HEALTH & SAFETY

The Salvation Army
Harbor Light

Macomb Site
Emergency Plan

POLICY:

The safety and security of all persons who utilizes the programs and facilities of The Salvation Army Harbor Light is of vital concern. In the event of a disaster or threat of a disaster, the policy and its procedures are followed to have an orderly coordination of activities on the part of staff, persons served and visitors.

The procedures include those for fire/explosions, lighting tornado, snow emergency, bomb threat, medical emergency, psychiatric emergency, breach of security, and nearby civil disobedience.

All emergencies are documented in an Incident Report and given to the Site Operations Supervisor for monitoring the effectiveness of the Emergency Preparedness Plan, and to administration for Risk Management monitoring.

PROCEDURES:

The following pages indicate various procedures to follow in the event of an emergency. It is expected that all staff will be aware and ready to act if such an emergency occurs. The following is a list of the page numbers where you can gain information on the various emergencies.

***** NOTE: Incident Reports and Bomb Threat Procedures are kept in file tray by Support Specialists Desk**

The Salvation Army Harbor Light
Procedures to be followed in an Emergency Evacuation
42590 Stepnitz. Clinton Township, MI 48036

In the event of a fire and/or disaster (e.g., tornado, or bomb threat) evacuation, the senior administrative staff member on duty is in charge of the evacuation of the facility. In event that the evacuation must occur when there is no administrative staff present, the senior medical staff person is in charge of evacuation. The senior administrative or medical staff person who is in charge of the evacuation may delegate specific responsibilities to other staff members.

When a fire and/or disaster is discovered, person making the discovery notifies the senior staff member immediately.

The designated persons in charge of evacuation, notifies all persons present in the facility that there is a fire/disaster evacuation in progress. This notification is made by the program's warning device/alarm.

Staff members on duty are then responsible for escorting clients and visitors out of the facility to the designated out-of building assembly point.

As applicable, the person in charge of the fire/disaster evacuation or designated person removes the day's appointment schedule or roster from the facility.

The person in charge of the fire/disaster evacuation, or another staff member who has been designated, calls the public agencies indicated by the nature of the disaster (e.g., fire department, police, medical emergency, gas company).

Using the day's appointment schedule or roster as a reference regarding who is present in the facility at the time of the evacuation, the person in charge of the fire/ disaster evacuation, or his/her designee, counts the staff, persons served, and visitors who are assembled at the "out-of-building" assembly point. In the event a person or persons are not present, and this finding has been rechecked, the fire and/or police on the scene are to be notified immediately.

No one is to reenter the facility until permission to do so is given by the proper authorities (e.g., fire or police department).

In the event of an emergency and no one can reenter the facility, staff members and clients will be transported to another Salvation Army location for lodging and/or until the emergency has been declared safe.

The Salvation Army Harbor Light
Emergency Plan Drill Evaluation

Type of Drill: Fire Natural Disaster Other

Criteria to be Met:	Yes	No	N/A
Participants evacuated within the pre-determined specified time for the type of drill.			
No obstacles were encountered as people exited.			
People exited according to designated routes.			
Staff closed doors in area of hypothetical fire.			
Staff correctly simulated reporting alarm to 911, the fire department and/or other appropriate resource(s).			
Staff, persons served, and visitors assembled in the designated area outside /inside the facility for count.			
All designated records were removed from the facility (e.g. appointment log, day sheets, computer disks).			

Explanations, recommendations and/or corrective actions for no responses to the above listed items (use reverse side if more space is needed): _____
_____
_____
_____

Location: _____ Date of Drill: _____

Time Drill Occurred: ____:____ AM/PM

Actual Evacuation Time (as appropriate): _____ Minutes

Number of Staff Participating: _____ Percent of Staff Participating: _____

Number of Visitors Participating: _____ Percent of Visitors Participating: _____

Person with Disability Simulated: _____ If Yes State Nature of Disability: _____

_____
Prepared By: Title Date

FIRE / EXPLOSION:

In the event that smoke or fire is identified, or an explosion occurs and there is sufficient cause to evacuate the facility:

STEP 1. The person noting the threat informs the lead staff person on duty. (During the day –that would be administrator/clinical supervisor/site ops supervisor or medical supervisor). On the Afternoon and midnight shifts the lead medical person on site would be notified.

STEP 2. If not already done, the supervisory staff member determines the feasibility of using emergency equipment (i.e. Fire extinguisher) to extinguish the fire.

STEP 3. If it is determined that the facility should be evacuated, the supervisory (lead) staff member initiates actions as described in "Fire/Disaster Evacuations".

STEP 4. Following the evacuation, the supervisor (lead) staff member notifies The Salvation Army Harbor Light's administration of the fire and or explosion. (That means our Administrator is notified and in his/her absence, the Clinical Supervisor who will in turn, notify the Harbor Light Executive Director – regardless of the hour.)

STEP 5. An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance.

SEVERE THUNDERSTORMS AND LIGHTNING:

In the event of a severe thunderstorm and /or lightening that appears to threaten the lives of staff, persons served and or visitors in this facility:

STEP 1. Staff member tells all person to remain indoors, stay away from doors, windows, heat vents, sinks, pipes and any object that might conduct electricity.

STEP 2. All electrical appliances and office equipment are turned off and unplugged by staff.

STEP 3. Telephones are not to be used unless there is an emergency – or to answer incoming calls (and those as briefly as possible).

STEP 4. In the event lightening strikes the building, and fire results, the procedures outlined above under "Fire and / or Explosion" are implemented.

STEP 5. If a person is struck by lightening, staff immediately recruits if available, our medically trained staff, calls 911 and if possible, provides CPR until such time as appropriate medical support arrives.

STEP 6. An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance,

SNOW:

In the event that a snow emergency is declared by proper authorities during working hours:

STEP 1. The supervisory (lead) staff member consults with our administrator (or in their absence, the clinical supervisor and / or site operations supervisor) who will consult with the Executive Director of Harbor Light regarding the cancellation or modification of scheduled services.

STEP 2. If a decision is made to close an outpatient facility, the supervisory staff member makes arrangements for persons served to be contacted, if possible, in order to inform them the services will not be provided that day. If the emergency is prolonged (i.e., lasts for more than one day), and this information is known at the time of contact with persons served, the lead staff member (or their designate) conveys this information to the persons being served. In the event that contact information is not readily available, the supersivior (lead) staff member makes arrangements for persons served to be contacted when the information becomes available. (The clinical supervisor can assist with further directions as needed).

STEP 3. If a decision is made to close the facility, the supervisory (lead) staff member informs persons served who are present of the decision and instructs them to evacuate the facility as soon as possible.

STEP 4. If a decision is made to closes the facility, the administration dismisses non-essential staff as soon as possible. Those staff members who remain with the persons being served will work as a team to assist in whatever arrangements area being made – i.e. to assist persons being served with evacuation and to make any temporary transition as smooth as possible.

STEP 5. An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance.

POTENTIAL THREAT TO PERSON (S):

In the event of suspected potential threat of dangerous behavior toward a member of the staff or a person served:

STEP 1. Staff members are to notify administration or supervisory (lead) staff if they have reason to suspect that a persons served, a member of the family of the person served, a significant other of the person served, or any visitor to The Salvation Army Harbor Light facilities or program may display violent or dangerous behavior.

STEP 2. Administration and all staff are to keep alert regarding the possibility of dangerous or violent behavior and notify the proper authorities if such behavior occurs or appears imminent.

STEP 3. All staff members are to take reasonable precautions at all times to ensure their safety and security, and the safety and security of others who utilize the facilities of The Salvation Army Harbor Light. These precautions include, but are not limited to the following:

1. identify persons accessing the facility
2. permitting access to areas to only persons who should be permitted access to those areas.
3. making sure that appropriate doors are locked
4. making arrangements for someone to accompany them to their cars at night
5. parking their cars at night in lighted areas of the parking lot and / or close to the building entrance.
6. reporting any suspicious activity to the administration and supervisory (lead) staff on duty
7. knowing how to signal for help to others, including the use of 911 or local police emergency telephone numbers. The lead person (or their designate) on duty would be the one to make such a call.

STEP 4. If an incident occurs, an incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, And Maintenance.

MEDICAL / PSYCHIATRIC EMERGENCY:

In the event of a medical or psychiatric emergency:

STEP 1. When a person served is present in the program and is determined to be in need of medical or psychiatric emergency services beyond what is available at The Salvation Army Harbor Light, a referral is made to the nearest available emergency facility (at the direction of the supervisory (lead) person on a shift and in consultation with the clinical supervisor and administrator).

Because of the emergent nature of the situation, the emergency facility may or may not be one with whom The Salvation Army Harbor Light has a referral relationship.

BOMB THREAT

In the event of a bomb threat to the facility or program,

STEP 1. The staff member ensures that the supervisory (lead) staff is aware of the situation. The supervisory (lead) staff member informs others as appropriate.

STEP 2. The supervisory (lead) staff will inform the police.

STEP 3. The person taking the call indicates that they need the Bomb Threat Check List (one is available at all phone desks). That person will gather as much information from the caller as possible (doing so in such a way as to not aggravate the caller). (Try to keep the caller on the line as long as possible – which allows lead staff member to contact authorities).

STEP 4. The completed Bomb Threat Check List is given to the police when they arrive.

STEP 5. If it is determined that the facility should be evacuated, the supervisory (lead) staff member, initiates the actions described in Procedures to Be Followed in a Fire/ Disaster Evacuation of the facility included in procedure section (check page #).

STEP 6. Following an evacuation, the supervisory (lead) staff member notifies the administration, if administration is not housed in the facility, of the situation.

STEP 7. If a decision is made to close the facility, the supervisory (lead) staff member informs the other staff members, persons being served, and any visitors who are present of the decision.

STEP 8. An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance.

DEALING WITH BOMB THREAT CALLER

The persons receiving the information should:

1. Get a copy of the bomb threat checklist (get another staff persons attention, write on a piece of paper what you need and get them to pass it to you.)
2. Keep the caller on the line as long as possible. Attempt to attract other staff attention as to the call and its disposition.
3. If the caller does not indicate the location of the bomb or the time of the possible detonation, ASK!
4. Inform the caller that Harbor Light is occupied by clients and detonation of a bomb could result in death or serious injury to many innocent people.
5. Pay close attention to background noises (i.e., motors, music, etc.) and to the caller's voice (male, female, speech, etc).
6. Indicate to other staff to call police and convey information received.

Questions to Ask	Exact Wording of the Threat
When is the bomb going to explode?	
Where is the bomb right now?	
What does the bomb look like?	
What kind of bomb is it?	
What will cause the bomb to explode?	
Where did you place the bomb?	
What is your address?	
What is your name?	

Sex of Caller: ___ M ___ F Age: _____ Race: _____ Length of Call: _____

Exact Message by Person Making the Threat: _____
_____
_____
_____

Caller's Voice:

____ Calm
____ Angry
____ Excited
____ Slow
____ Rapid
____ Soft
____ Loud

____ Laughing
____ Crying
____ Normal
____ Distinct
____ Slurred
____ Nasal
____ Stutter

____ Lisp
____ Raspy
____ Deep
____ Ragged
____ Clearing Throat
____ Deep Breathing
____ Cracking

____ Disguised
____ Accent
____ Familiar
If voice is familiar who does it sound like?
_____

Background Noises:

____ Street Noises
____ Static
____ Motor
____ Clear
____ Local Call

____ House Noises
____ PA System
____ Voices
____ Animal Noises
____ Long Distance Call

____ Crockery
____ Telephone Booth
____ Music
____ Office Machinery
____ Factory Machinery

Other (list):_____

Language Used in Threat:

____ Well Spoken ____ Foul ____ Incoherent Educated ____ Recorded ____ Irrational

Reminder: Immediately Report Bomb Threat, Call to Police via 911

Follow Emergency Plan and Complete Incident Report

FIRE DRILL PROCEDURES – MACOMB

Section I – Facility

Electronic smoke detectors are located throughout the resident/client rooms, kitchen, offices and corridors. The building does have an emergency fire alarm system. Fire extinguishers are in the building as indicated on the attached floor plans. The building does have overhead sprinklers. Flammable liquids are stored in an isolated metal pod outside.

The gas shut off is located on the cement patio at the northeast end of the building.

Emergency escape routes are posted throughout the building instructing all persons as to which route to follow and which door to exist through. The building is divided into a 4 ZONES.

ZONE 1. – Includes the kitchen and east wing (administrator's office, administrative assistant's office, maintenance office, staff break room, and class rooms) – they will exit via the breezeway door to the parking lot, and walk around the building to Stepnitz where the evacuation assembly point is for a head count

ZONE 2. – Includes the lobby, front office, intake, medical records, medical, Detox room, gym, showers, and laundry and will exit via the main entrance to the Stepnitz walk to the assembly point for a head count.

ZONE 3. – Includes the south wing (female side) including the therapist's offices, accounting office, female client day room, female client rooms. Persons in this zone exit via the south front doors (the one at far end of the hall) to the Stepntiz walk and the evacuation assembly point. Persons in outpatient area will exit via the exit sign in their area out the east door and walk to the front of the building to the evacuation assembly point for a head count.

ZONE 4. – Includes the remaining male client rooms and will exit out the north door to the Stepnitz walk to the evacuation assembly point for a head count.

SECTION II – When You Discover a Fire

A. The first person to discover a fire shall immediately sound the building alarm (pull the fire alarm pull station in the immediate vicinity).
NEVER VERBALLY YELL FIRE. It may cause panic.

B. If possible, assist all persons (client/residents, employees, injured and handicapped) in the immediate vicinity of the fire.

C. Isolate the fire, if possible. Close the door to the fire scene after all persons have been evacuated from the vicinity.

FIRE EMERGENCY EVACUATION PLAN

(Do not attempt to extinguisher a fire, unless the fire is small and you have received the proper fire extinguisher training and the proper fire extinguisher is available and ONLY AFTER THE FIRE DEPARTMENT BAS BEEN CALLED).

RESPONSIBILTY FOR EVACUATION OF CLIENTS FOR THE ABOVE WHEN APPLICABLE ARE AS FOLLOWS

ZONE 1 – monitor (take log books, and bed lists clip boards with you)
ZONE 2 – medical (take medication lists/ and any emergency supplies as possible)
ZONE 3 – monitor – south wing
ZONE 4 – monitor – north wing

ALL OTHER STAFF MUST BE AVAILABLE TO ASSIST, SHUT DOORS IN YOUR AREA.

- Clients are to assemble on Stepnitz in their respective groups. Staff will assist and keep order.
- A Monitor will do roll call.
- Medical will take responsibility for all Detox or medically compromised clientele.
- Staff will verify if any other staff that are currently on shift are not present at evacuation assembly point and notify the supervisory (lead) staff.

NO ONE MAY RE-ENTER THE FACILITY UNTIL THE LEAD PERSONS GIVES THE ALL CLEAR.

LEAD PERSON WILL COMPLETE INCIDENT REPORT AND FOLLOW POLICY/PROCEDURES.

TORNADO PROCEDURES – MACOMB

If a tornado has been spotted in our area, warned via the media or the city siren has sounded:

STEP 1. ***EVERYONE IN THE BUILDLING MUST TAKE COVER AT ONCE!***

TO TAKE COVER:

- The supervisory (lead) staff member will instruct other staff members as to their responsibility and inform transitional house of impending weather conditions.
- One monitor will monitor clients in the male hallway. Bring bed list, flashlight, radio, and walkie-talkie with you.
- One monitor will monitor the clients in the female hall. Bring bed list, flashlight, and radio and walkie-talkie with you

REMAIN CALM!!!

- Move all clients as quickly and quietly as possible through the facility to the appropriate hallways. Clients are to sit on the floor leaning against the inside wall, away from and out of all doorways or window paths. (Make sure all doors are shut in this hallway).

- Medical Staff and other supportive staff should assist in checking the building for stragglers. Make sure no clients are allowed to linger outside the building! (there are no smoke breaks allowed during this time – if clients are on a smoke break, immediately bring them back into the facility).

- ** Medical Staff **MUST** lock their doors, and medication cart on the way out of their office area.

- Staff are to make sure that all blinds are closed and all persons are to stay away from windows.
- All outside entrance doors should be closed.
- All electrical appliances not needed – i.e. copier, TV. Etc. should be turned off.

- ***DO NOT USE THE TELEPHONE – EXCEPT FOR THE SUPERVISOR (LEAD) STAFF MEMBER TO REPORT AN EMERGENCY.***

- Monitor staff will do a headcount to make sure all clients are accounted for. Take note of any staff members present and any who are not at the assembly areas.

EVERYONE MUST REMAIN IN THE HALLWAYS UNTIL THE NATIONAL WEATHER SERVICE GIVES THE ALL CLEAR

IF INCLEMENT WEATHER STRIKES AND DAMAGE OR INJURY OCCURS, CALL 911.

TORNADO:

In the event a tornado strikes and causes damage, the supervisor (lead) staff member notifies the proper authorities, including the administrator of this site, the clinical supervisor and site ops supervisor. The Executive Director of Harbor Light must also be notified. That individual directs basic first aid- administered to all injured persons (in consultation and co-operation with our own medical department and or outside emergency medical personnel.

An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance.

OFF SITE EMERGENCIES

There may be occasions when a staff member is off the premises with persons being served (i.e. – for outside meetings, GED, medical etc.). Should a situation develop while you are off out with the client, regarding fire, tornado, severe weather, etc. please be guided the by following:

STEP 1. Follow the emergency procedures of the place you are located. Assist in any way you can, but remember your primary concern is with our persons being served

STEP 2. When it is convenient, call and inform the staff on duty and if the situation warrants it, the supervisor (lead) staff member will notify the clinical supervisor / and or administration as needed.

STEP 3 An incident report is completed by the supervisor (lead) staff member who was present. This report is distributed as follows: Original – to Administrator, extra copy to Administrator to be sent to Executive Director, Copies to: Site Operations Supervisor, Clinical Supervisor, Medical Supervisor, and Maintenance.

NOTE: If an emergency occurs off site involving one of our persons being served, (i.e. Illness while out), call back and speak with the supervisor (lead) person and get clarification of procedures. An incident report would be filled out, and also the supervisor (lead0 would notify appropriate administration, including the clinical supervisor, and the therapist.

Safety and Accident Prevention:

Employee safety is a primary concern of The Salvation Army and to everyone working here. We are committed to providing a safe and healthy work environment for our employees. Employee safety training includes instruction in: (1) the proper procedure of reporting fire and other emergencies; (2) evacuating the premises quickly and safely, and (3) accounting for all employees following the evacuation.

Employees are responsible for periodically reviewing the evacuation procedure for different parts of the building. A copy of the emergency action plan is posted in the hallways throughout the building

If employees are aware of any unsafe conditions in the workplace, employees are to notify their supervisor or department head and The Human Resources Department immediately.

"CODE" ANNOUNCEMENTS

"Code White" repeated three times

Client threat

Medical Emergency Preparedness:

Purpose: This policy sets out measures to ensure that appropriate first aid can be administered when medical emergencies arise. First aid is the immediate care given to a person who has been injured or who has suddenly taken ill. Prompt, properly administered first aid can mean the difference between life and death, rapid versus prolonged recovery, and temporary versus permanent disability.

EMERGENCY MEDICAL PROCEDURES FOLLOW THIS POLICY. THESE PROCEDURES ARE TO BE POSTED CONSPICUOUSLY IN EACH WORK AREA AND INCLUDED IN THE SALVATION ARMY'S TELEPHONE DIRECTORY. SUPERVISORS ARE RESPONSIBLE FOR PROVIDING A COPY OF THE PROCEDURES TO EACH NEW EMPLOYEE.

a. **Availability of Medical Advice:** If employees are injured while on the job, no matter how slight, employees must report the injury immediately to their supervisor or department head and the Human Resources Department. If immediate or emergency medical assistance is required, call 911. The Human Resources Department will send an Incident Report to Chesterfield Insurance Company.

The Salvation Army maintains an arrangement with Concentra for medical consultation and any work related injuries or emergencies.

b. **First-Aid Equipment:** The Head of the medical department is responsible for ensuring that appropriate first-aid equipment and supplies are located at all sites and are properly maintained.

i. **First Aid Kits:** First-aid kits must be kept in locations that are immediately available to employees in the case of workplace injuries. At a minimum, first-aid kits must be located on each unit. Supplies necessary to control exposure to potentially infectious body fluids or materials (such as latex gloves, eye guards, soap, and bleach) must be kept adjacent to first-aid supplies. NOTE: Only designated (trained) individuals are to provide first-aid/emergency assistance or cleanup where human blood or other potentially infectious materials are encountered.

ii. **Safety Showers:** Showers are located on each unit and will be maintained to provide an immediate water drench of an individual who is splashed with corrosive chemicals. Safety showers must be;

1. Located within 25 feet of areas where chemicals with a pH greater than 12.5 are used or within 100 feet of areas where other corrosive chemicals are.

2. Checked and flushed periodically.

iii. **Eye Wash Facilities:** Eye wash facilities are required in all workplaces where injurious or corrosive chemicals are used or stored. Eye wash facilities are subject to the same proximity requirements as safety showers. In addition, eye wash facilities must:

1. Be operated by a quick release system that simultaneously drenches both eyes;

2. Provide at least a 15-minute water supply at no less than .4 galls per minute;

3. Further, eye wash facilities cannot exceed 25 PSI

c. **First Aid Training**

i. New Employee Safety Training: Supervisors are responsible for ensuring that all new employees are familiar with The Salvation Army's emergency medical procedures.

ii. Basic First-Aid Certification: The Salvation Army will endeavor to have at least one employee in each department currently certified in first aid. Employees must be currently certified in first aid as a result of successfully completing a training program that includes the following elements, where applicable:

1. Health Emergency Response;

2. Scene Surveying;

3. Basic Adult Cardiopulmonary Resuscitation (CPR);

4. Basic First Aid Intervention;

5. Blood Borne Pathogens And Universal Precautions;

6. First-Aid Supplies;