



<b>MANUAL:</b>	<b>Emergency</b>
<b>SECTION:</b>	<b>LOSS OF ESSENTIAL SERVICES</b>
<b>SUBJECT:</b>	<b>Loss of Hydro/Blackout</b>

## **POLICY**

It is the policy of Schlegel Villages to provide a safe environment for all residents, team members, family, and visitors. To that end, the Village will have a protocol in place and be prepared to deal with an incident of Loss of Hydro.

## **RESOURCES**

### **Generator**

Each Village has a Generator that can provide continuous power to some or all of the following equipment:

- Elevators
- Call Bells and Communication
- Fire Alarm
- Emergency Lighting
- HVAC Systems
- Kitchen and Laundry Equipment

### **Battery Back-Up**

Each Village also has Temporary Battery Back-Up that can provide power to some lighting and equipment for up to 3 hours.

### **Emergency Back Up Power Supplies**

Each Village should have an adequate supply of the following items at all times:

- Extension cords
- Flashlights and Batteries
- Battery Operated Radio and/or Cellular Phone

## **PROCEDURE – LOSS OF HYDRO WITH BACK UP POWER SUPPLY**

1. In the event of a Loss of Hydro with Back Up Power Supply, the charge/lead nurse will announce “Power Black Out” 3 times and reset the maglocks as needed.
2. The charge/lead nurse will notify a leadership team member on site or contact the leader on-call and notify them of the Loss of Hydro.



3. A member of the leadership team will call the Hydro Provider to determine the estimated time the Hydro will be out and communicate that to the charge/lead nurse.
4. In the case of an extended Loss of Hydro (more than 2 hours) the leadership team member will follow the Communication Plan Tab 01-02.
5. The charge/lead nurse or designate will ensure that adequate power blackout supplies are provided to each area. Note: Only designated electrical outlets work on generator power.
6. All resident rooms will be checked and all residents will be accounted for. Air mattresses, oxygen concentrators, electric beds will all need to be checked and ensure they are plugged into designated electrical outlets wherever possible and as needed. In the event that emergency power is not available, residents on air mattresses will be moved to chairs or regular mattresses.
7. Medication fridges will be checked hourly. If temperatures exceed 8°C, the fridge will be plugged into emergency power.
8. All fridge doors will be kept closed and temperature will be checked each hour. If temperatures have increased above 8°C, extension cords will connect the fridge to the designated emergency power receptacles. Any fridges that cannot be powered must be marked "Discard All Contents", and contents shall be discarded.
9. During Hot or Cold weather, all exterior doors and windows will be kept closed.
10. The director of environmental services or designate will ensure the generator is checked immediately and monitored regularly. The Fuel Supplier should be called and on stand-by. Fuel should be re-filled when the level reaches  $\frac{3}{4}$  to  $\frac{1}{2}$ .
11. The director of food services or designate will ensure that food services equipment is working, kitchen and serverly fridges are holding temperature, and make any necessary changes to food preparation, meals and delivery of meals.

## **PROCEDURE – TOTAL LOSS OF HYDRO WITH NO BACK UP POWER SUPPLY**

1. In the event of a Total Loss of Hydro with No Back Up Power Supply, the charge/lead nurse will designate a team member(s) to go to all areas to inform them of the Total Loss of Hydro.
2. The charge/lead nurse will notify a leadership team member on site or call the leader on-call and notify them of the Total Loss of Hydro.



3. A member of the leadership team will call the Hydro Provider to determine the estimated time the Hydro will be out and communicate that to the charge/lead nurse.
4. In the case of an extended Total Loss of Hydro (more than 3 hours) the leadership team member will follow the Communication Plan Tab 01-02
5. The charge/lead nurse will begin preparation for a Total Evacuation as per the Evacuation Policy.
6. All resident rooms will be checked and all residents should be accounted for and informed of the Total Loss of Hydro as well as the Total Evacuation when appropriate.
7. The director of environmental services or designate will call a service provider to restore the onsite generator to proper working condition and/or a generator rental service for a portable generator.
8. If Back Up Power or Hydro cannot be restored, then Total Evacuation will proceed as per Evacuation Policy.

#### **AFTER RESTORATION OF HYDRO**

1. The director of environmental services or designate will ensure that all Equipment and Building Systems are checked and operating normally. Contractor Services will be called as necessary to restore equipment to normal operation.

#### **TRAINING**

Loss of Hydro/Blackout Training will be provided on orientation for all team members. The leadership team will strive to achieve 100% team member attendance on annual refresher training for Loss of Hydro/Blackout Response. Refresher training may be in the form of education sessions, tabletop exercises, walk-through drills, functional drills, evacuation drills, or full-scale exercises.



## LOSS OF HYDRO/BLACKOUT DRILL

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Scenario Description:

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***Circle the appropriate answer***

Was a Power Blackout announcement made? Yes No

Did the Charge/Lead Nurse inform all areas of the Blackout? Yes No

Was the Leader on site or on-call notified? Yes No

Was the Hydro provider called? Yes No

Were adequate supplies available and distributed to each area? Yes No

Were all residents accounted for and rooms checked? Yes No

Was the Generator and fuel levels checked? Yes No

Was the Generator and Fuel service provider notified? Yes No

Names of Team Members who participated:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Comments/Recommendations:

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Charge/Lead Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_

Leader: \_\_\_\_\_ Signature: \_\_\_\_\_