eng.php) |
| Fortis BC | <http://www.fortisbc.com> |

## Additional Resources

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| BC Coalition of People with Disabilities | <http://www.bccpd.bc.ca> |
| HealthLinkBC | <http://www.healthlinkbc.ca> |
| Emergency Preparedness for Industry and Commerce Council | [www.epicc.org](http://www.epicc.org) |