Each facility will have available emergency response instructions that pertain to your worksite. The following are general instructions; you should follow instructions unique to your individual worksite.

**GENERAL PREPAREDNESS**

* Establish an incident command structure.
* Establish relationships with essential partners, such as law enforcement and first responders.
* Plan for monitoring and assessing factors that determine types and levels of response.
* Develop message strategies, including “hot-lines.”
* Plan to ensure provision of essential services and supplies including:
	+ Food and water; o Shelter;
	+ Medicines and medical consultations;
	+ Mental health, psychological and other support services; o Transportation to medical treatment, if required.
* Develop training programs and drills.
* Share plan with all agency contacts such as parents, home providers, food providers, etc.
* Communicate changes and updates.
* Identify local radio and television stations to be source of broadcast communications.
* Keep emergency contact information available.
* Have out-of-town contact number for each client and employee.
* Identify back up communication plan if phone service is interrupted.
* Know mass evacuation plan for community and identify what resources will be quickly needed to quickly and safely transport clients.
* If program is near a nuclear power plant consider having Potassium Iodide available along with permission slips as necessary authorizing dispensing of the pills when ordered to do so by the state health department.
* Understand the Department of Homeland Security’s Alert System for potential acts of terrorism. Predetermine what actions your program will take in the event the United States goes to Alert Level RED.
* Have at least one cell phone or walkie-talkie (preferred) in each building area.
* Consider purchasing and professionally installing a generator for back-up power. Realize that an adequate supply of fuel needs to be safely and properly stored.

Important information to know:

* Electricity shut off and how to do it;
* Gas shut off and how to do it;
* Water shut off and how to do it;
* Air vent shut off and how to stop circulation if necessary (toxins in the air);
* Where the emergency kit, first aid kit and fire extinguishers are located;
* Where the alarm is for evacuation, if applicable;
* How to quickly reach 911 and the Poison Control Hotline.

**Data Recovery Preparedness**

To ensure data is recovered in the event of an emergency the following functions must be performed by the IT department:

* Backups incrementally, nightly Monday-Friday;
* Full weekly backups on Saturday;
* Back up data tapes are sent to offsite vendors;
* A battery backup must be available.

**Medical Emergencies**

* Check breathing and pulse before administering other first aid. In an emergency,contact medical personnel, if available, or nurse on-site.
* Administer first aid, as needed. Each facility should have an accessible first aid kit.
* If additional help is needed - call 911.
	+ You will be asked if you need the Police or Fire Department.o Identify the emergency.
	+ If transportation and/or oxygen is needed, ask for an ambulance.

**Emergency Phone Numbers**

Fire/Police/Medical Emergency…… 911

Center for Disease Control………… 800-311-3435

Poison Control…………………….. 800-222-1222

American Red Cross………………. www.redcross.org Manchester, NH Area……… 603-225-6697

Portland, ME Area…………. 207-874-1192

Berlin, VT Area……………. 802-773-9159

**Easterseals Main Office Numbers**

Manchester, NH…………………… 603-623-8863 Portland, ME……………………… 207-828-0754

Berlin, VT…………………………. 802-223-4744

**FIRE SAFETY**

All smoke/heat detectors should be tested at least quarterly. Batteries should be replaced at least once a year and cobwebs/dust removed with a vacuum. Faulty detectors are to be replaced when needed. Smoke detectors are to be replaced once every ten years unless the manufacturer recommends replacement sooner. In residential programs smoke detectors are required in sleeping areas and must be hard wired.

Sprinkler systems will activate only in the area of the fire. Staff should be trained in turning off the sprinkler system in the event that it goes off due to being tampered with. Sprinkler systems must be tested quarterly.

The following fire hazards should be eliminated from residential environments:

* Space heaters;
* Use of kerosene for cooking or lighting;
* Rubber tubing used as connection for gas burners;
* Accumulation of combustible materials in the attic, basement, garage or other locations;
* Unsafe storage of flammable substances such as paint, varnish, oil, etc.

The following practices should be followed to prevent fires:

* Never leave anything unattended in the stove or oven.
* Never place paper near a stove, toaster, coffee maker, etc.
* Do not place hot pans, etc. on a counter or paper without the use of a hot pad.
* Irons should be turned off and unplugged when not in use.
* All small appliances should be unplugged when not in use (i.e., iron, hair dryer, toaster, coffee maker).

**Reporting a Fire**

If an employee discovers a fire or detects smoke he/she should:

1. Activate the alarm system by pulling the lever on the nearest fire alarm box.
2. Evacuate the customers within the area and/or the building to safety according to the evacuation map in the area.
3. Close the doors.
4. Do not reenter the building until the alarm is silenced and employees are notified that it is safe to return by a Fire Marshall or representative from the Fire Department.

**Fire Extinguisher – Location**

Fire extinguishers are located in each building in easily accessible areas, especially in such areas as kitchens, garages, basements. It is the responsibility of each employee to identify the exact location of the fire extinguisher closest to his/her workstation and to know the general location of fire extinguishers throughout the building. Fire extinguisher locations will be marked on the emergency exit map.

**Fire Extinguisher - Use**

* Employees are encouraged to read the instructions on the fire extinguisher in their vicinity/work area.
* Become familiar with the types of fires for which that extinguisher is effective.
* Aim the extinguisher in front of the base of the fire(s); sweep from side to side working towards the base.
* Maintenance staff or a designated safety representative will ensure that the extinguishers are serviced after any use, and/or at least annually. Each month extinguishers need to be inspected to make sure they have the correct amount of pressure, are in the correct location, and are undamaged.

**Fighting the Fire**

Personnel in the area of the fire should take immediate steps:

* Evacuate customers, volunteers and staff.
* Control and isolate the fire by:
	+ Closing doors;
	+ Using the fire extinguisher, if it is a small fire; o Turning off electrical equipment.

**Fire Marshals**

* It is the responsibility of the Fire Marshal or designated representative to check every room in his/her assigned area to ensure that the area has been evacuated and to close all open doors.
* After checking rooms in their assigned areas, the Fire Marshals or designated representative will meet at the front entrance or designated area.
* When possible, Fire Marshals shall be employees of Easterseals and members of the Safety Committee, working onsite full-time. They must be responsible and reliable. They will receive training on the evacuation procedures and other safety program(s) training.

 **Alarm System**

* Some locations are equipped with a fire alarm system that is directlyconnected to a local station.
* Buildings that do not have an alarm system should dial 911 to notify theappropriate authorities.
* Alarm systems must be inspected annually.
* When powered by electricity there must be an alternate power source with an automatic trigger present.

 **EVACUATION PROCEDURE**

In the event of an evacuation the fire alarm will sound. If the alarm is malfunctioning word of mouth shall be used to notify staff of the evacuation. Upon this notification staff, clients and visitors are to exit the building as quickly as possible in an orderly manner through the nearest emergency exit and proceed to the pre-designated meeting area. While evacuating always check closed doors for heat before opening; if a door is hot do NOT open it.

No one is to reenter the building until it has been declared safe to reenter by the appropriate authority. If someone is missing do not reenter the building. Notify the appropriate authority or highest level administrator of the building.

In the event that the building needs to be evacuated during inclement weather take jackets, gloves, hats, boots, umbrellas and/or blankets when evacuating.

**Evacuation Preparedness**

* Post current and accessible written evacuation plan with at least 2 unobstructed escape routes.
* Determine which individuals may require additional assistance to evacuate during a drill or actual emergency.
* Ensure that a system is in place to account for all clients and employees (be sure daily attendance records are accurate and available). The staff census list should have a place for the staff to sign when there is an evacuation.
* Regularly practice drills, practice at different times of day, using different exit routes.
* Fire drills must be conducted once a month in buildings that provide client services.
* Conduct drills for different types of disasters.
* Include plans for relocation.
* Obtain written permission to use relocation sites.
* Inform parents, home providers, etc. of relocation sites.
* Have appropriate forms (emergency information, authorizations, etc.).
* When dealing with children have detailed documentation regarding to whom the children can be released.
* Take emergency medical supplies.
* Take cellular phone and/or walkie-talkie.

 **ACTIVE THREAT/ATTACK/ASSAILANT**

**INTRUDER/HOSTAGE TAKER**

In the event of an active threat/attack/assailant

* Call 911.
* Always assume the intruder is armed.
* Take mental notes of the physical description of the intruder including, but not limited to, gender, height, weight, clothing, tattoos, piercings.

 **AVOID, DENY, DEFEND PROCEDURE**

* Avoid, deny and prepare to defend.
* All doors and windows in the area impacted by a disturbance need to be closed and locked.
* Shut the lights off.
* Staff members are to report to the nearest safe room to deny in.
* Prepare to defend yourself.
* Silence cell phones and other electronic devices. No talking, be quiet.
* If the department has clients, staff need to make sure that all clients are accounted for. This can be done using attendance lists.
* If anyone knocks on the door, do not answer it, even if they identify themselves as “Law Enforcement.”
* An active threat is over you are released from your secured area by a member of the police department or emergency personnel. You will never be released from a secured area by an announcement over the loud speaker and should not leave the secured area even if a fire alarm sounds.

 **SECURE CAMPUS**

If there is concern about a potential event in the area but no details are available and/or the threat is not defined, the secure campus is the appropriate security procedure to follow.

Staff will be notified of a secure campus over the loud speaker, word of mouth from an administrator or designee cell phone.

Secure Campus Procedure:

* Get children, seniors and others who are outside the building and known to us into the building.
* All doors to the building are locked, no one can come into the building or out of the building until the “all clear” is given.
* If the secure campus occurs during regularly scheduled drop off/pick up time, call the transportation providers to alert them that they will not be able to enter the building.
* Individuals inside the building can go about their normal duties.
* “All clear” is announced by the highest ranking administrator.

\*Easterseals Vermont staffs that are co-located at Vermont DCF offices will follow the DCF office procedure and protocols. Please check with the program coordinator for further information and instruction.

**SHELTER–IN–PLACE**

Shelter–in–place simply means staying inside the building. This may be used during an accidental release of toxic chemicals or other emergencies where air quality outside is threatened. Shelter-in-place may also be used for extreme weather. Local authorities issue orders for shelter-in-place via the Emergency Alert System (EAS). Once such an order has been given no one can leave the building until there is official notification that the danger has passed. Do not walk or drive outdoors. If there are customers and visitors in the building provide for their safety by asking them to stay.

* Close and lock all doors and windows to the outside.
* Close air vents and fireplace dampers.
* Turn off all heating systems.
* Turn off all air conditioners and switch intakes to the “closed” position.
* Seal any gaps around window-type air conditioners.
* Turn off all exhaust fans in kitchens, bathrooms and any other spaces.
* Close as many internal doors as possible.
* Use duct tape and plastic sheeting or food wrap, wax paper or aluminum wrap to cover and seal bathroom exhaust and grilles, range vents, dryer vents, air vents and dampers and other openings to the outdoors to the extent possible.
* Seal any obvious gaps around external windows and doors.
* Close drapes, curtains or shades for additional protection.
* If vapors begin to bother individuals hold wet cloths over nose and mouth.
* For higher degree of protection go into bathrooms, close the door and turn on the shower in a strong spray to “wash” the air.
* If time allows change the voicemail recording of the mainline to indicate that the business is closed and that staff, clients and visitors are remaining in the building until authorized to leave. If possible turn on call forwarding so all incoming calls go to this message.
* Emergency supplies need to be brought from their storage area to the area of need.

When selecting a room for sheltering-in-place, choose a location that is easily sealed off from outdoor contact.

Things to consider when selecting a location are:

* The room should be an interior room above ground level.
* It should have the fewest number of windows and vents possible.
* The room should have adequate space for everyone (if needed more than one room can be selected).
* Avoid selecting rooms with mechanical equipment such as ventilation blowers or pipes, as this equipment may not be able to be sealed from the outdoors.
* Large storage closets, utility rooms, copy and conference rooms (without windows) work well for sheltering.
* A room with a hard-wired telephone is ideal for emergency calls if a life-threatening situation arises and cellular services are overwhelmed.

**Extreme Cold Sheltering-In-Place**

* Alternative heat sources shall be brought into the location.
* To conserve heat plastic shall be taped over windows located near the shelter-in-place location to seal cold air out.
* Doors near the area are to be shut and rugs, blankets and sheets are to be placed under/at the base of the door to block the flow of cold air.

**Notification of Families/Emergency Contacts**

If there is no imminent threat calls may be made to families or emergency contact before proceeding to the shelter-in-place location. If there is an imminent threat calls can only be made to families or emergency contacts once safely in the designated shelter-in-place area.

 **OFF-SITE SHELTERING**

In the event that the building cannot be occupied for safety reasons, the highest-ranking administrator present at the time will be responsible for making the decision to relocate clients and staff. Identify potential evacuation sites to use in the event of a local emergency, if necessary. In the event that a disaster would strike a large area surrounding the facility, it is wise to identify a secondary site. Ensure that all contacts know the location of both sites. Emergency information and supplies need to be transported to the relocation site. If clients are leaving with a parent/guardian the identification of the parent/guardian needs to be checked to ensure the client is being released to the proper person(s).

Auburn St. Building Off-site Shelter:

• Child Development Center – Wilson St. School, Manchester, NH

**OPERATIONAL DISTURBANCE**

Operational disturbances can occur from emergency situations or non-emergency situations such as routine weather events (winter storms). In the event of a disturbance to operations follow the procedures relevant to the disturbance. In the event that the crisis situation impacts the department operations, it is the responsibility of the Chief Operations Officer and/or Senior VP of the program to decide if the program should close.

In an emergency situation it is important that the essential operations that need to be performed to keep the business in operation are continued. It is the responsibility of each department to identify these functions and make sure staff is aware of what needs to be done to keep the department operational.

After an emergency situation the following procedures need to be followed by appropriate personnel to get the business back on track after the disaster:

* Check for any structural damage (once the building has been cleared to enter).
* Take photos of any damage.
* Report any damage to the insurance company.
* Check for downed or damaged utilities and report any to the proper authorities.
* The President will make the decision on when operations can be moved back into the facility.
* The Development Department will create and release statements about the emergency/disaster to be released to the public.

**CHEMICAL ACCIDENTS**

Chemical accidents occur when chemicals used onsite become ingested, come into contact with skin or are spilled. If a community toxic material release occurs follow the Shelter-in-Place procedure and requirements of appropriate officials. In the event that the building suffers damage from a chemical accident and operations cannot continue in a normal manner, follow the protocol for Operational Disturbance.

**Ingestion & Contact with Skin or Eyes**

In the event of accidental chemical ingestion or contact with skin or eyes contact Poison Control at 1-800-222-1222. If Poison Control cannot be reached procedures for dealing with ingestion or skin/eye contact may be found on the SDS. However, SDS alone should not be used as a substitute for Poison Control. Once proper medical procedures have been initiated the supervisor of the injured person needs to be notified. If need be the family/guardian or emergency contact of the injured person will be notified.

**Spill**

In the event of a chemical spill the person witnessing or causing the spill needs to notify their supervisor as quickly as possible. The SDS needs to be referred to for directions for clean-up. Poison Control may also be called at 1-800-222-1222 for instructions on clean up. If the chemical spilled can or will potentially cause harm to any other persons in the building, the affected area or potentially affected areas need to be evacuated. In the event that another department can continue operations without the spill impacting the department they may do so, however it is the decision of the highest ranking administrator or most qualified personnel to make this call. In the event of a spill where injury occurs Poison Control is to be called at 1-800-222-1222 and their directions are to be followed. If Poison Control cannot be reached, refer to the SDS for handling of the injury, and if possible call 911. The supervisor of the injured is to be notified and the supervisor will then decide what actions are to be followed (i.e., evacuation, continuation of operations, notification of the injured person’s family, etc.). The spill is to be cleaned up after the injured person is taken care of, with clean up done according to the instructions of SDS or Poison Control.

**Safety Data Sheet (SDS)**

Material Safety Data Sheets (SDS) are located at each Easterseals facility. The SDS will have instructions specific to the chemical involved in the accident. SDS need to be obtained for every potentially harmful chemical used onsite (i.e., cleaning, maintenance, office supplies). These sheets may be obtained directly from the manufacturer (check the product label for contact information). The SDS binder for each facility should be updated when new materials are used onsite and/or updates to the SDS’s are provided by the manufacturer.

A copy of each SDS must be provided to the Senior Vice President of Facilities. The Senior Vice President of Facilities will be responsible for obtaining and maintaining the data sheet system. Employees may access the data sheet system (“ES SDS info page”) which lists all the toxic and hazardous substances used within the agency along with the phone numbers that can be called for emergencies or questions regarding those substances.

SDS sheets contain information on:

* Product information;
* Hazards identifications;
* Firefighting measures;
* Handling and storage;
* Physical and chemical properties;
* Toxicological information;
* Disposal considerations;
* Regulatory information;
* Composition/information on ingredients;
* First aid measures;
* Accidental release measures;
* Exposure controls/personal protection;
* Stability and reactivity;
* Ecological information; • Transport information;
* Other information.

 **POWER FAILURE**

In the event of power failure:

* Emergency lighting, if available, will come on automatically.
* Appropriate action will be taken to ensure customer’s safety.
	+ Customers should be removed immediately from the whirlpools, baths and showers.
	+ In case of an electrical storm, customers should be removed from window areas and electrical appliances should be unplugged.
	+ If dark use flashlights.
	+ If the hallways or floors become wet, mark them as such and use mops and towels to dry the floors as much as possible.
	+ If the outage occurs in winter and clients become chilled, the emergency supply of clothes and blankets may need to be used.
* Notify the electric company.
* If the power outage seems widespread listen to the radio for general instructions to the community.
* If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
* If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
* If the power outage is ongoing (longer than a few hours) relocation may be necessary and the offsite sheltering procedure may be followed. If it is winter and there is the danger of freezing pipes, close the main water valve and open spigots and supply lines to drain them.

**LOSS OF HEAT**

Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or

administrator/director. That person is then responsible for contacting the heating vendor as needed. Follow the evacuation procedure if temperature falls below 45 degrees.

 **LOSS/CONTAMINATION OF WATER**

Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate maintenance staff or administrator/director. The maintenance staff or administrator/director is then responsible for attempting to locate the source of the problem and determining if the problem is confined to the facility or is neighborhood wide. If the problem is internal the plumber is to be notified. If the problem is external the local Water Authority is to be contacted.

In the event of water contamination the designated person will:

* Contact the local Health Department. If the Health Department cannot be reached listen to the local TV or radio for details on procedure.
* Advise staff to closely supervise individuals and ensure that no one drinks or uses the water.
* Determine the expected duration of contamination and procedure for making the water safe for use.

Advise the program managers of the anticipated duration of water loss or contamination.

* Assess the water supply for the facility and needs to ration available water.
* Determine the ability to maintain individuals at the location.
* If deemed necessary instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
* If necessary order evacuation of the facility.

**SEVERE WEATHER**

Staff members are responsible for staying aware of when storms are approaching the area. Emergency supplies for storms and severe temperatures are to be kept up to date. They should be checked quarterly to make sure all items are functional and accounted for.

Any vehicle that is used to transport staff or clients must be safe for winter travel. Vehicle inspection must include:

* Winter tires;
* Antifreeze levels;
* Battery and ignition systems;
* Brakes;
* Exhaust systems;
* Fuel and air filters;
* Heater and defroster;
* Lights and flashing hazard lights;
* Windshield wiper fluid and windshield wipers; • Thermostat;
* Oil.

**Winter Storms**

In the event of a winter storm watch:

* Listen to the weather, local radio and TV for updates.
* Be alert to changing weather conditions.
* Avoid unnecessary travel.
* Check to make sure all emergency supplies are accessible.
* ONLY the Chief Operations Officer or the SVP of the program is authorized to make the decision to close the program. If the program closes see instructions for Operational Disturbance.

In the event of a winter storm warning:

* Staff and clients are to stay indoors during the storm.
* Be prepared to gather all emergency supplies.
* Listen to the local radio and TV for updates.
* Avoid travel.
* ONLY the Chief Operations Officer or the SVP of the program is authorized to make the decision to close the program. If the program closes see instructions for Operational Disturbance.

During a winter storm:

* Walkways need to be kept clear from snow.
* Rock salt needs to be put on the walkways and entrances periodically to keep them from becoming slippery.
* Keep floors dry by mopping up excess water and/or using fans to dry hard floor surfaces.
* Use wet floor signs as needed.

If you must travel during a winter storm:

* Only travel if it is absolutely necessary.
* Make sure the vehicle used is prepped for winter travel. A vehicle with a full tank of gas is the best choice.
* If possible travel during the day.
* Inform others of your destination and, if possible, the route you will be taking.
* Stay on main roads.

If you get stuck:

* Stay with your car. Do NOT try to walk to safety unless help is visible within 100 yards.
* Display a “call for help” sign. A brightly colored cloth (preferably red) tied to the antenna will work.
* To keep warm turn the car on for 10 minutes every hour (avoids running battery down).
* Keep one window away from the blowing wind open slightly for fresh air.
* Run the heater only while the car is on.
* Keep exhaust pipes clear so fumes won’t back up into the car.
* Keep the overhead light on when the car is running to increase your visibility (avoids running battery down).
* Do light exercises to keep warm.
* If alone, stay awake as much as possible.
* If more than one person is in the car, take turns sleeping.
* Huddle together with passengers for warmth.
* Use extra clothes, newspapers, blankets, maps and removable car mats to wrap your body in for extra warmth.

 **EXTREME COLD**

In the event of extreme cold staff and clients are to stay inside as much as possible. If going and traveling outside is necessary the individuals going outside are to wear (as much as possible) hat, mittens/gloves, scarf, several layers of loose fitting clothing, boots and winter jacket. Assure that all clothing remains dry.

* Time outside should be as limited as possible.
* Avoid inactivity when outside, but also avoid exertion as cold weather puts excess strain on the heart.
* Encourage consumption of nutritional liquids and high-energy foods to help prevent dehydration which can increase the chances of hypothermia.
* Be aware of the wind chill to help prevent frostbite and hypothermia.

**Hypothermia**

The cause is exposure to cold temperatures but can occur at 40 degrees if a person becomes chilled from rain, sweat or submersion in cold water. Symptoms in adults include: shivering, exhaustion, confusion, memory loss, slurred speech, fumbling hands, drowsiness, weakness and cold, pale skin. Symptoms in infants include: very low energy and bright red, cold skin. A person’s chances of getting hypothermia are increased if they are ill, wearing wet clothing, taking medications causing vasodilation, lack subcutaneous fat, are very young in age or are very thin.

Upon noticing any of the above symptoms, take the person’s temperature. If the temperature is below 95 degrees seek medical attention IMMEDIATELY. A person with severe hypothermia may become unconscious and may appear to not be breathing or have a pulse. Get emergency assistance immediately.

If medical attention is not available:

* Get the victim into a warm room or shelter.
* If the victim is in wet clothing, remove them.
* Warm the center of the body first (chest, neck, head and groin) using an electric blanket or skin-to-skin contact under loose, dry layers of blankets, clothing, towels or sheets.
* Administer warm beverages to help increase the body temperature. Do not give alcoholic beverages. Do NOT give beverages to an unconscious person.
* After the body temperature has increased keep the person dry and wrapped in a warm blanket, including the head and neck.
* Get medical attention as soon as possible.

**Frostbite**

At the first sign of redness or pain in any skin area, get out of the cold or protect any exposed skin. Symptoms of frostbite include: a white or grayish-yellow skin area, skin that feels unusually firm or waxy, numbness, paresthesia (burning, prickling sensation) and severe pain, swelling, redness and blistering of the skin (in severe cases).

If signs of frostbite are detected seek medical attention IMMEDIATELY. If there are signs of frostbite but no hypothermia and medical attention is not available:

* Get into a warm room as soon as possible.
* Unless absolutely necessary, do not walk on frostbitten feet or toes (this increases damage).
* Immerse the affected area in warm, not hot, water (the water should be comfortable to the touch for unaffected parts of the body) or warm the affected area using body heat (i.e., armpit for frostbitten fingers).
* Do NOT rub frostbitten area with snow as this can cause additional damage.
* Do NOT massage frost bitten area as this can cause additional damage.
* Do NOT use a heating pad, heat lamp or the heat of a stove, fireplace or radiator for warming as affected areas are numb and can be easily burned.

**EXTREME HEAT/HEAT WAVES**

During a heat emergency the following should be practiced to prevent heat related illnesses:

* Slow down.
* Stay indoors as much as possible.
* If possible go to a location with air conditioning or room sized fans. Draw the window blinds/shades to keep the room in shade.
* Wear lightweight clothing.
* Eat small meals and eat more often.
* Avoid foods high in protein which increase metabolic heat.
* Avoid foods high in salt which dehydrate the body.
* Drink plenty of water; do not wait until you are thirsty to drink.
* Avoid alcoholic or caffeinated beverages as these dehydrate the body.
* When outside apply sunscreen and wear a hat.
* Report all heat related illnesses (i.e., elevation in temperature) to medical personnel or call 911 if there is an emergency.

**Heat Stroke**

Any of these signs could mean you are dealing with a life threatening illness:

* Body temperature of over 103 degrees (if taken orally);
* Red, hot or dry skin (no sweating);
* Rapid, strong pulse;
* Throbbing headache;
* Dizziness;
* Nausea;
* Confusion;
* Unconsciousness.

When these symptoms occur seek medical assistance as soon as possible.

* If outside get the victim to a shady area.
* Cool the victim rapidly using whatever means available, such as immersing them in a tub of cool water or cool shower, spraying the victim with cool water from a garden hose, sponging the victim with cool water.
* Monitor body temperature and continue cooling efforts until temperature is between 101-102 degrees.

Do NOT give the victim fluids to drink.

* If muscle spasms result as a symptom of heat stroke, keep the victim from injuring themselves. Do not place any objects in their mouth and do not attempt to give fluids.
* If vomiting occurs make sure that the airways remain open.

**Heat Exhaustion**

Symptoms of heat exhaustion include:

* Heavy sweating;
* Muscle cramps;
* Nausea or vomiting;
* Paleness;
* Headache; • Tiredness;
* Dizziness;
* Fainting;
* Weakness.

If these symptoms are severe or the victim has a heart problem or high blood pressure, seek medical attention. Otherwise treat the individual with the following:

* Cool, non-alcoholic beverages;
* Rest;
* Cool shower, bath or sponge bath;
* An air conditioned environment;
* Lightweight clothing.

**Heat Cramps**

Symptoms include muscle pain or spasm, typically in the abdomen, arms or legs. For treatment:

* Stop all activity and sit quietly in a cool place.
* Drink clear juice or a sports beverage.
* Do not return to strenuous activity for a few hours after the cramps subside.
* Seek medical attention for heat cramps that do not subside in one hour.

**Sunburn**

Symptoms include red, painful and abnormally warm skin after sun exposure. For infants one year of age and younger consult a doctor if there is fever, fluid-filled blisters or severe pain.

Otherwise for treatment:

* Avoid repeated sun exposure.
* Apply cold compresses or immerse the sunburned area in cool water.
* Apply moisturizing lotion to affected areas.
* Do not use salve, butter or ointment.
* Do not break blisters.

**Heat Rash**

Symptoms include skin irritation in hot weather which looks like a red cluster of pimples or small blisters. For treatment provide a cooler, less humid environment and keep the affected area dry.

**FLOOD**

A flood or flash flood watch is when these events are likely to occur in your area. A flood or flash flood warning is when the events are already occurring or will occur soon in your area.

If under a flood watch:

* Be prepared for an evacuation.
* Make sure vehicles have full gas tanks.
* Listen to the radio or stay tuned to the Emergency Alert System (EAS).
* Gather emergency supplies.
* Be prepared to turn off electricity if flood waters reach your area.
* Keep an eye on the water levels and be aware of flash floods.

If under a flood warning:

* Engage flood gates as applicable.
* Keep an eye on the water level and be aware of flash floods.
* Try to avoid driving unless it is an emergency. If you must drive avoid large puddles so the vehicle engine will not flood. NEVER attempt to drive through moving water as you could become stranded with a flooded engine or the vehicle could get swept away.
* If flood waters reach your area follow the instructions of EAS. You will either weather the storm at your current location or be ordered to evacuate.
* Notify the appropriate staff of flooding.
* Determine actions necessary depending on the conditions.

If no evacuation is ordered monitor the radio and television weather updates. Be prepared for an evacuation in the event of rising flood waters.

If evacuation is ordered NEVER ignore the evacuation order.

* If there is time turn off the main power switch or valves.
* Take emergency supplies.
* Follow the emergency evacuation plan for the building.
* In the event of a flash flood get to higher ground immediately.

In the event that the building suffers damage from a flood and operations cannot continue in a normal manner, follow the protocol for Operational Disturbances.

**SEVERE THUNDERSTORM**

A severe thunderstorm watch is when severe thunderstorms are possible in your area. A severe thunderstorm warning is when severe thunderstorms are occurring.

In the event of a severe thunderstorm:

* + Get away from any body of water.
	+ Stay away from the tallest object in the area.
	+ Stay as far away as possible from trees.
	+ Seek shelter in the shelter-in-place location if the storm gets severe enough.
	+ In the event that someone is struck by lightning call 911 immediately.

**TORNADO**

A tornado watch is when tornadoes are possible in your area. Remain alert for approaching storms. A tornado warning is when a tornado has been sighted or indicated by weather radar. Tornadoes occasionally develop in areas in which severe thunderstorm watches or warnings are in effect. Remain alert to signs of an approaching tornado and seek shelter if threatening conditions exist.

Warning signs of a tornado:

* + A dark or green colored sky;
	+ A large, dark, low-lying cloud;
	+ Large hail;
	+ A loud roar that sounds like a freight train;
	+ Funnel clouds.

In the event of a tornado watch:

* + Monitor local news and radio stations.
	+ Keep a watchful eye to the sky.
	+ Listen for sirens.
	+ Have a flashlight, portable radio and blankets on hand.
	+ Do NOT call police or fire dispatchers unless it is an emergency.
	+ If any tornado warning signs are spotted take shelter.

If a tornado warning is issued for your area and the sky becomes threatening, seek shelter immediately.

Taking shelter:

* + In the office/building/residence:

o Staff and clients are to go to the innermost part of the building (closets, interior hallways) on the lowest possible floor away from windows, exterior walls, doors and corners. Staff are to assist clients in this process. o If the building has elevators do NOT use elevators. o Do NOT open windows. o Stay in your shelter until EAS advises you otherwise. No all clear siren will sound.

• In a vehicle:

o Do NOT try to outrun the tornado.

o Get out of your vehicle. o If possible seek shelter in the lowest floor of any nearby sturdy building or a storm shelter. o If shelter is not possible lie flat in the closest ditch, gully or depression. o Cover your head with your hands.

o If traveling with a client assist them with the above procedures.

* Outside:
	+ If possible seek shelter in the lowest floor of any nearby sturdy building or a storm shelter. o If shelter is not possible lie flat in the closest ditch, gully or depression. o Cover your head with your hands.
	+ If you are with a client assist them with the above procedures.

After a tornado has passed:

* Watch out for fallen power lines and stay out of damaged areas.
* Listen to the radio for information and instructions.
* Use a flashlight to inspect damage.
* Reenter buildings with extreme caution.
* Be alert to fire hazards.

In the event that the building suffers damage from a tornado and operations cannot continue in a normal manner, follow the protocol for Operational Disturbances.

**HURRICANE**

When a hurricane watch is issued for your area:

* Listen to local officials.
* Check often for official bulletins on the radio and TV.
* If the facility is responsible for vehicles to transport clients make sure they are fueled in case of the event of an evacuation.
* Make sure emergency supplies are current.
* Be prepared for an evacuation.

When a hurricane warning is issued in your area:

* Staff and clients are to move to the lowest or innermost room of the building. Be sure to locate away from windows.
* Do not leave the building until the hurricane is over.
* Do not be fooled by the eye of the storm. Although it may calm down outside, do not attempt to move from your sheltered location as the eye will pass quickly and the storm will pick up again.

If ordered to evacuate follow the emergency procedures for your facility and any other procedures and instructions given by the proper authorities. In the event that the building suffers damage from a hurricane and operations cannot continue in a normal manner, follow the protocol for Operational Disturbances.

 **EARTHQUAKE**

If indoors:

* Stay calm.
* Take cover by getting under a sturdy desk or table, or if that is not possible crouch in an inside corner of the building or under a doorway (only if you know it is a strongly supported, load bearing doorway). Cover your face and head with your arms. Stay away from glass, windows, outside doors and walls and anything that could fall, such as furniture, fixtures, etc.
* Stay where you are until the shaking has stopped.
* If the building has elevators do NOT use the elevators.

If outdoors:

* Stay calm.
* Do NOT attempt to seek shelter inside as most casualties and injuries from earthquakes occur near entrances and exits to a building.
* Move out into the open away from buildings, streetlights, utilities and trees.
* Stay there until the shaking has ended.

If in a moving vehicle:

* Stop the vehicle as quickly as safety permits.
* Try to stop in an open area.
* Avoid stopping under overpasses or bridges, trees and utility wires and buildings.
* Stay in the vehicle until the shaking has stopped.
* Proceed with caution after the earthquake has ended, avoiding bridges and ramps that may have sustained damage during the quake.

After the earthquake:

* Expect aftershocks. Aftershocks are secondary shockwaves that are usually less violent than the main quake but can still be strong enough to do additional damage.
* If you are in coastal areas and the earthquake is large enough, be aware of tsunamis.
* Use telephones only for emergency calls.
* Stay away from damaged areas unless your assistance is specifically requested by the police or fire department.

Evacuation:

* It is the responsibility of staff members that are not seriously injured to evacuate themselves and clients from the building as quickly as possible.
* Be aware of structural damage to the building when evacuating. If an area looks structurally unsound or dangerous for any reason find another way out of the building.
* Help injured or trapped persons to the best of your ability.
* If a person is too seriously injured or trapped to be evacuated make a note of the location of the person and proceed to evacuate as it is the job of the fire fighters and emergency personnel to help these people.
* When outside the building notify an authority member immediately of the location and the severity of the injured/trapped person.
* Do NOT reenter the building until it is declared safe by the fire department or other proper authority.

If trapped:

* Do NOT light a match.
* Move about as little as possible so as not to kick up dust.
* Cover your mouth and nose with a handkerchief or clothing to avoid breathing in dust.
* Tap on a pipe or wall so rescuers can locate you. Scream only as a last resort as screaming could result in the inhalation of dangerous amounts of dust.
* If the area you are in seems structurally unsound and it is possible to do so, move to a more structurally sound location.
* If it is necessary to open cabinets, open them cautiously.

In the event that the building suffers damage from an earthquake and operations cannot continue in a normal manner, follow the protocol for Operational Disturbance.

**INTRUDER/HOSTAGE TAKER**

In the event of an intruder/hostage taker:

* Always assume the intruder is armed.
* Take mental notes of the physical description of the intruder including, but not limited to, gender, height, weight, clothing, tattoos, piercings.
* Secure your area.
* Call 911.
* Notify your supervisor. The supervisor will consult with the program SVP and/or administrator/director to decide on what security procedures to follow.
* Allow the police to take over the situation when they arrive.
* Do NOT try to handle the situation yourself as this could result in serious injury to yourself or others.
* Remain in the secured area until instructed to take further action by the highest ranking supervisor and/or police officer.
* If an evacuation is necessary, follow the evacuation procedures.

In the event that the building suffers from an intruder/hostage taker and operations cannot continue in a normal manner, follow the protocol under Operational Disturbance.

**MISSING PERSON**

When it is discovered that a client/staff is missing:

* Make a thorough search of the location last seen and the immediate vicinity.
* If the individual is not located, contact family and support staff/coordinator to see if the whereabouts of the individual is known.
* Notify the program supervisor and provide them with the name of the individual, area last seen and the length of time missing.
* The supervisor will be responsible for initiating the formal search procedures for any person whose absence constitutes a danger to themselves or others.
* If the individual is found during the preliminary search it is the responsibility of the person finding the individual to ensure that the person is not injured or in need of assistance, return the person to the supervised area as appropriate and complete the required incident report/program notes.
* If the individual is not found during the preliminary search it is the responsibility of the supervisor to authorize the calling of 911 to begin a formal search. Once the police have been involved it is the responsibility of the administrator/director to make the decision to notify parent/guardian of the individual. Required incident reporting paperwork is to be completed.
* After the individual is found the incident needs to be investigated, identifying the cause of the individual’s disappearance and recommendations for actions to prevent future incident of a similar nature.

 **BOMB THREAT**

All employees responsible for answering phones should be familiar with the procedure for handling bomb threats. The procedure is:

* Stay calm.
* If possible record the message.
* If you cannot record the message take notes.
* Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
* Obtain as much information as possible:
	+ Keep the caller talking; ask questions or pretend to have difficulty hearing. o Establish whom they represent, timing and location of the bomb.
	+ Pay attention to background noise, such as running motors, music playing or anything else that could give a clue to the location of the caller.
	+ Listen closely to the voice of the caller, paying attention to details such as sex of the caller, quality of the voice (are they calm, excited, etc.), accents, and speech impediments.
* Call 911 immediately after the caller hangs up and report the incident.
* Alert a coworker to evacuate the building (while or prior to getting on the phone with 911). The building is to be evacuated by triggering the fire alarm and following evacuation protocols.
* Inform the administrator/director as soon as possible.

Written bomb threats are less likely, but should never be ignored. When a written bomb threat is received:

* The building is to be evacuated by triggering the fire alarm and following evacuation protocols.
* Protect the bomb threat note from further unnecessary handling in order to preserve fingerprints, handwriting, and postmark.
* Save materials associated with the note such as envelope or container.
* Place all the evidence into a box and cover with a lid.
* Bring the evidence box outside during the evacuation.
* Inform the administrator/director as soon as possible. The supervisor should be responsible for bringing the evidence box out of the building.

 **EXPLOSION**

In the event of an explosion:

* Call 911.
* Do NOT stop to investigate what happened.
* Immediately pull the fire alarm box.
* All staff and clients are to evacuate following the evacuation procedures set for the location.
* In the event that the building suffers damage from an explosion and operations cannot continue in a normal manner, follow the protocol under Operational Disturbance.

**TERRORISM**

In the event of terrorist threat follow the Homeland Security Advisory System recommendations for the current threat level.

* Be aware at all times of the level of Risk of Attack.
* Keep phone lines open for emergency communication, including cell phones.
* Listen to the radio to get local information and instructions.
* Maintain supplies to shelter-in-place.

In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would but putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.

Chemical and Biological Agents:

* All are lethal.
* Chemical Agents – Generally liquid and often aerosolized. Most have an immediate effect or delayed by a few hours. Many chemical agents have a unique color and odor.
* Biological Agents – Liquid or powder. It takes less than a day to several days for symptoms to appear (i.e., botulinum toxin takes less than a day; anthrax or plague takes 2-5 days). Biological agents often have no odor or color.

Warning signs of an attack include:

* Droplets or oily film on surfaces;
* Unusual dead or dying animals in area;
* Unusual liquid sprays or vapors;
* Unexplained odors;
* Unusual or unauthorized spraying in the area;
* Victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation or patterns of illness inconsistent with natural disease;
* Low-lying clouds or fog unrelated to weather; clouds of dust; suspended, possible colored particles;
* People dressed unusually (long sleeved shirts or overcoats in the summertime) or wearing breathing protection, particularly in areas where large numbers of people tend to congregate.

 In the event of a real or suspected airborne attack:

* Stay alert for warning signs as early detection enhances survival.
* Immediately notify the administrator/director who will assess the situation and order an evacuation if appropriate.
* Protect breathing airways by immediately covering the nose and mouth with a handkerchief, coat sleeve or any piece of cloth to provide some moderate means of protection. Advise clients, coworkers, and customers to do the same.
* Evacuate or quarantine the exposed area to avoid further exposure to chemical or biological agents.
* If possible move upwind or to a higher elevation from the source of attack.
* If evacuation from the immediate area is impossible move indoors (if outside) and upward to an interior room on a higher floor.
* Once inside follow shelter-in-place.
* If splashed with an agent immediately wash it off using copious amounts of warm, soapy water or a diluted 10:1 bleach solution.
* In the event that the building suffers from an anthrax threat and operations cannot continue in a normal manner, follow the protocol for Operational Disturbance.

Suspicious letter from unknown source:

* If you suspect that a letter/package contains a biological or chemical agent do NOT open it.
* If an opened letter is suspected of containing a toxin it should be handled carefully. Note if there was a puff of dust or particles from the envelope when opened.
* Quarantine the contents by immediately covering it with clothing, paper, trashcan, etc. Do NOT remove the cover.
* Keep others away from the powder/substance.
* Leave the room and close the door or section off the area to prevent others from entering.
* Thoroughly wash face, hands and any other exposed areas of your skin with warm, soapy water before calling for assistance. Anyone else who was exposed to the substance should follow the same steps.
* Report the suspicious letter/package to the administrator/director who will notify 911.

**RESCUE OPERATION**

If a rescue operation is necessary:

* Call 911.
* State your emergency and notify them of the need of a rescue, and they will send either the fire department or police department.
* Let these agencies handle the rescue. Do NOT attempt to rescue the individual as it could result in injury or death to both the person in need of rescue and the rescuer.

**NUCLEAR DISASTER**

In the event of a nuclear disaster:

* A steady siren will sound for 3-5 minutes.
* Upon hearing this siren tune into the Emergency Alert System (EAS) for instructions.
* In the event that a broadcast from EAS does not provide immediate instructions as to shelter-in-place or evacuation, staff and clients should proceed to the designated shelter-in-place.
* If EAS advises to evacuate, follow the instructions given on the EAS system.
* Follow the evacuation protocol for the department, gathering emergency supplies (i.e., KI Go-Kit, client medications) and taking them to the relocation site.
* If advised to shelter-in-place follow the department’s protocol for shelter-in-place, keeping the radio tuned to the EAS system. If you must go outside cover your mouth and nose with a folded, damp cloth and go back inside as soon as you can.

In the event of exposure to radiation:

* Immediately change clothes and shoes.
* Put exposed clothing in a plastic bag.
* Seal the bag and place it out of the way.
* Take a thorough shower.
* Follow the shelter-in-place procedure or evacuation procedure.

These directions include direct exposure to radiation or assisting someone who is suspected to have been exposed to radiation.

**Potassium Iodide (KI)**

* What it is - Potassium Iodide (KI) is an FDA approved drug to prevent the thyroid gland from absorbing radioactive iodine released during a nuclear disaster. It is distributed in 130mg tablets.
* What it does - KI saturates the thyroid gland with non-radioactive iodine to prevent the absorption of radioactive iodine by the thyroid gland. It is most effective if taken shortly before or shortly after exposure to radiation, but even if taken 3-4 hours after exposure it will still reduce the amount of radioactive iodine absorption. The protective effect of KI lasts 24 hours.
* When it should be administered – KI should be taken under recommendation of the Department of Public Health. If the Department of Public Health advises the administering of KI it will be broadcast over the Emergency Alert System.
* Providers of KI – KI is available to the populations living within the Emergency Planning Zone free of charge from the local Board of Health.
* Potential side effects of KI – Possible side effects when taking KI include upset stomach, rash and/or allergic reaction.
* Risks of taking KI – KI is safe for most people, but should not be taken by people who are allergic to iodide, have Graves’ Disease, have any other thyroid illness or take thyroid medication.
* Administration of KI – KI will only be given in the case of radioactive emergency, if recommended by public health officials or if a parent/guardian signs a consent form for a child.

**Potassium Iodide Informed Consent & Distribution**

* Depending upon the location of the program (i.e., NH Seacoast and Rochester, NY) any new resident or staff member must complete an Informed Consent Form for Potassium Iodide (KI) distribution.
* Ensuring that the Informed Consent Forms are completed is the responsibility of the program administrator/director.
* These forms are to be stored in the same location as the KI (i.e., KI Go-Kit).
* A list of individuals who are eligible to receive KI is to be kept and this list is to be updated quarterly.
* In the event of a nuclear emergency KI distribution must be checked against Informed Consent Forms to ensure accuracy of distribution.
* KI pills are to be distributed at the shelter-in-place location by trained staff.
* The individual must be properly identified before receiving the KI tablet.
* After the KI is administered the letter “K” will be marked on the back of the individual’s hand with a felt-tip marker.
* The staff administering the KI will record actions taken and events occurring which will include notification time, dose administered and adverse reactions.
* Any adverse reactions are to be reported to medical staff immediately or call 911.

**PANDEMIC**

Influenza is a highly infectious viral disease. An influenza pandemic is considered to be a highly probable event. Given the potential for rapid transmission there may be as little as 1 to 6 months warning before outbreaks begin in the United States. Further complications may include a shortage of vaccine and antiviral agents.

**Level 1 Plan – Standard influenzas**

* Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting and laundering items.
* Encourage flu vaccination for both employees and clients where appropriate.
* Practice proper hygiene by coughing or sneezing into a tissue or one’s elbow; and avoid touching the face, eyes, nose and mouth. Use antibacterial liquid, especially when proper hand washing is not possible.
* Maintain disaster supplies.

**Level 2 Plan – Influenza Pandemic confirmed** • Continue activities initiated in previous phase.

* Isolate and/or group clients with influenza.
* Refer to the most current Center for Disease Control (CDC) or Dept of Health and Human Services (DHHS) guidelines at <http://www.cdc.gove/flu/>and http://www.dhhs.nh.gov/DHHS/BCDCS/flu.htm
* Arrange coverage for staff shortages.

**Isolation and Quarantine**

Isolation and quarantine are optimally performed on a voluntary basis although different levels of government have the basic legal authority to compel mandatory isolation and quarantine to protect the public’s health.

Some of the community-based strategies to control the spread of disease that might be considered during a large scale outbreak of influenza are requiring fever screening before entry into schools, work-sites and public buildings, requiring face masks in certain settings, implementing widespread environmental disinfection strategies.

A variety of quarantine strategies that may affect employees and their ability to work are:

* Restrictions on mass transit;
* Restrictions on access routes;
* Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas;
* Consideration given to quarantine of contacts with high-risk exposures even in the absence of symptoms.

Types of quarantine include:

* Home – Most suitable for contacts that have a home environment in which their basic needs can be met.
* Work – Essential personnel who have been exposed to influenza cases and who may need to continue working (with the appropriate infection control precautions) but who are quarantined either at home or in a designated facility during off-duty hours.

**Isolation of Individuals with Influenza**

Limiting transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others with suspected or confirmed influenza. When a private room is not available or grouping is not possible and spatial separation of at least 3 feet should be maintained between the infected person and others. Doors may remain open.

Minimize the number of staff who has contact with infected clients by assigning all influenza clients to a small group of employees who have been vaccinated and/or are taking antiviral medications or prophylaxis (if medications are available and appropriate). Consider placing all clients with documented or suspected influenza in one designated unit.

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

**Agency Control Measures**

Agency control measures are designed to reduce the risk of influenza transmission by limiting the potential interactions while still maintaining essential programs. Priority will be the residential programs. These measures may include:

* Close all day programs, starting with the highest risk populations (elderly, preschool).
* Establish staffing levels at which a program can no longer safely operate.
* Reassign staff by a prioritized list (i.e. those who know the clients from other programs, those who are trained in de-escalation and physical restraint, those with medical training).
* Close “non-essential” functions.

**STAFF SHORTAGE**

**Call out**

* When a staff member knows they will not be able to come to work they must call their supervisor as soon as possible.

**Notification**

* As soon as a staff shortage is noticed or predicted the head of the department is to be notified.
* The head of the department that has the shortage will notify the program SVP of the staff shortage.
* The program SVP will notify the Chief Human Resources Officer of the staff shortage.
* Staff will be notified of the need for their services by a phone call. They will be notified by the head of the department.
* The head of the department will use a contact list for the department to call the needed staff.

**Coverage**

* Anyone with days off or vacation time may be called in (if available).
* Any staff members that can be spared will move into departments with staff shortages. **Preferably those trained for the position will take it over first.**
* In the event that the position requires trained or certified persons to do the job and none are available, the program will need to close.

**Working with Infectious Persons**

* If the staff member is going to be working with clients who are infectious:
	+ They must consent to do so;
	+ They must be vaccinated or immune to the pandemic condition; o Or they must take every other precaution to ward off sickness such as:
		- Wearing a face mask;
		- Washing hands often, using antibacterial liquid;
		- Maintaining as much distance between the infectious clients/staff as possible to perform the job.

**Returning to Work**

* An ill staff member may return to work only after being fever free for 24 hours without the use of fever reducers.

**CASUALTIES**

In the event of a deceased staff or client:

* Call 911. Follow their instructions.
* After following 911’s instructions, cover the deceased with a sheet or blanket and have a piece of paper listing the name, date of birth and approximate time of death. If 911 cannot be called, do the same.
* If 911 advises to move the deceased, place them in a restroom and cover with a sheet or blanket and have a piece of paper listing the name, date of birth and approximate time of death.

 **RECOVERY**

After an emergency the following procedures (if they apply to the situation) need to be followed to get the business back on track after the disaster:

* Follow the steps in the operational disturbance plan to get the business functioning temporarily.
* Once those steps have been followed:
	+ Once the building has been cleared to enter, check for any structural damage. o Take photos of the damage.
	+ Report any damage to the insurance company. It is the responsibility of the CFO to report to the insurance company.
	+ Check for down or damaged utilities and report these to the proper authorities.
* Make arrangements with the insurance company to complete any work that needs to be done on the building.
* The President will make the decision on when operations can be moved back into the facility.
* The Development department will create and release statements about the emergency/disaster to be released to the public informing them of what happened and what programs are still open.

 **EMERGENCY SUPPLIES**

**Water Supplies**

In an emergency having a supply of clean water is a top priority for drinking, food preparation and hygiene. Drink at least 2 quarts of water a day, 3-4 quarts if pregnant, sick or a child. If supplies run low never ration water. Drink what you need each day and look for other sources.

* Store at least one gallon per person per day.
* Store at least a three-day supply of water for each person.
* Store in a cool, dark place.
* Preferably store in store-bought, factory sealed water containers. Alternately, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized and rinsed, and if the water is from a tap it may need to be treated before being stored.
* Change stored water every 6 months.

Avoid using:

* Store bought water past the expiration or “use by” date on the container;
* Containers that can’t be sealed tightly;
* Containers that can break, such as glass bottles;
* Containers that have ever held any toxic substances;
* Plastic milk bottles and cartons as they are difficult to clean and break down over time.

If disaster happens without a stored supply of clean water, if any of the following are safe, use water in:

* Hot water tank;
* Pipes and faucets;
* Ice cubes;
* Rainwater;
* Bodies of water, streams, ponds, natural springs.

Do NOT drink:

* Flood water;
* Water with floating material, an odor or dark color;
* Saltwater (may only be used if distilled first).

**Food Supplies**

During and after disaster it is vital to have enough food to maintain strength. Store foods that are the same as those regularly eaten.

* Eat at least one well-balanced meal each day, more if an individual is doing physical labor. If activity is reduced, healthy people can survive on half the usual food intact for an extended period and without any food for many days.
* Foods that require no refrigeration, preparation or cooking are best.
* Include vitamin, mineral and protein supplements to ensure adequate nutrition.
* Store enough food for 2 weeks.
* Individuals with special diets and allergies will need particular attention, as will infants and toddlers, the ill and elderly.
* Have a manual can opener and disposable utensils.
* Food may be rationed safely, except for children and pregnant women.
* For emergency cooking a grill or camp stove can be used outdoors.
* Keep food in a dry, cool place, out of the sun if possible.
* Wrap perishable foods, such as cookies and crackers, in plastic bags and keep in sealed containers.
* Empty opened packages of sugar, dried fruits and nuts into screw-top jars or airtight cans to keep them fresh and unspoiled.
* Keep hands clean. If soap and water are not available use alcohol-based hand gels or wipes to clean hands.
* Inspect food for signs of spoilage before use. Throw out perishable foods, such as meat and poultry that have been left at room temperature for more than 2 hours.
* REPLACE STORED FOOD ON A REGULAR BASIS with fresh supplies, dated on container.
* Eat salt-free crackers, whole grain cereals and canned foods with high liquid content if water supplies are low.
* If there is a power outage, eat food in the refrigerator first, the freezer next and lastly from stored supplies. In a well-filled, well-insulated freezer, food will usually still have ice crystals in the centers (meaning foods are safe to eat) for at least 2 days.
* Avoid using:

o Canned goods that have become swollen dented or corroded; o Fatty, high-protein or salty foods if water supplies are low.

**Disaster Supplies Kit**

* Items for infants including formula, diapers, bottles, pacifiers, powdered milk, medications not requiring refrigeration;
* Items for seniors, people with disabilities and serious allergies including special foods, denture items, extra eye-glasses, hearing aid batteries, prescription and non-prescription medications that are regularly used, inhalers, and other essential equipment;
* Shelter-in-place items including duct tape, scissors, plastic sheeting, instructions on how to seal doors and windows;
* Kitchen accessories such as manual can opener, disposable cups, plates, utensils, utility knife, sugar and salt, aluminum foil and plastic wrap, re-sealable plastic bags;
* A portable, battery-powered radio or television and extra, fresh batteries;
* Several flashlights and extra, fresh batteries;
* A first aid kit;
* One complete change of clothing and footwear for each person including sturdy work shoes or boots, raingear and other items adjusted for the season, such as hats and gloves, thermal underwear, sunglasses, dust masks;
* Blankets and sleeping bag for each person;
* Sanitation and hygiene items, medications and any supplies regularly used such as toilet paper, towelettes, soap, hand sanitizer, liquid detergent, feminine supplies, plastic garbage bags, medium-sized plastic bucket with tight lid, disinfectant, household chlorine bleach;
* Other essential items such as paper, pencil, needles, thread, small A-B-C type fire extinguisher, medicine dropper, whistle, emergency preparedness manual;
* A map of the area marked with place you could go and the phone numbers of those places;
* An extra set of keys and IDs including keys for cars and copies of driver’s licenses, passports and work identification badges;
* Cash and copies of credit cards;
* Copies of medical prescriptions;
* Matches in waterproof container.

Pack the items in easy to carry containers (duffle bags, back packs, covered trash receptacles), label the containers clearly and store them where they would be easily accessible.