PC-SOP-GA-009-v01



**PERFORM** Centre

# **Standard Operating Procedure**

Emergency Response Procedures at the PERFORM Centre

# PC-SOP-GA-009-v01

#### **Revision History**

Version	Reason for Revision	Date
01	New SOP	December 21, 2012

## Summary

This SOP establishes general procedures for an emergency response at the PERFORM Centre. It provides guidelines for decision-making and response procedures for various scenarios: fire alarms and evacuations, power outages, minor medical emergencies, and major medical emergencies.



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## I. Definition of terms

Activities	Component of work or a function performed during the course of a project or program.
Area manager	Person responsible for all activities in a given area of PERFORM such as the athletic therapy clinic, clinical analysis laboratories, conditioning floor, etc.
After hours	After hours is defined as the period between 1800hrs to 0600hrs including all holidays.
Chief administrative officer (CAO)	Senior executive of PERFORM responsible for administrative aspects of the centre.
Collaborator	Someone who works with a user, project/program lead or principal investigator on a project or program at PERFORM.
During hours	For the purpose of this SOP normal hours of operation are defined as 0600hrs to 1800hrs Monday to Friday.
PERFORM employee	Concordia employee that has been assigned to PERFORM.
Principal investigator	Head researcher that is responsible for all aspects of a given research project or program at PERFORM.
User	Person using space or equipment at the PERFORM Centre that has received adequate technical and safety training.

## 2. Introduction

## 2.1. Background

The PERFORM Centre offers a variety of programs and activities, necessitating several kinds of emergency responses under different circumstances.

## 2.2. Purpose

This SOP covers the day-to-day administration and management of the PERFORM Centre in anticipation of an emergency or incident response. This document covers training and operational procedures for PERFORM employees and users in the event of several classes of emergency.

## 2.3. Scope

This SOP applies to all users and employees of PERFORM.



## 2.4. Responsibility

It is the responsibility of the area managers and/or administration managers to ensure that all users and PERFORM employees familiarize themselves with this SOP.

#### 2.5. Relevant documents

The PERFORM departmental preparedness plan is a document that PERFORM staff will use to prepare for emergencies and to prioritize resumption of operations after an emergency has been dealt with.

- VPS-20: Concordia University Security Policy
- VPS-42: Policy on Injury/Incident Reporting and Investigation
- VPS-49: Fire Safety and Prevention Policy
- VPS-45: Policy on First Aid and Medical Emergency
- VPS-50: Emergency Management Policy
- VPS-4: Policy on Hours of Operation
- VPS-6: Policy on Working Outside the Hours of Operation or in isolation
- PC-SOP-GA-007-v01: General Access to PERFORM Centre

NOTE: This SOP defers to Concordia Policies at all times

## 3. General conditions

In any event where you need to reach Security and a phone is not immediately accessible or functional; locate one of the yellow speaker boxes on the wall labeled "EMERGENCY". Pushing the sole button on this console will activate a call direct to Security's main dispatch desk and you can communicate with them over the speaker.

In the event of any emergency, the first point of contact should be Concordia Security central dispatch, reached either by dialing **ext. 3717**; or **514-848-3717** from external lines; or by activating the **yellow Emergency call wall boxes** situated throughout PERFORM. Security will then monitor and can liaise with **911** and emergency services.

## 3.1. Evacuation

During hours:

• Front desk person acts as CERT team leader, mobilizes to main panel next to arena entrance and is point of communication with Security and all other PERFORM CERT personnel;



- Manager operations (or manager of administration in the absence) relieves CERT team leader if necessary;
- Other designated CERT personnel for main floor direct floor monitors to clear personnel from main floor.

#### After hours:

- In the absence of CERT personnel, front desk person acts as CERT team leader with Security, floor monitor clears personnel from main floor (gym and change rooms), desk person co-ordinator assists floor monitor when possible;
- Security is responsible for evacuating main floor offices, all basement and all 2nd floor.

## 3.2. Readmission following evacuation

During hours:

- CERT team leader will report to Security that the conditioning floor is cleared of all users;
- Designated CERT personnel for each area inspect, and report all-clear back to CERT team leader before readmitting people to areas.

After hours:

- Security is responsible for sweeping building and giving the all-clear to return for ALL of PERFORM Centre (including conditioning floor participants);
- Desk person notifies PERFORM on-call person.

## 3.3. Non-evacuation emergency

During hours, anyone notifying of an emergency, contacts:

- 3717 dispatch, then;
- Operations manager (or manager of administration in the interim), who then acts as coordinator with Security, PERFORM area managers/delegates, Facilities, EH&S.

#### After hours:

- Desk person acts as coordinator to:
  - $\circ$  notify Security central dispatch at 3717;

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notify PERFORM on-call person;

• PERFORM's response plan then comes into action with on-call person coordinating with Security, PERFORM area managers/delegates, Facilities, EH&S.

## 4. Emergency scenarios

#### 4.1. Fire alarm and evacuation

Everyone has a role to play in preventing fires.

Precautions:

- Know the location of at least two emergency exits in your area;
- Know the location of emergency equipment (fire alarm pull stations, fire extinguishers, emergency telephones) and be ready to use them;
- Avoid using unsafe electrical appliances, frayed extension cords or overloaded outlets;
- Keep doors to stairways closed at all times;
- Keep stairways, hallways, passageways and exits (inside and outside) clear of obstruction;
- Do not accumulate combustible materials in any stairway, fire escape or other means of egress.

Procedure:

- Stay calm; do not rush or panic;
- Close and lock your windows and door;
- Gather your personal belongings: coat, purse, etc;
- When the fire alarm is activated, evacuate the building. Use stairs only. Do not use elevators or escalators;
- Report strange odors to Security;
- Once outside, move away from the building;
- Do not re-enter the building until instructed to do so by Security.

#### 4.2. Power outage

Power failures are usually short, lasting on average 20 minutes. In most cases, building occupants can remain in the building until power is restored.



NOTE: The PERFORM Centre is equipped with a generator which will be activated for essential needs only approximately 30 seconds after the power outage.

#### 4.2.1. In the event of a power outage

- Remain calm;
- Notify Security at 3717 or 514-848-3717;
- Remain at your workspace unless instructed to evacuate by Security/PERFORM Management/CERT member and/or Public Announcement system at PERFORM;
- Security/PERFORM Management and Environmental Health and Safety will evaluate the need to evacuate the building based on available emergency or natural light.

#### 4.2.2. If you are stranded in total darkness

- Remain calm;
- Do not attempt to leave on your own;
- Notify Security at 3717 or 514-848-3717;
- Security will arrive quickly to assist you.

#### 4.2.3. If you are stranded in total darkness and must evacuate

- Remain calm;
- If possible, notify Security at 3717 or 514-848-3717;
- Advise them of the situation and that you are evacuating.

#### 4.3. Minor medical emergency (non-life threatening)

In the case where a minor incident occurs, the following procedures should apply:

- Instruct victim to stop activity;
- Remain with victim until symptoms subside;
- If symptoms worsen, use basic first aid\*. Do not give anything to drink or eat;
- If symptoms do not subside, activate 3717 or as instructed by trained medical first responder.

\* At this time, if appropriate, have another person check with reception if a trained medical first responder is in the building. Have someone get this individual and return to you.



## 4.4. Major medical emergency (life-threatening)

Activate 3717 by calling Security immediately if a person is complaining of or suffering from:

- Sharp pain or pressure in the chest area, arm, jaw or middle of back;
- A sudden and intense headache;
- Problem breathing (not usual with exercise);
- A loss of consciousness (retrieve AED and First Aid kit from front desk area).

In the event of such a situation, once you have contacted Security:

- have another person check with reception if a trained medical first responder is in the building. Have someone get this individual and return to you;
- Provide victim appropriate first-aid (AED if appropriate);
- Do not give the victim anything to drink or eat.

## 5. Evacuation routes

As part of PERFORM orientation all users of PERFORM will read this SOP and familiarize themselves with emergency evacuation directions for each floor of the PERFORM building.

The floor plans below illustrate the possible evacuations routes to be taken in case of emergencies.

NOTE: If the Stinger dome is the source of emergency requiring the evacuation of PERFORM (e.g. fire), east emergency exits should not be used. Either the main entrance or the south west emergency exit should be targeted.



## 5.1. Basement Level



Gathering point at fence bordering Sherbrooke Street



## 5.2. Ground Level

Gathering point at fence bordering Sherbrooke Street



## 5.3. Second Floor



East-side

Gathering point at fence bordering Sherbrooke Street

## 6. Emergency response equipment

## 6.1. Automated external defibrillators (AED)

AEDs are readily available throughout the building in case medical emergencies require their use. CPR/AED certified staff are available at PERFORM to operate these units. However in the absence of trained personnel, in an emergency situation, non-certified staff can easily follow instructions given by the AED. All PERFORM users are expected to familiarize themselves with the location of AED in their areas.

## 6.2. Emergency evacuation chairs

Emergency evacuation chairs are available for anyone considered mobility impaired. Remain calm and wait for someone to help evacuate if you require assistance. If there is no immediate danger to avoid possible injury, a mobility impaired person should not be evacuated immediately.



#### 6.3. If it becomes necessary to evacuate

- Use an available Evac-chair;
- Evac-chairs should be used by no less than two rescuers;
- If more than one person needs to be evacuated with an Evac-chair through one location, other means could be used, such as a straight chair or the crossed-arms method;
- Evacuate to a safe location, ideally the next safe floor;
- Advise Security of your new location by using the yellow emergency call phone box;
- Be prepared Mobility impaired persons should, in anticipation of an emergency, team up with at least two co-workers or classmates who will accompany and assist with their evacuation during an emergency;
- Evac-chairs may be located at the top, bottom, or the middle of a stairwell.

## 7. Two-stage alarm system

PERFORM is equipped with a two-stage alarm system in case of emergencies and potential evacuation of the building. Security will initiate through the Fire Alarm Control Panel (FACP) either a single-stage continuous signal or a two-stage intermittent signal depending on the type of response needed for evacuation.

- A single-stage FACP is a continuous alarm. During a single stage alarm occupants are required to respond immediately and follow instructions to evacuate;
- During the alert or first-stage condition, occupants are required to listen to a message delivered by the Public Announcement system and prepare to leave the building;
- Listen to announcements/instructions. If the alarm or second-stage condition occurs, occupants are required to respond immediately and follow instructions to evacuate;
- In the event that a fire condition is neither cancelled nor confirmed, the FACP will automatically move to alarm condition after a pre-specified length of time (typically 3-5 minutes).

NOTE: White flashing strobe lights will be activated only if an evacuation has been initiated.



The following table contains information as to when a single-stage continuous signal FACP or a two-stage intermittent FACP alarm system is in place.

As of August 31, 2012			
Monday to Friday	7h00 to 23h00	2 agents	2 stage alarm
Saturday / Sunday	7h00 to 23h00	l agent	l stage alarm
<b>Monday to Sunday</b> (all year)	23h00 to 7h00	No agent	l stage alarm
Monday to Sunday (when University closed)	7h00 to 23h00	l or 2 agents	l stage alarm

# 8. Emergency response training of PERFORM employees

# 8.1. Cardiopulmonary resuscitation (CPR), first aid and automated external defibrillator (AED) certifications

Annually, a number of PERFORM Employees will be re-certified for CPR, first aid and AED. Therefore, if medical emergencies occur, these employees will be able to use the different techniques learned during their certification and possibly help on-site health professionals (i.e. physicians) if needed.

## 8.2. Concordia emergency response team (CERT)

PERFORM has staff that are trained as CERT members and each floor has a minimum of 2 members who will help users in the case of evacuation or other emergencies that may occur. The front desk person is the CERT team leader or the Manager, facilities and operations, whoever is the closest to the fire panel located in the Recreation and Athletics building. The CERT team leader liaises with the CERT members to ensure all users are evacuated and report to Security and be the point of contact between Security and PERFORM.

During after hours, when there is no CERT member, the front desk staff coordinates with Security in ensuring that the ground level in PERFORM is evacuated and will notify the on-call Manager who will then coordinate emergency response with Security.



## 9. Incident reporting

In case of an incident, the Concordia policy on injury/incident reporting and investigation should be followed. See VPS-42 Policy on Injury/Incident Reporting and Investigation.

## IO. DEPP

All Concordia University departments and units are required to complete a Department Emergency Preparedness Plan (DEPP) to ensure basic business continuity.

If an emergency were to require the deployment of PERFORM's DEPP, the management team at PERFORM will initiate the process.

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# **APPENDIX I**

# **Responding to an Emergency Template**



RESPONDING TO AN EMERGENCY			
Fire Alarm and Evacuation Recognize alarm type I stage* vs 2 stage	Power Outage	Minor Medical Emergency (non-life threatening)	Major Medical Emergency (life-threatening)
<ul> <li>When you hear an Alarm:</li> <li>1) Stay Calm</li> <li>2) Direct occupants of room to nearest emergency exits* (see diagrams for specific areas)</li> <li>3) Once outside proceed to gathering point at fence bordering Sherbrooke Street.</li> <li>During bad weather proceed to CJ Atrium building across Sherbrooke Street (see map).</li> <li>4) Await further instructions from Security/PERFORM Staff before re-entering building. Note that PERFORM staff must re-enter before all other individuals.</li> </ul>	The PERFORM Centre is equipped with a generator that will provide essential power in the event of a power outage. There is a 30 second delay before it begins operation. During the first 30 seconds please stay calm, when the lights come on and generator is in operation CALL SECURITY (3717) and indicate there is a power outage. Security will contact the PERFORM on-call staff member. Await further directions from the PERFORM on- call staff member who will contact PERFORM front desk staff. NOTE: Fitness equipment/rear elevator will not work on generator. Only lights will operate to provide a safe evacuation.	<ol> <li>Instruct victim to stop activity</li> <li>Remain with victim until symptoms subside.</li> <li>a) If symptoms worsen, use basic first aid*. Do not give anything to drink or eat</li> <li>If symptoms do not subside, activate 911 by calling security at 3717 or as instructed by trained medical first responder.</li> <li>* At this time, if appropriate, have another person check with reception (ext. 4037 or 4023) if a trained medical first responder is in the building. Have someone get this individual and return to you.</li> </ol>	If a person is complaining of or suffering from any of the following signs/symptoms: Sharp pain or pressure in the chest area, arm, jaw or middle of back. A sudden and intense headache Problem breathing (not usual with exercise) A loss of consciousness Activate 911 by calling Security (3717) immediately (retrieve closest AED and First Aid kit ) At this time, if appropriate, have another person check with reception (ext. 4037 or 4023) if a trained medical first responder is in the building. Have someone get this individual and return to you. NOTE: this should not override the need to activate 911 if required. Provide victim cpr/first-aid (AED if appropriate) Do not give the victim anything to drink or eat
<ul> <li>To activate 911 CONTACT SECURITY IMMEDIATELY (call 3717)         <ul> <li>Use one of the following options:</li> <li>I) Telephone land line and call 3717 OR locate a YELLOW emergency call box</li> <li>2) From a cell phone 514-848-3717 (IMPORTANT: IF YOU REQUIRE 911 TO GUIDE YOU AS YOU ADMINISTER CARE TO THE INDIVIDUAL, CALL SECURITY FROM A CELL PHONE OR A CORDLESS TELEPHONE LOCATED AT THE PERFORM FRONT DESK. SECURITY WILL CONNECT YOU TO A 911 AGENT)</li> <li>be prepared to give as much information about the emergency as you can</li> <li>Note: The security dispatcher will ask questions and/or connect you with 911. Do not hang up until you are told to do so. The dispatcher may also give you instructions.</li> </ul> </li> </ul>			

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# APPENDIX II

## **Emergency Service Vehicle Access to PERFORM**



Below is an illustration of where fire and ambulance vehicles will usually access the building. Concordia Security is responsible to direct emergency vehicles.





# APPENDIX III

# Injury (Accident) / Incident / Illness / Hazard Report



Environmental Health & Safety	njury (Accident) / Incide	nt/ Illness/	Hazard Rer	port
	Submit to: Environmental Via internal mail to GM-110			
FOR OFFICE USE: Ref. #:		_ <b>.</b> A . I	🗆 Р 🗆 Н	٥
cc. Supervisor:	Safety Office	er:	Union Rep.:	
H&S Committee:	EHS:	Ot	her:	
1. EVENT TYPE:				
🗆 Injury	🗆 Incident (no injury)	🗆 Illness		Hazard
Date of event (m/d/yy):	Time:		_□am □pm	
Brief description of event /	hazard :			
If any corrective measures	have been taken or are required, p	lease explain <u></u>		
2. VICTIM OR COMPL	AINANT INFORMATION:			
Family Name:	First Na	ne:		Age:
Home telephone:	Office te	elephone:		
Home address:				
No.	Street	Apt. #	City	Postal Code
Sex: 🗆 Female 🛛 Male				
ID # :				
Status: (At the time of eve	nt)			
□ Full-time Employee □ Part-time Employee □ Contract Employee	□ Undergraduate Student □ Graduate Student □ External Contractor □ Visitor			
Department:		_		
		_		
Union/Association (if appli	cable):			

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Campus:      GGW      LOY Building: Room Number: Room Number: Cation: (Please check one, if other specify):	3. EVENT LOCATION:		
Room Number:	Campus: 🗆 SGW 🗆 LOY		
Location: (Please check one, if other specify):   disoratory   dubtorium   dushroom   dushroom   dushroom   dubtorium   dushroom   dushroom   dubtorium   dushroom   dushroom	Building:		
office       □ dorway       □ roof         □ classroom       □ auditorium       □ washroom         □ laboratory       □ outdoors on campus       □ esting areas         □ orridor/hallway       □ construction site       □ residence         □ orridor/hallway       □ other: (specify)       □ other: (specify)         □ outdoors of Campus       □ other: (specify)       □ other: (specify)         □ outdoors of Campus       □ other: (specify)       □ other: (specify)         □ outdoors of Campus       □ other: (specify)       □ other: (specify)         □ outdoors of Campus       □ other: (specify)       □ other: (specify)         □ outdoors of Campus       □ other       □ other: (specify)         □ outdoors of Campus       □ other       □ other         □ outdoors of Campus       □ other       □ other         □ of Injury:	Room Number:		
classroom      uditor/um      washroom         laboratory      ouddors on campus      eating areas         corridor/hallway      stairs / elevator      bar         gym / field / ice rink      parking lot      other: (specify)	Location: (Please check one, if	other specify):	
Body part injured:	<ul> <li>classroom</li> <li>laboratory</li> <li>library</li> <li>corridor/hallway</li> <li>gym / field / ice rink</li> <li>loading dock</li> <li>boiler/mechanical room</li> <li>entire building</li> <li>4. <u>INJURY</u>: yes r</li> </ul>	<ul> <li>auditorium</li> <li>outdoors on campus</li> <li>construction site</li> <li>stairs / elevator</li> <li>parking lot</li> <li>outdoors off campus</li> <li>Facilities Management/ IITS shop</li> <li>academic workshop / studio</li> </ul>	□ washroom □ eating areas □ residence □ bar □ other: (specify)
Type of treatment :       None       First-aid on site       Health Services       Family Doctor       Clinic       Hospital         Treatment administered by:			
Treatment administered by:			
Transportation recommended:       no       yes       →If yes:       Ambulance       Taxi       Car         Transportation refused:       no       yes       →If yes, state reason:	Type of treatment : 🗌 None 🗌	] First-aid on site 🛛 Health Services	🗆 Family Doctor 🛛 Clinic 🗌 Hospital
Transportation refused:       □ no □ yes →If yes, state reason:         Employees only: Consequence of Injury (check one):         □ No First-Aid administrated, return to work         □ Saw a physician, return to work         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, return to work, light duty         □ Saw a physician, time loss         □ Refused medical treatment         If there was time loss from work, please indicate how long:         Signature:	Treatment administered by:		Date of treatment (m/d/yy):
Employees only: Consequence of Injury (check one):         No First-Aid administrated, return to work         First-Aid administrated, return to work         Saw a physician, return to work         Saw a physician, return to work, light duty         Saw a physician, return to work, light duty         Refused medical treatment         If there was time loss from work, please indicate how long:         Signature:         Date (m/d/y):         If the victim is unable to complete the Injury (Accident) / Incident / Illness / Hazard Report, the event should be reported by a witness or a supervisor.         Reported by:	Transportation recommended:	□ no □ yes →If yes: □ Ambulanc	e 🗆 Taxi 🗆 Car
No First-Aid administrated, return to work         First-Aid administrated, return to work         Saw a physician, return to work         Saw a physician, return to work, light duty         Saw a physician, time loss         Refused medical treatment         If there was time loss from work, please indicate how long:         Signature:         Date (m/d/y):         If the victim is unable to complete the Injury (Accident) / Incident / Illness / Hazard Report, the event should be reported by a witness or a supervisor.         Reported by:       Date(m/d/yy):	Transportation refused:	$\Box$ no $\Box$ yes $\rightarrow$ If yes, state reason	:
First-Aid administrated, return to work         Saw a physician, return to work,         Saw a physician, return to work, light duty         Saw a physician, time loss         Refused medical treatment         If there was time loss from work, please indicate how long:         Signature:	Employees only: Consequence of	of Injury (check one):	
If the victim is unable to complete the Injury (Accident) / Incident / Illness / Hazard Report, the event should be reported by a witness or a supervisor. Reported by:	<ul> <li>First-Aid administrated, return to work</li> <li>Saw a physician, return to work</li> <li>Saw a physician, return to work, light duty</li> <li>Saw a physician, time loss</li> <li>Refused medical treatment</li> </ul>		
	If the victim is unable to com	plete the Injury (Accident) / Incide	
	Reported by:		Date(m/d/vv):

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# APPENDIX IV

## **SOP Training Record Form**

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Printed copies are not controlled.

Appendix IV



## **SOP** Title

Emergency Response Procedures at the PERFORM Centre

## SOP Code

Ownership	Document type	Area	SOP Number	Version
PC	SOP	GA	009	01

## **Training Record**

Full Name	
Institution	
Contact (email or phone number)	

## Signature

Sign here and return to SOP custodian

Date