






## SAF 7501 Emergency Response and Evacuation Plan

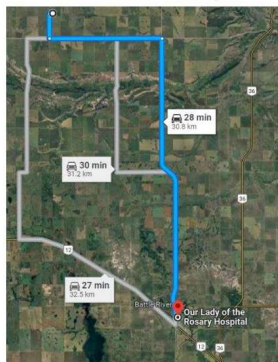
<b>Information</b>	
 Schipperheijn, Jason	
 23CIHALK01	
 Thursday, August 31st 2023, 1:40 PM (GMT +00:00)	
<b>General Information</b>	
Site Supervisor is:	 <b>Jason Schipperheijn</b>
<b>Site Information</b>	
Work Location/Name	= <b>Halkirk 2 Substation (Latitude 52.24100, Longitude -112. 0410)</b>
GPS Identification	
Address of Site	= <b>1.4 km South of Township 402, 215m East of Range Road 151</b>
<b>Emergency Response Contact Information</b>	
Police, Ambulance, Fire	= <b>911</b>
Poison Center	= <b>1-800-332-1414</b>
Workplace Health and Safety	= <b>1-866-415-8690</b>
Environment	= <b>1-800-222-6514</b>
Labor Relations	= <b>1-780-427-6868</b>
Spill Emergency Contact: Secure Energy 24 hour emergency line 1-877-518-4321	= <b>No Response</b>
Air Ambulance	= <b>TBD</b>
VIGILANT#	= <b>TBD</b>
<b>Communication System Checks</b>	
<b>Medical Facility / Services</b>	
Yes <input checked="" type="radio"/> <b>No</b> <input type="radio"/> NA Is there onsite Medical Assistance?	
If there is onsite Medical Assistance, identify the name and contact information here.	
 <b>N/A</b>	
Name of Nearest Hospital	= <b>Our Lady of the Rosary Hospital</b>

Address of Nearest Hospital	== 5402 47 St, Castor, AB
Distance to Hospital	== 28 minutes
Driving Time (One Way)	== 31 km
Primary First Aider	👤 No Response
Secondary First Aider	👤 No Response
Additional First Aider (if required)	👤 No Response
Location of First Aid Kit	== All Rising Edge Trucks and Trailers
Fire Extinguisher Location	== All Rising Edge Trucks and Trailers
Location of AED	== N/A

**SDS Location - Available on RESOURCE LIBRARY**

Upload photo of a map to hospital and driving directions

Halkirk 2 Directions to Hospital







Distance: 31 km

Travel time: 28 minutes

1. From the substation (Latitude 52.42100, Longitude -112.0419) proceed west on the substation access road to Range Road 151.
2. Turn left and proceed south on Range Road 151 for 1.8 km until you reach Township Road 400.
3. Turn left on Township Road 400 and travel east for 8.3 km.
4. Turn right onto AB-863 S for 20.4 km.
5. Turn left onto 55 Ave and travel 130 m.
6. 55 Ave turns right and becomes 47 St and travel 170 m.
7. Arrive at Our Lady of the Rosary Hospital 5402 47 St, Castor, AB.

**Project Specific Contact Information**

Rising Edge Site Supervisor	 Jason Schipperheijn
Phone Number	= 780-920-4041
Rising Edge Project Manager	 Aaron Andal
Phone Number	= 403-369-4095
Rising Edge HSE Advisor	 Ron Kaip
Phone Number	= 587-876-2445
Rising Edge Area Manager	 Dan Opris
Phone Number	= 780-934-7991

### EMERGENCY EVACUATION PLAN

**Evacuation Procedure Steps** 1. Evacuation will be signaled by 3 horn blasts (Each 3 seconds long) 2. All workers are to shut down equipment and calmly muster at the identified location 3. A head count will be conducted by the designated individual 4. If multiple head counts are required, totals from all parties will be given to the Person in Charge 5. If medical and/or emergency assistance is required, the designated person will imitate the call. 6. All workers will ensure their safety first before helping other workers 7. The Person In Charge shall determine if the site is safe to reoccupy following an evacuation 8. All permits are required to be re-issued following an evacuation

Draw a site map and include location of the MUSTER POINT

## ERP Worker Acknowledgment

### Resources

SAF 7502 Emergency Response Procedures



93682a0a-149d-46a9-873d-056abfdbc9f5

SAF 7503 Incident Reporting Guidelines



6cfb0f9b-3f54-4c1c-8d04-0b5ec13a9ab2

### Incident

#### Signatures


**Sean Moncrieff**, *HSE Manager*



August 31st 2023, 1:40 PM (GMT +00:00)



53.5527424, -113.1675648

		<b>Emergency Response Procedures</b> Version 21.3				Dept.ID	SAF	
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						File Loc.	4.2.3	
						Project #	0	
Client		Location	0	EQ ID	EPS	Rev	1   Date	12/04/2023

**FIRE**

**Small Controllable Fires:**

Only attempt to put out small fires if you are sure they can be controlled. If the fire gets out of control, leave the area immediately and initiate the site evacuation plan.

- **P**ull the pin of the extinguisher.
- **A**im the extinguisher at the fire's foundation.
- **S**queeze the handle to discharge the contents of the fire extinguisher.
- **S**weep the base of the fire until the flame is extinguished.
- Report the incident to RET project manager and RET safety manager.

**Major Fires**

- **STOP ALL WORK IMMEDIATELY !!**
- Leave the area and shout "FIRE, FIRE, FIRE" to warn other workers of the danger.
- Sound the evacuation signal (4 blasts of a horn) and proceed to the designated muster area.
- A head count will be taken by the designated person as per the ERP.
- Call 911 for the fire department.
- DO NOT put yourself at risk to help others. Ensure your safety first!
- The designated emergency response contact person will meet the fire department to bring them into the work area.
- Report the incident to RET project manager and RET safety manager.

**Serious Injuries as a Result of an Incident.**

- STOP all WORK in the area and freeze the scene as best as possible.
- First aider will administer first aid within their ability and training.
- **CALL 1-888-888-4567 STARS Emergency Communications Center** and refer to the site Vigilant number.
- Continue to provide first aid to injured worker.
- Have all non-essential personnel muster at the muster point for head count.
- Have the designated emergency personnel contact meet care providers at the gate to bring them to the injured worker.
- Report the incident to the RET safety manager ASAP.

**Fatalities**

- STOP all WORK in the area and freeze the scene as best as possible.
- First aider will administer first aid within their ability and training.
- **CALL 1-888-888-4567 STARS Emergency Communications Center** and refer to the site Vigilant number.
- Continue to provide first aid to injured worker.
- Have all non-essential personnel muster at the muster point for head count.
- Have the designated emergency personnel contact meet care providers at the gate to bring them to the injured worker.
- Report the incident to the RET safety manager ASAP.
- DO NOT talk or give statements to the media about the incident.
- DO NOT take pictures unless specific instruction is given by the RET safety manager.
- Co-operate with authorities and provide assistance where necessary.
- NO person is allowed to leave the work site without specific permission from the RET safety manager and project manager.



### **Severe Weather Events**

- **STOP** all **WORK** on the site.
- Initiate the site evacuation plan and muster at the identified location.
- Take shelter in the office trailer or company vehicles until weather conditions improve.
- IF weather conditions are increasing in severity, contact the RET project manager and RET safety manager evacuate the area to permanent structure such as the hotel.

### **Threat (bomb threat, public interaction, or death threat)**

**NOTE:** Never entice to escalate an argument with a member of the public. Be calm and walk away and report the conflict to the RET safety manager and RET project manager.

- **STOP** all **WORK** on the site.
- Initiate the site evacuation plan and muster at the identified location.
- Call 911 or Police.
- Call the RET project manager and RET safety manager for further instruction.
- In the event of a bomb threat, workers may be directed to leave the site and return to the hotel location.

### **Leak or Release of Poisonous or Explosive Gasses**

- **STOP ALL WORK IMMEDIATELY!!**
- Leave the work area and shout to other workers of the danger.
- DO NOT WALK DOWNWIND - walk cross wind.
- Initiate the site evacuation plan and muster at the identified location.
- DO NOT RUN - walk quickly.
- DO NOT start any trucks or equipment that is not already running.
- Call 911 or fire department.
- Have the designated emergency personnel contact meet emergency personal at the gate.
- Report the incident to the RET project manager and RET safety manager.

### **Major Spill of Hazardous Material**

- BEFORE using or being exposed to any hazardous material, consult, and understand the MSDS.
- STOP all WORK in the area and cordon off the spill area (if safe to do so).
- Initiate site evacuation plan and all non-essential personal to muster at the identified area.
- Don appropriate PPE based on the MSDS sheet.
- Deploy spill kits and contain the spill as best as possible.
- Report the incident to the RET project manager and RET safety manager.



**STARS**® Site Number \_\_\_\_\_  
 Location \_\_\_\_\_

## Remote Site Landing Zone Reference Card

In the event of a **SITE EMERGENCY**  
**PHONE the STARS Emergency Link Centre®**

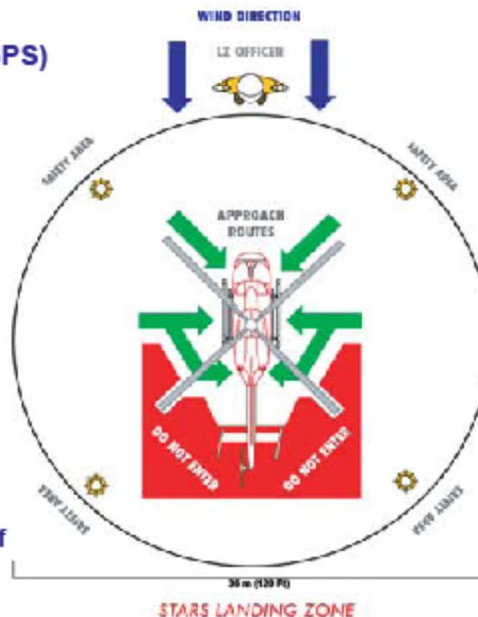
**TOLL FREE** OR **DIRECT**  
**1-888-888-4567** OR **403-299-0932**

### BE PREPARED WITH THE FOLLOWING INFORMATION

1. STARS Site Number
2. Location of site (Legal Land Description or GPS)
3. Contact phone number at the site
4. Known hazards on-site
5. If applicable, is there a monitor on-site confirming the presence of H<sub>2</sub>S

### SAFETY GUIDELINES

- the landing zone should be on level ground, (less than 5% slope) at least 36 x 36 metres (120 x 120 ft) and more, if possible, to include a safety zone
- check for loose debris in landing zone  
**THIS IS OF VITAL IMPORTANCE**
- ensure no one approaches the helicopter  
 STARS crew will approach you when safe to do so
- everyone should be at least 30 metres from landing zone during landing and takeoff, due to possibility of injury from loose debris caused by rotor downwash
- movement around aircraft is to be in safe areas only
- if necessary, provide road blocks approximately 500 metres on either side of the landing zone



### PRE-LANDING CHECKLIST

The STARS Emergency Link Centre will require the following information from the site:

**TERRAIN**  
 level or sloping  
 type of surface  
 dust, loose snow,  
 rocks, bushes,  
 stumps, etc.

**LANDING ZONE MARKINGS**  
 4 turbo flares  
 4 road flares / strobes  
 4 reflective flares  
 4 highway cones (days only)  
 extra strobes/flares/cones  
 on upwind side

**HAZARDS**  
 signs  
 vehicles  
 trees  
 equipment  
 wires

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# EMERGENCY FIRST AID CHART

This First Aid Chart is not intended to take the place of qualified help in the event of an emergency. In any emergency, always seek medical advice and assistance when you think it is needed. It is also recommended that you take a certified CPR and first aid course.

## ANIMAL BITE

Flush the wound area with water and then wash with soap and water for at least five minutes. Cover with a clean dressing or cloth. Immediately seek care at a hospital or physician.

## BLACK EYE

As soon as possible following the injury, dip a cloth in ice water and hold next to the area for at least 10 minutes. A "black eye" is essentially a bruise around the eye that will cause pain and swelling and gradually fade in time. If the bruise does not fade or if there is a change in vision, consult a physician.

## CUTS

**Minor** - Wash wound area with soap and water, not alcohol; cover with a sterile gauze bandage.

**Major** - If blood appears to be gushing or spurting, follow these instructions and call for help. Take a clean cloth or towel and press hard on the cut for 10 minutes. Do not remove pressure to see if it's working. If possible, raise the cut above the level of the chest. After 10 minutes, if the bleeding has stopped, cover the cut with a bandage. If the bleeding hasn't stopped, try pressing harder for five more minutes and seek medical help.

## BURNS

**Minor** - Immediately cool the burn area by putting it under cool running water or in a sink filled with cool water for at least five minutes or until the pain subsides. Never apply butter, grease or ointment. Don't open blisters or remove dead skin. Cover with gauze. If blisters break, apply a clean dressing. If the burn is on the face, covers an area bigger than your hand or if it blisters, call the doctor or emergency number.

**Severe** - Have victim lie down and cover him or her. Never remove clothing or clean the burns. Call for emergency help.

**Chemical** - Quickly flush area with water for five minutes, cover with gauze and call for emergency help.

## CHOKING

If the person is choking and unable to talk or breathe, get behind the person and wrap your arms around the waist. Make a fist, grasp fist with other hand. Place fist against the stomach just above the navel but well below the lower tip of the breastbone. Pull fist upward into the stomach with a quick upward thrust. Repeat up to four times. If choking continues, seek medical help. If the victim becomes unconscious, lay him or her down, roll to side, pull the tongue and jaw forward and with your index finger, dislodge any visible matter. Perform mouth-to-mouth resuscitation and/or CPR.

## CONVULSION/SEIZURE

Gently prevent person from hurting him or herself on nearby objects. Loosen clothing after jerking subsides. Have person lie down. Help keep the airway open. Turn head to the side in case of vomiting to prevent choking on inhaled vomitus. If breathing stops, administer mouth-to-mouth resuscitation or CPR. After seizure, allow patient to rest. Seek medical attention.

## ELECTRIC SHOCK

Turn off electricity if possible. If not possible, pull victim from the electrical contact with a dry rope, wooden pole or cloth. Do not touch victim until contact with electric current is broken. Administer CPR. Call for emergency help.

## EYE INJURIES

**Chemicals** - Have person turn head so injured side is down. Flood eye with water for at least 15 minutes. Cover eye with clean cloth and seek professional help.

**Foreign particle** - Do not rub the eye, that may cause deeper injury. Try to locate the object; if it is in the pupil, or seems embedded in the white of the eye, go immediately to the emergency room. If the object is floating in the liquid surface, you can try to remove it. Hold the lower lid open, look up, and using the edge of a clean cloth, brush the matter quickly off the eye's surface. If you can't see an

object, pull the upper lid down and over the lower lid and let it slide back up. This may dislodge the particle. If pain and tearing persist, seek medical help.

## FAINTING

Lay patient on his or her back and raise both legs above the heart. Check airway to be certain it is clear. Loosen tight clothing and apply cold cloths to the face. If fainting lasts more than a minute or two, keep patient covered and seek medical help.

## FALLS

Stop any bleeding and cover wounds with clean dressings. Keep victim comfortably warm to prevent shock. If you suspect broken bones, do not move person unless absolutely necessary (such as in case of fire). Call for emergency help.

## FISHHOOKS

Fishhook injuries carry a high risk of infection, so if you can reach a physician, do so. If you are far from medical help, push the hook farther through the tissue until it goes through the skin. Don't pull it out; the barb will cause further injury. Using wire cutters, cut off the barb, and then pull the hook back through the skin. Clean and bandage the wound and seek medical attention as soon as possible.

## FRACTURES/BREAKS

Stop any bleeding and cover wound with clean dressing. If it is a simple fracture, set it in a splint (wood, corrugated cardboard, rolled-up blanket, pillow, etc.) supported with cloth or rope ties. Do not move patient if back or neck injury is suspected. Keep person warm and treat for shock (see next column). Call for emergency help.

## FROSTBITE

**Signs and symptoms:** The skin of hands, feet, face or other areas first becomes red, then turns gray or white. Never rub frostbitten area with snow, that will only continue the chilling of the tissue and cause further damage. A gradual warming, by immersing the area in water that is slightly warmer than body, is

safe for slight frostbite. Elevate the affected area, cover with dry and warm garments and consider pain relievers if there is slight pain. Keep frostbitten toes or fingers separate with clean, dry cloths. Hospitalization is necessary for children whose body temperatures drop below 93°F and for adults who have severe frostbite. Don't sit in front of an oven or fire to warm the frostbitten area; unequal exposure to the heat could burn the tissue. Don't massage the damaged area or rub with snow. Do not break blisters or give alcoholic drinks. Contact your physician or emergency room immediately.

## HEAD INJURY/CONCUSSION

Usual symptoms of simple concussion include headache, slight dizziness, queasy stomach or vomiting. These usually require an ice pack to the head and rest. Observe for any severe symptoms such as unusual drowsiness, unequal pupils, persistent vomiting, confusion and lack of coordination. If one or more of these conditions are present, immediately seek medical care.

## INSECT BITES AND STINGS

**Bee or wasp sting** - Try to remove stinger by gently scraping with a clean knife blade. Cleanse with soap and water and apply an ice compress to reduce swelling. If person has an allergic reaction (will happen within 30 minutes), hives, itching all over, wheezing, vomiting or a history of allergic reaction, follow directions on bee sting kit, if available. Call for emergency help.

**Tick bite** - Cover the insect's body with a heavy oil or lighter fluid and allow to remain for about 20 minutes. Carefully remove with tweezers, being sure to remove all parts of the insect. Scrub area with soap and water.

**Itchy bites** - Use hydrocortisone cream, calamine lotion or rubbing alcohol.

## NOSEBLEED

Have person sit down and lean forward. Pinch nose and have person breathe through the mouth. Or pack bleeding nostril(s) with gauze and pinch. If bleeding persists, call a doctor.

## POISONING

Don't force to vomit immediately. Call poison control. Tell them what substance and how much was swallowed. Take the bottle or package to the phone when you call. Directions on the container may not be up to date. Always follow the instructions given by the poison control center. Do not give the patient fluids or cause to vomit if unconscious or in convulsions. Call for emergency help.

## SHOCK

Have person lie down, loosen clothing and cover to prevent loss of body heat. Be cautious not to overheat. Check pulse rate and seek professional help.

## SPLINTERS

Tweezers remove most splinters easily, but a physician should remove deeply embedded splinters. If the length of the splinter is visible under the skin, use a sterilized needle to slit the skin over the splinter and pull out the splinter with the tweezers. Clean the wound.

## SPRAINS & STRAINS

Elevate the injured joint to a comfortable position. Apply an ice bag or a cold compress over the sprain to reduce pain and swelling. Ability to move does not rule out fracture. Person should not bear weight on a sprain. Sprains that continue to swell should be examined by a physician.


## UNCONSCIOUSNESS

When person cannot be aroused, lay in a flat position and make sure the victim's airway is clear. Check pulse rate. If no pulse is felt, begin administering CPR. Keep the person comfortable and warm. Never give an unconscious person food or liquid. If vomiting occurs, turn head to the side to prevent choking on inhaled vomitus. Call for medical help.

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		<b>Incident Reporting Guidelines</b> Version 21.3				Dept.ID	SAF	
						Doc ID	7503	
						File Loc.	4.2.3	
						Project #	0	
Client		Location		EQ ID	IRG	Rev	1   Date	12/04/2023

## Incident Reporting Guidelines

Types of Incidents that **must** be reported:

Property damage	Equipment damage	Security breaches/ Threats	injury's (no matter how minor)
Unplanned outages	Vehicle damage	Collisions	Spills
Gas Releases	Near Misses	Government Stop Work Orders	Regulatory Notification (see explanation below)

Regulatory notification is required to the Government of Alberta if an incident:

- (a) result in a death;
- (b) cause a worker to be admitted to hospital for more than two days;
- (c) involve an unplanned or uncontrolled explosion, fire or flood that causes or has the potential to cause a serious injury;
- (d) involve the collapse or upset of a crane, derrick or hoist; or
- (e) involve the collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.

**NOTE: If any incident meets the above criteria, ONLY the Safety Manager for Rising Edge Technologies will report to the Government of Alberta OH&S department.**

Clients of Rising Edge Technologies must be verbally notified within **2 hours** of an incident occurring on a work site.

In the event of an Incident, the following Reporting Protocol will be followed:

Reporting sequence to be followed	Time line	Type of report
1. Inform your direct supervisor / Person in Charge of the incident or near miss immediately after the event has taken place	Immediately (within 10 min)	Verbal
2. The Person in Charge will then contact the Safety Manager of Rising Edge Technologies.	Immediately (within 10 min)	Verbal
3. The RET Safety Manager will then inform the Rising Edge Project Manager	Directly after being informed of the event (within 10 min)	Verbal
4. The RET Project Manager will notify the Client Project Manager	Directly after being informed of the event (within 10 min)	Verbal
5. An incident report will then be generated by the Safety Manager based on field investigation and issued to the client. Note: Only the safety manager will issue written reports to the client.	Within 24 hours of the event.	Written

## Incident Reporting Guidelines

The RET site job lead will generate an initial incident report and gather evidence relating to the incident. This information will be sent to the Safety Manager for Rising Edge Technologies directly following their verbal notification.

Information to be sent to the safety manager from the site job lead within **6 hours**, is as follows:

- Initial incident report (located on the site safety disc)
- Witness statements from the workers involved in the incident
- Photos of the incident seen; damaged equipment, damaged property, etc. (Pictures should be taken from different points of view both close a from a distance)
- The task hazard assessment used for that work
- The Safe Work Plan/ JSA used for that work
- The daily toolbox meeting from the day of the incident.

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