

# Emergency Procedures Manual



Revised November 2014

2176 Prince of Wales Drive • Ottawa, Ontario • K2E 0A1

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## Table of Contents

Emergency Telephone Numbers / Contact Information	Page 3
In Case of Emergency	Page 4
Evacuation Procedures	Page 6
Evacuation Maps	Page 8
Direction for Service Leaders	Page 9
Fire Safety	Page 10
Fire Extinguishers & Fire Alarm Pull Maps	Page 12
Bomb Threats	Page 14
First Aid	Page 15
Acts of Violence	Page 19
Gas Leaks	Page 21

### Attachments:

- A: Ushers Manual
- B: MET Security Manual
- C: Accident/Incident Report Form

# Emergency Telephone Numbers

METROPOLITAN BIBLE CHURCH  
2176 Prince of Wales Drive, Ottawa ON K2E 0A1  
613-238-8182

Emergency Phone Numbers:

Fire  
Police  
Ambulance

# Dial 911

**Sound Board** to request an **Emergency Code** be displayed: **613-238-8182 ext. 268**

**Code 999** – All Police Officers and Security personnel in facility called to lobby

**Code 707** – First Aid Emergency – all available team members to lobby

**Code 333** – First Response Team called to lobby

**Telephones** are located at:

## *Ground Floor*

Welcome Centre  
Primary Children's Check-In Desk  
Children's Ministry Wing (Room # 152, 154, 156, 158, 160)  
Nursery Check-In Desk  
Sanctuary (at Sound Booth)  
Main Office  
Volunteer Central

## *Second Floor*

Youth Lounge  
Missions Kiosk  
Children's Ministry Supply Room (Room # 249)  
Prayer Room (Room # 259)

**First Aid Room:** Located on first floor inside main East Entry.

**Hospital Emergency Numbers:**

**Ottawa Hospital** • Civic Campus Emergency • 613-722-7000  
**Ottawa Hospital** • General Campus Emergency • 613-722-7000  
**Ottawa Hospital** • Riverside Campus Emergency • 613-722-7000  
**Queensway Carleton Emergency** • 613-721-2000

**Poison Information Centre:** 613-737-7600 ext. 3999

**Facility Manager**

Al Borschewski 613-238-8182 ext. 243 Cell # 613-858-0358

**Emergency Coordinator**

Anne McGregor  
613-238-8182 ext. 223 Cell # 613-297-6130

## IN CASE OF EMERGENCY

### 911 PROCEDURES

Dial 911 and provide the following exact information:

1. Nature of the emergency
2. Location: Metropolitan Bible Church  
Address: 2176 Prince of Wales Drive, Ottawa, Ontario K2E 0A1  
Phone #: 613-238-8182  
Room #
3. Do not hang up as additional information may be needed.

Some situations which indicate that emergency response is necessary:

- Life-threatening injuries from a fall, head trauma, severe burns, and uncontrollable bleeding.
- Persistent or sudden chest pain, breathing emergencies, anaphylaxis, severely altered level of consciousness, use of epi-pen
- Fire, bomb threats, gas leak, suspicious package.

*Is it an emergency?*

You should err on the side of caution.

### EMERGENCY PROCEDURES:

**A fire alarm** sounding will always be treated as a true emergency and evacuation will begin immediately (See Evacuation Procedures – Page 6)

#### **An Emergency during Sunday Services or between morning services:**

The Emergency Decisions Team will immediately meet at the Welcome Centre.

Purpose:

- \* to assist the immediate evacuation for a fire alarm
- \* to decide on a course of action for other forms of emergency

They will then pass instructions to the Frontline Leaders

Emergency Decisions Team Members: (wearing red caps, available at Welcome Centre)

- **The Emergency Coordinator**
- **Facility Manager**
- **Executive Pastor**

*Each should designate an alternate if he/she will not be at a service*

*Emergency Decisions Team Members will carry a cell phone and numbers will be made known to the team.*

#### **Frontline Leaders** (red caps)

Ushers Captains  
Security Lead  
Children's Rep

*Notes:* It is vital for the safety of the congregation that a full roster of trained personnel from each of these ministries be present for each service. The captain or lead from the first service must hand off to the incoming lead so there is no gap in responsibility.

First Aid Personnel,  
Parking Captain

**In the case of medical emergencies**, Staff, Security or Ushers should immediately contact First Aid personnel.  
Once First Aid is on the scene, they assume authority. Ushers and Security can provide assistance as directed by First Aid team personnel.

**In case of a fire alarm**, Frontline Leaders will attend their positions in facilitating the speedy and safe evacuation of the building

In other emergencies:  
Frontline Leaders will be contacted by pager or cell phone, and will receive instructions from the Emergency Decisions Team.

**Communication to the Congregation:**

Portable loudspeakers will be used to instruct the congregation. In case of fire alarm:

“We must evacuate the church. Go calmly to the nearest exit. Do not attempt to find other family members. All children are being taken out by their teachers. Do NOT move your vehicle. Our ushers are here to assist us – please cooperate with them.”

In the case of very cold weather, add: “You may get your coat if it is on the way to your exit. For the frail and elderly, blankets will be available at the exits.”

Repeat the message every 20 seconds.

The Administrator, or other staff member can assist evacuation by using the paging system through telephone’s

- Feature 60 > Page Choice: SETS > Enter Zone: ALL
- Clearly say: PLEASE EVACUATE BUILDING IMMEDIATELY (*no other information should be given*)

Once people are outside the building, frontline leaders will move around the periphery of the building, reminding people to stay well back from the building, not re-enter, and not to move their vehicles. Those with children will be directed to the **ERP** (Emergency Rendezvous Point) to get their children.

Parking Team Members will ensure people not move their cars.

**Emergencies apart from Sunday Services**

**In the case of a fire alarm**, emergency evacuation will take place immediately, facilitated by Security and the Ministry Leaders.

In the event of another form of emergency, the course of action will be determined by the Facility Manager if present, an Emergency Decisions Team member present, or a pastor.

Security and Ministry Leaders will carry out the necessary course of action.

## EVACUATION PROCEDURES

Situations requiring evacuation include fire, gas leaks, bomb threats and earthquakes. In the case of fire the alarm will be pulled. Fire alarms must be treated as **real** emergencies and building evacuation **must** occur. Never assume that the fire alarm you hear is just another fire drill or false alarm.

In all other situations (i.e. gas leaks, bomb threats, etc) the **Emergency Decisions Team** will determine the need for evacuation and will contact 911.

In the event of an evacuation it will be necessary for all teams to work together and coordinate efforts to ensure a speedy and safe evacuation of the building. The organizational flow is as follows:

1. The **Emergency Decisions Team** will notify **Frontline Leaders** (Ushers Captain, Security Lead, Children's rep, First Aid, Parking Captain) to begin evacuation.
2. People in Sanctuary follow the direction of the Ushers.
3. People in remainder of building follow the direction of MET Security personnel.
4. Any person(s) requiring medical / first aid treatment during an evacuation will be tended to by First Aid personnel. First Aid personnel can be reached via radio by Security. During evacuation, First Aid personnel will follow those evacuating the building, and will be prepared to respond to anyone in medical distress.
5. The Administrator or other staff member can assist evacuation by using the paging system through telephone's
  - Feature 60 > Page Choice: SETS > Enter Zone: ALL
  - Clearly say: PLEASE EVACUATE BUILDING IMMEDIATELY (*no other information should be given*) This page will go to the Children's wing.
6. MET Parking Marshall's along with Staff and Security personnel who have evacuated the building can provide directional assistance – guiding people a safe distance away from the building, towards the ERP, reminding them NOT to move their vehicles.

### **If evacuation is necessary:**

1. Shut down any electronic equipment you may be using.
2. Calmly proceed to the nearest exit – **in case of fire check doors for heat before opening.**
3. Follow instructions from Emergency Personnel, Staff, Security or Ushers.
4. **Written instructions** will appear on the television screens and sanctuary screens directing people to evacuate and proceed outside to the Emergency Rendezvous Point to collect their children. They will also be reminded NOT to move their vehicles in the parking lot. (Note: MET Parking Marshall will attend ERP and ensure that people are not moving their vehicles.)

# PLEASE EVACUATE

Proceed to  
Emergency Rendezvous Point  
**OUTSIDE** to collect children

**DO NOT** move vehicles

5. **Do not use elevator.** Security personnel (along with assistance from Ushers as needed) will carry any person(s) who are in wheelchairs from the second floor to the main floor.
6. Walk, **do not rush or crowd.** Use handrails in stairways. Assist people with disabilities.
7. In very cold weather, people may retrieve their coat if it is on the way to the nearest exit. Blankets will be offered at the exits for people needing them.
8. If people have children in the nursery or childrens programs, they should **not attempt to go to the classrooms or the nursery**; children will be evacuated by the Children's Ministry Staff and brought to the predetermined Emergency Rendezvous Point (ERP). **The ERP for Nursery / Preschool and Elementary is in the south/east parking lot, at the light standard marked with an "F" located closest to Deakin Drive** (a sign indicating ERP will be posted on the light standard). Parents should proceed to this point to collect their children after the Children's Ministry staff has evacuated them.
9. When babies and children are evacuated in cold temperatures, workers will wrap them in special blankets designed to protect them from the cold weather.
10. Move away from the building quickly – watch for falling glass or other hazards.
11. Stay back a safe distance, as instructed by Emergency or Security personnel and wait for further instruction.
12. **Never re-enter the building until notified by emergency personnel that it is safe to do so.**
13. There should be no movement of vehicles in the parking lot.

## Evacuating Disabled Persons:

Individuals who are non-ambulatory, special needs, hearing impaired, or visually impaired, who require special assistance during any evacuation should do so through the Ushers (for those located in the Sanctuary), or MET Security (for those located in all other locations of the building.)

For persons who are in wheelchairs and are located on the **second floor**, contact should be made with Security personnel (or Ushers in the Sanctuary) to arrange to be carried to the first floor, as the elevator will not be in use.

For evacuation routes, see evacuation map on following page.



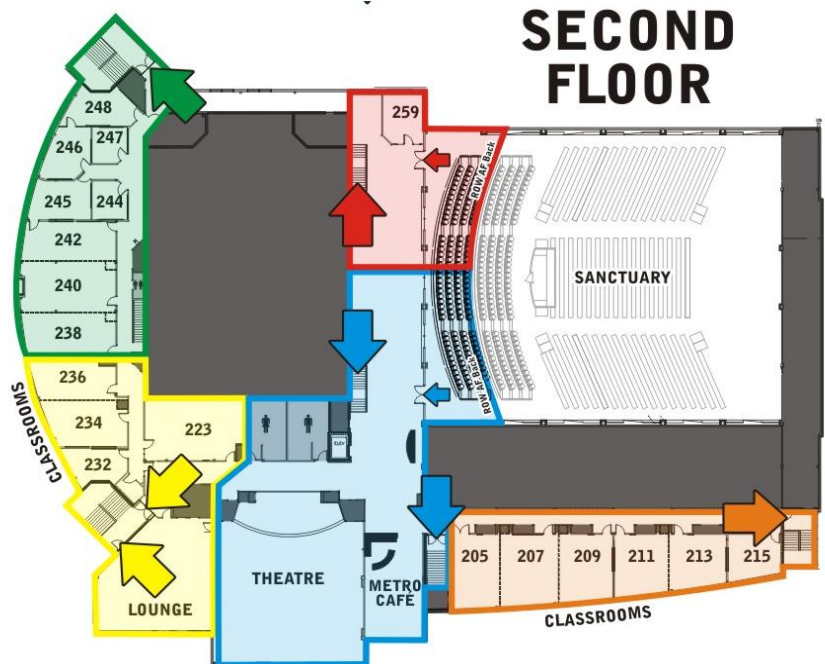
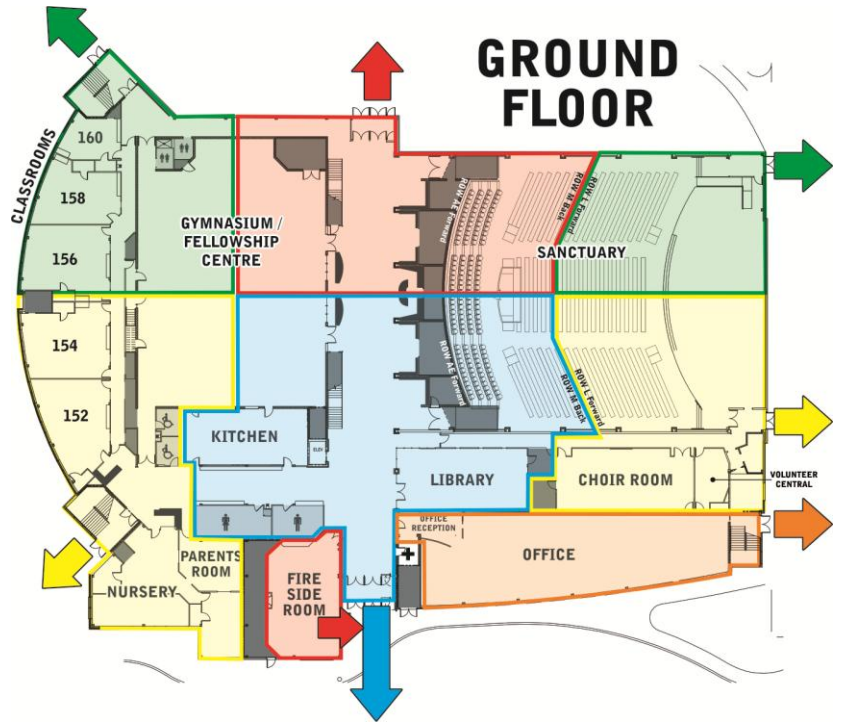
# Evacuation Map

D  
E  
A  
K  
I  
N  
  
D  
R  
I  
V  
E

**Emergency  
Rendezvous Point:**  
for  
Nursery / Preschool  
& Elementary

(F)

(F)



## **Direction for Service Leaders in the event of an Emergency in Sanctuary:**

### **Medical Crisis:**

No Alarm is Sounding: (using microphone)

“Please remain seated and be in prayer for those in crisis. Would the MET First Aid on duty **and** the Usher Captain attend to the situation.”

*If the platform needs to be cleared of people (choir, worship team) dismiss them.*

*Do NOT engage in excessive conversation with the congregation so that the attendants are able to converse easily.*

### **If Alarm is Sounding: (using megaphone)**

“We must evacuate the church. Go calmly to the nearest exit. Do not attempt to find other family members. All children are being taken out by their teachers. Do NOT move your vehicle. Our ushers are here to assist us – please cooperate with them.”

(repeat this every 20 seconds)

# Fire Safety

## If you see a fire:

1. Activate the fire alarm
2. Alert Staff / Security personnel (if onsite)
3. Move everyone away from the area of the fire, closing doors behind you.
4. Call 911 and report the location of the fire. (Although our alarm system does immediately connect us to 911 personnel, this is a good additional precaution).

## When a fire alarm is activated:

1. It **must** be treated as a real emergency.
2. Evacuate the building: see page 6. If you have children please proceed to the Emergency Rendezvous Point (ERP). (Light standard "F" in south east of main parking lot, Learn the location of the predetermined (ERP) *before* a fire occurs.)
3. Never open a closed door without checking it first for heat. If the door is hot, do not open it. If not hot, open it slowly, standing behind it to one side, and be prepared to shut it quickly if the fire is present.
4. Use the stairway, proceeding down to the ground floor, never up. Never use elevators if fire is suspected or fire alarm is sounding.

## If clothing catches on fire:

Yours:

STOP            where you are.  
DROP           to the floor.  
ROLL            around on the floor.

## Someone else:

Grab a blanket, rug or coat and wrap them to smother the flames.

## Fire Extinguishers:

Fire extinguishers should only be used by trained personnel, i.e. Ushers / Security.

Because fire extinguishers are specific to certain types of fires, **using the wrong extinguisher can cause a fire to spread**. The extinguisher class is located on the label on the side of the canister.

Class	Type of Fire
A	Ordinary Combustibles
B	Flammable liquids
C	Electrically Charged Equipment
D	Combustible Metals

### Proper use of Fire Extinguisher:

- P PULL safety pin from handle
- A AIM at base of flame
- S SQUEEZE the trigger handle
- S SWEEP from side to side

### If trapped in a room by fire:

1. **Block** smoke from entering by placing a damp cloth material around/under the door.
2. **Retreat**, closing as many doors as possible between yourself and the fire.
3. **Signal** your location, phone 911 and give the fire department your exact location; if this is not possible be prepared to signal from a window. Do not open the window or break the glass unless absolutely necessary as outside smoke may be drawn in.

### If caught in smoke:

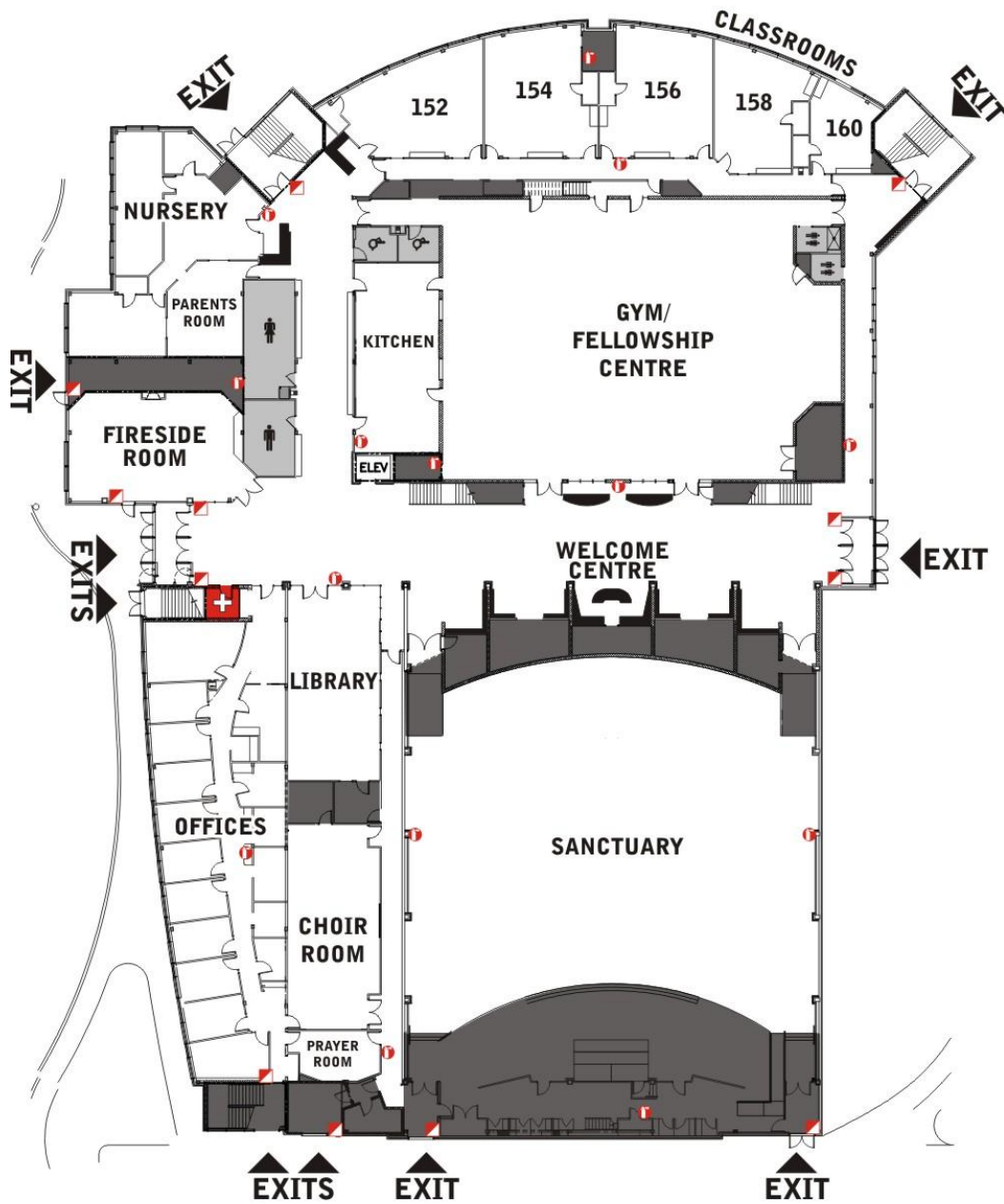
1. Drop to your knees and crawl.
2. Breathe shallowly through your nose, holding your breath as long as possible. Use a damp cloth over your mouth and nose to filter out smoke.
3. Stay calm.

If possible, know in advance how many doors you will have to pass along your evacuation route before you reach the nearest exit. In heavy smoke you can crawl or crouch low with head 30-36" from the floor (watching the base of the wall) and count the number of doors you pass-you will then know when you have reached the exit door (even if you can't see that it is the exit).

# Fire Extinguishers & Fire Alarm Pull Maps:

## GROUND FLOOR

IN CASE OF FIRE PULL ALARM AND CALL 911

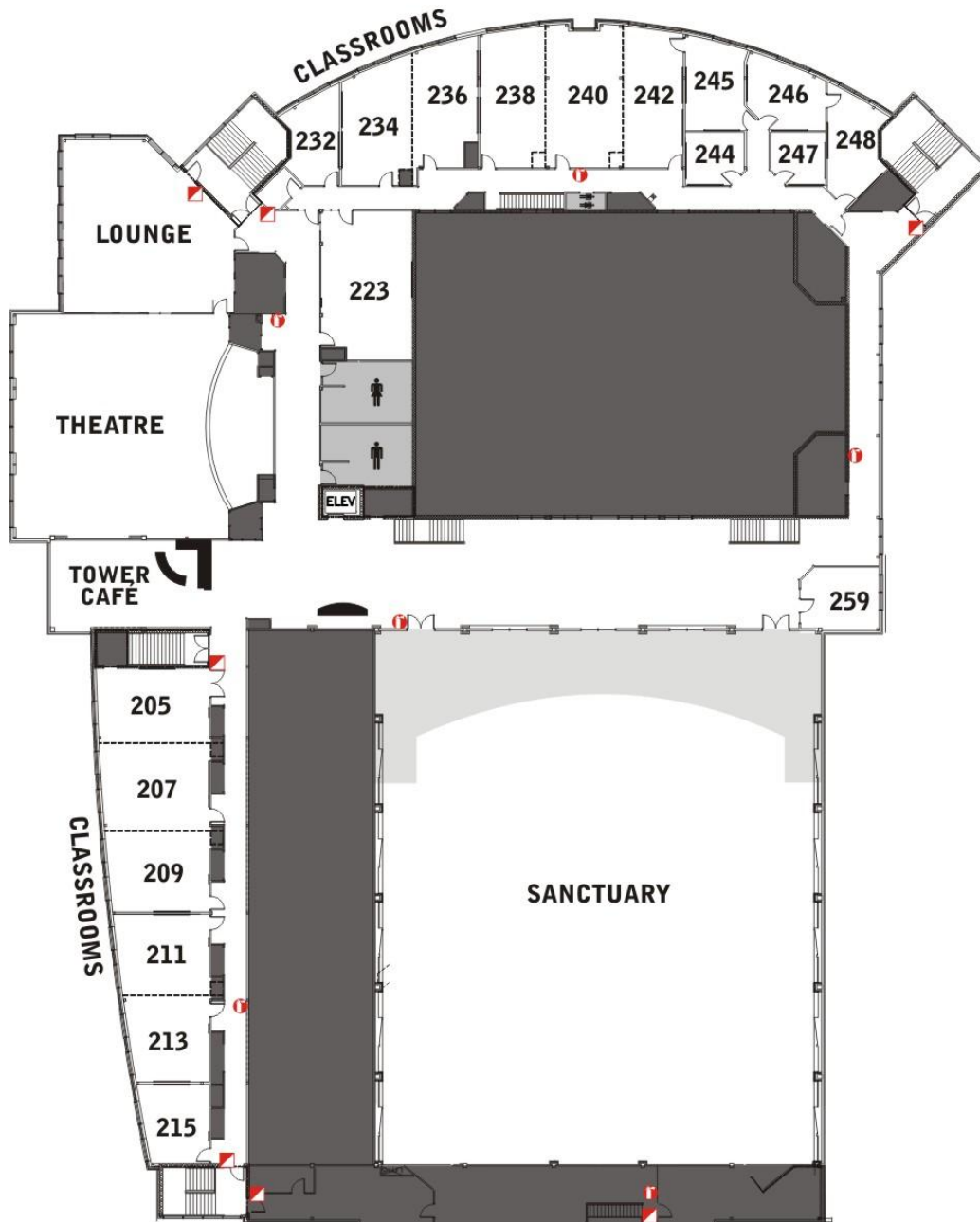


### LEGEND

-  PORTABLE FIRE EXTINGUISHER
-  FIRE ALARM PULL STATIONS
-  YOU ARE HERE

# SECOND FLOOR

## IN CASE OF FIRE PULL ALARM AND CALL 911



### LEGEND

-  PORTABLE FIRE EXTINGUISHER
-  FIRE ALARM PULL STATIONS
-  YOU ARE HERE

## Bomb Threats

Bomb threats can be received by **telephone, note, letter or email**. Persons who want to create an atmosphere of general anxiety or panic make most bomb threats. All such threats must be taken seriously and handled as though an explosive is in the building. If you receive a bomb threat contact the Police at 911 immediately.

**If you receive a bomb threat by telephone, follow these steps:**

1. **Stay calm.** Keep the caller on the line. Do not upset the caller. Indicate your willingness to cooperate.
2. **Ask a lot of questions.** Where is the bomb? When is it going to go off? What kind is it? What does it look like? Permit the caller to say as much as possible without interruption.
3. **Take notes** on everything said and on your observations about background noise, voice characteristics, language, etc.
4. **Call Police (911).** If possible get another person to do this while you stay on the line and continue talking to the caller. (The purpose of keeping the person talking is to assist in identifying the caller. Tracing is not always possible.)

Exact wording of bomb threat:

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---

Background Noises / Observations:

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---

Sex of Caller: \_\_\_\_\_ Accent Noted: \_\_\_\_\_

Length of call: \_\_\_\_\_

Date of call: \_\_\_\_\_ Time: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

*An explosion of any type must be reported immediately to the Fire Department (911).*

## First Aid Emergencies

If volunteer First Aid personnel are onsite they should be contacted immediately via Security or Staff. **Once First Aid personnel have arrived they assume authority.** Assistance can be given under their direction.

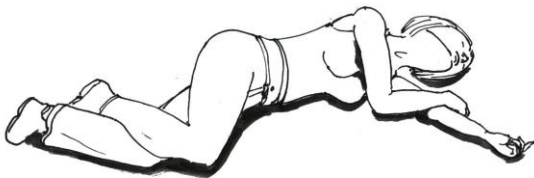
If First Aid personnel are not onsite, contact 911 - have someone stay with the victim while a second person meets emergency personnel and escorts them to the scene.

***Persons who are not properly trained in First Aid should not attempt to administer first aid treatment.***

**NOTE:** The following instruction serves as a guideline for First Aid personnel who have received proper training in technique. It is recommended that only persons who have received proper training conduct these procedures. Incorrectly administering treatment could result in further injury to the victim.

### Guidelines for First Aid personnel:

- Never place yourself in danger.
- Do not move the victim except in life-threatening situations.
- Do not leave the victim unattended. If you must leave to call for help, place the person in the recovery position (pictured below)



This position helps a semiconscious or unconscious person breathe and permits fluids to drain from the nose and throat so they are not breathed in. ***Do not use the recovery position if the person has a major injury, such as a back or neck injury***

- Universal precautions (e.g. wearing latex or other waterproof gloves) should be followed whenever contact with blood or body fluid is likely to occur. Latex gloves and artificial respiration mask should be kept in your local first aid kit.

*All injuries must be reported by First Aid personnel along with completion of appropriate documentation, for detailed instructions in specific medical emergencies, see below.*

### ABC's of CPR:

"A" is for airway: Make sure it is open and unobstructed.

"B": Check for breathing.

"C": Keep blood circulating throughout the body.

### Check the Airway

Check the victim's airway by placing one hand on his forehead and the other on the back of his neck, tipping the head slightly back so the chin is in the air and the airway is open. If there is a blockage in the airway, only scoop it out if there is no danger of pushing it down further.



Check for breathing by placing your ear by his nose and mouth. Look, listen and feel for breath at his nose and chest. If the person is not breathing, get ready to start rescue breathing. If the patient is not on a solid foundation you will need to move him to the ground or it will be nearly impossible to do chest compressions. If you have a mask to place on the victim's mouth, place it on at this time.

### **Rescue Breaths**

Pinch the person's nose closed with one hand. With your other hand, tip his head back and open his mouth, by placing your thumb on the chin and fingers on the jaw and tilting his head back. Make a seal on his mouth with your mouth and blow two breaths into his mouth. Each breath is about one second long. While you are breathing in his mouth, watch their chest to see that it rises gently with each breath. After the two breaths, start chest compressions.

### **Chest Compressions**

Chest compressions are needed to keep the blood circulating when the person has stopped breathing. When you are doing chest compressions, you are doing the work for the heart muscle and pumping the blood for the victim so that it will circulate to his brain. To do chest compressions, place the hands approximately two inches above the lower part of the sternum, the bone that covers the heart. Place one hand on top of the other and keep your elbows locked during compressions. Make sure each of your compressions are about 1 ½ to 2 inches deep.

Do 30 chest compressions, followed by 2 rescue breaths and then 30 more chest compressions. Continue this pattern until emergency help arrives or someone can take over.

### **CPR for Children**

To do CPR on a child, if you are alone, do 5 cycles of chest compressions and breaths before you call 911. Children are smaller and need oxygen and blood to their organs more quickly. Your mouth-to-mouth breathing should be gentler and you need only use one hand for chest compressions. Compressions need only be 1 to 1 ½ inches deep.

### **CPR for Infants**

Cover infants' mouth and nose with your mouth. Use small breaths, do 30 chest compressions followed by 2 breaths.

### **Choking:**

A. Ask "Can you speak?"

If victim can speak or cry out, airway is probably open enough to force out the obstructing object.

B. If victim can speak or cough:

1. Reassure and encourage coughing.
2. Do NOT hit on back.

C. If victim cannot speak or cough, but is conscious:

1. From behind, wrap your arms around victim's waist.
2. Make a fist with one hand and grasp it with your other hand; place hands just above victim's navel to avoid lower tip of the breastbone.
3. Give one quick upwards thrust.

4. Repeat upwards thrusts until airway is clear, or victim becomes unconscious.
- D. If victim becomes unconscious, refer to ABC's of Resuscitation (page 14).
- E. For infants and small children:
1. Place head lower than trunk and give 5 back blows.
  2. Supporting the head, turn the infant face up. Place two or three fingers on the breastbone in centre of chest. Give 5 chest thrusts.
  3. Check mouth for obstruction and remove if visible.
  4. Attempt to ventilate.
  5. Repeat steps 1 through 4 until successful.

### **Unconsciousness:**

- A. Check for unconsciousness
1. Shout at victim.
  2. Tap or gently shake shoulders.
  3. Call for 'Help'.
- B. If no response, check for breathing:
1. Look for chest movement.
  2. Listen for breathing.
  3. Feel for breath on your cheek.
- C. If victim is unconscious but breathing, place in recovery position:
1. If breathing is noisy (gurgling or snoring sounds).
  2. If victim starts to vomit, or is bleeding from the mouth.
  3. If you must briefly leave the victim.
- D. If victim is not breathing: use 'ABC's of Resuscitation' (page 14).
- E. If breathing is easy and injuries are suspected do not move victim; await ambulance.

### **Poisoning:**

In all cases:

1. Ensure no further danger.
2. If possible, identify poison and container.

For poisons in contact with skin or eyes:

- Flood area with cold running water for at least 15 minutes (flush eyes gently).
- Call 911. Follow '911 Procedures' (page 4).
- Remove contaminated clothing.
- Do not use chemical antidotes.

For swallowed household chemical poisons:

Conscious victim:

- Call the Poison Control Centre: 613-737-1100 or 800-267-1313.
- Give milk or water (for adult give 1 to 2 cups, for child give ½ to 1 cup).

- Only induce vomiting on the advice of Poison Control Centre or physician. If instructed to induce vomiting, use *Syrup of Ipecac* (available at pharmacies, no prescription required).
- To avoid inhalation of vomit, place victim's head lower than body.
- If poison is hydrocarbon or corrosive, DO NOT induce vomiting but DO give milk or water.

#### Unconscious victim:

- Call 911. Follow '911 Procedures' (page 4).
- Place victim in recovery position.
- Monitor the victim's breathing and start artificial respiration if necessary.

#### For inhaled poisons, such as exhaust fumes:

- Be sure that you do not become a victim.
- Remove source of fumes (i.e. turn off the engine).
- Move victim to fresh air.
- Call 911. Follow '911 Procedures' (page 4).  
If necessary start artificial respiration (see 'ABC's of Resuscitation', page 14.)

#### Heart Attack:

- A. The warning signals of a heart attack may include:
1. Feeling of heavy pressure or squeezing pain in chest, arms or jaws.
  2. Shortness of breath, pale skin, sweating and weakness.
  3. Nausea and vomiting.
  4. Abdominal discomfort with indigestion and belching.
  5. Apprehension or fright.
  6. Denial of impending heart attack.
- B. When you suspect a heart attack:
1. Help victim to rest, sitting or lying in most comfortable position.
  2. Assist victim to take the dose of medication prescribed for their condition (if applicable).
  3. Ensure prompt medical attention by calling 911 and reassure victim.
  4. Loosen collars, belts and other tight clothing.
  5. Keep patient quiet but avoid physical restraint.

#### Seizure:

Seizures may result from a variety of causes, including:

- Epilepsy, diabetes, hypoglycemia or stroke.
- Drug overdose or drug combination interactions.
- Alcohol intoxication or withdrawal.
- Smoke inhalation or inhalation of poisonous gases.
- Head injury, low oxygen levels or heart out of rhythm.
- Excess heat, high fevers or brain infection (e.g. meningitis).

#### In the case of a seizure:

- Call for help.
- Do not attempt to stop the seizure, you can't. A seizure may last from 20 seconds to 2 minutes.

- Remove hazards in the vicinity, clear objects out of the way so that the victim does not injure him/herself.
- Do not put anything in the victim's mouth.
- When the seizure is over, turn the victim on their side, provide a pillow for their head, and allow them to rest.
- Reassure the victim, as he/she may be confused.
- Call the Poison Control Centre: 613-737-1100
- Call ambulance if advised to do so by Poison Control Centre. Send container and contents with victim to the hospital.

## Acts of Violence

Sudden acts of violence in public places are becoming more commonplace in today's society. These aggressive acts may range from minor assault to the homicide of one or more individuals and may be committed by a known individual or a complete stranger. If you are witness to an act of violence, contact Security personnel immediately.

### CODE 999

In the event of a dangerous or aggressive intrusion, when the support or leadership of police officers would be of immediate help, Security, or any Emergency Team member or the Head Usher should immediately go to the sound board in the Sanctuary and ask that CODE 999 be put up on the screen. The sound board can also be reached by calling: This will alert all police officers and Security personnel in the building to immediately go to the foyer to address the emergency.

### WHAT IS AN ACT OF VIOLENCE?

Any act in which a person is abused, threatened, intimidated or assaulted and may include:

- Threatening behaviour – fist shaking, destroying property, throwing objects, etc.
- Verbal or written threats – any direct or indirect expression of intent to harm whether spoken or by phone, fax, email, etc.
- Harassment – any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying or other inappropriate activities.
- Verbal abuse – swearing, insults or condescending language, etc.
- Physical attack – hitting, shoving, pushing, kicking, etc.

Rumours, swearing, verbal abuse, pranks, arguments, property damage, vandalism, sabotage, pushing, theft, physical assaults, psychological trauma, anger-related incidents, rape, arson and murder are all examples of acts of violence.

Being prepared through good planning and training are key elements in minimizing the risk of an occurrence, as are knowing the warning signs (and profile of a typical aggressor).

### KNOW THE WARNING SIGNS:

- Direct or veiled threats of harm.

- Intimidating, belligerent, threatening, harassing, bullying or other inappropriate and aggressive behaviour.
- Numerous conflicts with supervisors, employees or students.
- Bringing a weapon, or brandishing a weapon or making inappropriate reference to guns or fascination with weapons.
- Statements showing fascination with incidents of violence, or use of violence to solve a problem.
- Statements of desperation over family, financial or personal problems to the point of contemplating suicide.
- Drug and / or alcohol abuse.
- Extreme changes in behaviour such as dishevelled or unkempt appearance. Each of these behaviours is a clear sign that something is wrong.

*None should be ignored.*

**In all cases of violence, if MET Security are onsite they should be contacted to deal with the situation. If Security is not onsite, MET Staff should be contacted.**

### **What to do when confronted:**

For an angry or hostile individual:

- Stay calm! Listen attentively.
- Maintain eye contact.
- Be courteous. Be patient.
- Keep the situation in your control.

For a person shouting, swearing and threatening:

- Signal to another person that you need help.
- Maintain eye contact.
- Stall for time.
- Keep talking – but follow instructions from the person who has the weapon.
- Don't risk harm to yourself or others.
- Never try to grab a weapon.
- Watch for a safe chance to escape to a safe area.

### **IF YOU FEEL THREATENED:**

- Trust your feelings.
- Put distance between yourself and the other person.
- Use assertive verbal language and strong body language.
- Get the attention of others – YELL!
- Use emergency phones if you are able.

### **IF YOU WITNESS A CRIME:**

- Call 911 then notify Security personnel or Staff.
- Do not place yourself in danger by attempting to apprehend or interfere with a suspect.
- Get a good description of the suspect. Note physical characteristics, clothing, direction and mode of travel.
- Note the licence plate number as well as the make and colour of any vehicle which may be involved.

## **Gas Leak**

**Do not pull fire alarm** – this could cause an explosion.

- Notify MET Staff (Al Borschewski, Facility Manager 613-858-0358).
- If evacuation is decided upon, evacuation procedures are to be followed. MET Security will assist with notifying Adult Education classrooms (Rooms 205-215). MET Staff will advise of evacuation through the telephone paging system; which will immediately notify: Welcome Centre, Primary Children's Check-In Desk, Children's Ministry Wing (Room 152, 154, 156, 158, 160), Nursery Check-In Desk, Sanctuary (at Sound Booth), Main Office, Prayer Room, Youth Lounge, Missions Kiosk, Children's Ministry Supply Room (Room 249), Volunteer Central (Room 259).
- If you are not able to contact MET Staff, then call 911 from a phone in an adjacent area.
- Shut down equipment. Know the location of nearest gas shut off valve.
- Evacuate building, closing doors as you leave.

**Call Enbridge Gas: 1-866-763-5427 (1-866-SMELGAS)**