

**POLICY AND PROCEDURE ON EMERGENCIES**

**I. PURPOSE**

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

**II. POLICY**

The organization will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

**III. PROCEDURE**

**Defining emergencies**

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
  - 1. Fires.
  - 2. Severe weather.
  - 3. Natural disasters.
  - 4. Power failures.
  - 5. Emergency evacuation or moving to an emergency shelter.
  - 6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
  - 7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

**Preparing for emergencies**

To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.

- A. Each community residential setting will have a first aid kit readily available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
- B. Community residential setting facilities will have:
  - 1. A floor plan available that identifies the locations of:
    - a. Fire extinguishers and audible or visual alarm systems
    - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any

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- c. An emergency shelter within the facility
  2. A site plan that identifies:
    - a. Designated assembly points outside the facility
    - b. Routes of fire department access
  3. An emergency escape plan for each person served.
- C. A minimum of monthly fire and quarterly severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The Program Coordinator/Program Manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
- D. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of monthly fire and quarterly severe weather drills.
  2. The readily available emergency response plan.
  3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
  4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
  5. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

## **Responding to emergencies**

- A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.
- B. Fire**
1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system (if applicable).
  2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility. Staff and persons need to be out of the way of emergency personnel.
  3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
  4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
  5. To use the fire extinguisher, staff should follow the PASS system: P – Pull the pin; A – aim at the base of the fire (start back 8-10 feet from the flame); S – squeeze the handle (give the extinguisher a firm handshake); S – sweep side to side until fire is extinguished. Staff and persons should meet outside in the designated area for a head count to be done.
  6. Staff will notify the Program Coordinator/Program Manager/Program Director or On-Call person.
  7. The Program Coordinator/Program Manager/Program Director or On-Call person will notify the CEO and Program Services Director of the fire.
  8. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
  9. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
  10. PTO location of fire extinguishers: Machine elevator room, mechanical room, hallway near the locker room, hallway by kitchen and front entrance by training room.

## **C. Severe weather conditions and natural disasters**

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1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain staff will confirm the location and safety of all persons served.
2. Staff will listen to the radio or watch television for current weather conditions.
3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the facility and will also bring a battery operated radio or television set, first aid kit, and flashlight.
4. If feasible, persons served but not scheduled for supervision will be called and warned.
5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
6. If injury or damage occurs, staff will notify the Program Coordinator/Program Manager/Program Director or On-Call person and follow directions given.
7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

## D. Power failure

1. During a power failure, all staff will remain with persons served. If persons are not in the immediate area at the program, staff will locate them and bring them to the central program area.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the Program Coordinator/Program Manager/Program Director or On-Call person will be contacted to determine what actions will be taken. If the power outage is to last more than two hours, the Program Coordinator/Program Manager/Program Director or On-call will assess the living environment to determine when to transfer the persons to a safer area or location until the power comes back on.

## E. Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours

1. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the facility.
2. Staff will immediately notify the Program Coordinator/Program Manager/Program Director or On-Call person of the conditions that may require emergency evacuation, moving to an emergency shelter, temporary closure, or the relocation of program to another site.
3. The Program Coordinator/Program Manager/Program Director or On-Call person will coordinate relocation of services in a way that promotes continuity of care of persons served.
4. The Program Coordinator/Program Manager/Program Director or On-Call person will coordinate and assist staff as necessary in transporting persons to the designated location.
5. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
6. The Program Coordinator/Program Manager/Program Director or On-Call person will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location of the program if necessary.
7. The Program Coordinator/Program Manager/Program Director or On-Call will notify the CEO and Program Services Director if relocation is needed for any reason.
8. The following hotels will be utilized as needed in the event of relocation:

Super 8	St. Cloud	50 Park Avenue South	320-253-5530
Super 8	St. Joseph	Co. Rd 75	320-363-7711
Country Inn/Suites	St. Cloud	120 7 <sup>th</sup> Avenue SE	320-252-8282
American Motel	Sartell	119 LeSauk Drive	320-259-0877

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9. If relocation of services for PTO is required for any reason (e.g. fire, flood, gas leak, etc.), the Program Coordinator/Program Director will notify the Program Services Director and the CEO if relocation of services is needed. The persons receiving services from PTO will be transported home if possible. If going home is not a possibility at that time, they will be taken on a community activity until they can be returned home.

## F. Other events that threaten the immediate health and safety of persons served and/or that require calling “911”

1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
2. Bomb threat
  - a. Upon receiving a bomb threat, staff at the program site should pull the fire alarm, if available.
  - b. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
  - c. Staff will immediately call “911” from a neighbor’s telephone or a cell phone.
  - d. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
  - e. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
3. Repeated and unwanted or threatening phone calls
  - a. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
  - b. Staff will lock all doors and windows.
  - c. Staff will monitor the frequency of disruptive phone calls, informing the Program Coordinator/Program Manager/Program Director when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
  - d. Staff will call “911” if at any point they feel threatened.
  - e. The Program Services Director will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.
4. Natural Gas Leak:
  - a. If you smell gas follow the following steps (natural gas smells like rotten eggs). They are listed in order of priority. However, if there are adequate personnel, do simultaneously; careful judgment is to be used.
  - b. Do not touch or shut off any light switches or electrical appliances that can cause a spark/ignition source.
  - c. Evacuate the building. You need to be a safe distance away from the building in case of an explosion/fire and keep out of the path of emergency vehicles arriving on scene.
  - d. Do not smoke.
  - e. Call 911 from a cell phone or the neighbor’s phone first to get emergency responders on site. The fire department will contact X-Cel Energy in route. Fire department will shut down building gas meter upon arrival.
  - f. Have a contact person waiting at front entrance of home/building with information of situation of building, if all occupants are evacuated and area of building where the smell of gas was detected.
  - g. Seek emergency medical attention for persons if there any concerns of natural gas exposure. Symptoms include: headaches, tiredness or fatigue, dizziness and nausea
  - h. Contact your supervisor or on-call.
5. Wind Chill Warning: defined as: widespread wind chill values around -35° F or colder, with at least a 5 to 10 mph wind.

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- a. In the event that there is a wind chill warning, staff should make sure persons are properly dressed for the conditions. E.g. hat, warm coat, mittens/gloves, etc.
  - b. Staff should check the person's CSSP Addendum to see if they are able to be outside to walk to and from the bus stop under these conditions.
  - c. If the person's CSSP Addendum does not allow for them to be outside in these conditions or does not reference this, staff should provide transportation for the person.
  - d. If a person is showing signs of frostbite or hypothermia, staff should seek medical attention for the person.
    - i. Frostbite signs include: Superficial: affected area is white, waxy or grayish-yellow; affected areas feels very cold and numb, there may be tingling, stinging or aching sensation; skin surface feels stiff or crusty and underlying tissue is soft when depressed gently and firmly. Deep: affected area is cold with pale, waxy skin; affected area feels cold, hard, solid and cannot be depressed; blisters may appear after re-warming; a painfully cold part suddenly stops hurting.
    - ii. Hypothermia signs include: Mild: confusion: watch for the "-umbles" – stumbles, mumbles, fumbles and grumbles; shivering, memory lapses, cold abdomen and back. Severe or profound: shivering has stopped; skin is ice cold and has a blue appearance; muscles may be stiff and rigid; pulse and breathing slow down; pupils dilate; may appear dead.
  - e. If staff have any questions in regards to what precautions they should take with the persons, they should contact their supervisor or on-call.
6. Carbon Monoxide Gas Exposure/Detector Sounding:
- a. Turn off appliances or other sources of combustion at once.
  - b. Immediately get fresh air into the site by opening doors and windows and remove persons from the site. If weather is permitting, persons can wait outside. Otherwise, persons and staff should use organization vehicle and wait in there – vehicle must be pulled out of the garage.
  - c. Contact X-Cel Energy and have them come to the site to test for Carbon Monoxide. Based on what their detection said, staff should contact on-call for instructions. If there is a carbon monoxide leak from the furnace, hot water heater or clothes dryer; OMI's contracted plumbing and heating company will be contacted to repair or replace the appliance. If the problem is a faulty detector, on-call will notify maintenance department so they can replace the detector.
  - d. Seek emergency medical attention for persons experiencing symptoms of carbon monoxide poisoning such as: headaches, dizziness, weakness, nausea, chest pain, confusion and vomiting, call 911 or the fire department and immediately move to a location that has fresh air.
  - e. Complete a head count to be sure all persons are accounted for.
  - f. Do not re-enter the house until it has been aired out and the problem corrected.

### Reporting emergencies

- A. Staff will immediately notify the Program Coordinator/Program Manager/Program Director or On-Call person that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- B. If an incident resulted from the emergency situation, the Program Coordinator/Program Manager/Program Director or On-Call person will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the organization has reason to know that the incident has already been reported, or as otherwise directed in the person's *CSSP and/or CSSP Addendum*.

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- C. When the incident or emergency involves more than person served, the organization and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the organization has the consent of the person and/or legal representative.
- D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*.