

A Nurses Touch Residential Care



Safety First! Handout

Below are simple safety instructions. Keep these instructions handy so you may refer to them in preparation for an emergency.

FIRE PREVENTION:

A Nurses Touch Residential Care was built with the highest standards for fire safety in mind. Smoke detectors and sprinklers are located throughout, and the St. Louis City Fire Department is connected directly to our alarms and will respond whenever an alarm is activated. Fire extinguishers are located throughout the building and stairwells are equipped as Areas of Rescue.

A Nurses Touch Residential Care Staff may, from time to time, inspect your Apartment for safety reasons, which may include inspecting appliances for possible unsafe conditions. For your own safety and that of others, the following fire prevention rules are in effect and must be followed carefully:

IF YOU DISCOVER A FIRE, OR YOU SEE SMOKE

Report the fire or smoke! Activate the fire alarm using the red fire alarm box located near any exit door on each floor and immediately leave the area through the clearly marked fire doors.

If You Hear The Fire Alarms

Unless the fire or smoke is in your immediate area when the alarm is sounded, you should remain in your room. You will hear instructions through the small white speaker box located above the door of your Apartment. Alarms will sound one floor below the fire emergency and two floors above the fire emergency. **DO NOT** leave your Apartment “to find out what is happening”. If evacuation is required, you will be instructed by an Employee or member of the Fire Department.

Also, please make yourself familiar with the AREAS OF RESCUE, located inside stairwells and marked by white signs with blue print. Should you use an Area of Rescue, close the door behind you and immediately push the red button located just inside the stairwell. This alerts the St. Louis City Fire Department to your location for rescue.

WEATHER EMERGENCY:

If you hear the sirens go off, stay away from the windows in your apartment. Your bathroom is the safest room in case of a tornado or severe thunderstorm activity.

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FYI: A Nurses Touch Residential Care tests the sirens on _____ day of the _____.

When conditions are favorable the National Weather Service will issue the following notices:

SEVERE WEATHER WATCH:

Conditions are conducive to severe thunderstorms in and close to your area.

SEVERE WEATHER WARNING:

A severe thunderstorm has actually been observed by spotters or indicated on radar, and is occurring or imminent in the warning area. Take action immediately.

TORNADO WATCH:

Conditions are conducive to tornadoes in and close to the watch area. Tornadoes are possible in your area. Always remain alert for approaching storms.

TORNADO WARNING:

A tornado has actually been observed by spotters or on radar and is occurring or imminent in the warning area. Take action immediately.

TORNADO SAFETY PROCEDURES:

If a tornado watch is issued for your area and the sky becomes threatening, move quickly into interior hallways away from windows. Close doors behind you. Remain in the safe area until otherwise instructed or an "All Clear" is given.

In the event of a tornado sighting in the area, an emergency siren will sound with a steady alarm for three minutes. When a warning has been issued:

- Immediately go to an interior room or corridor without windows; your bathroom is a good choice.
- Keep all windows closed and stay away from them.
- Do not use the elevators during a tornado warning.
- Staff will assist residents to interior hallways, away from windows.
- Remain in the safe area until otherwise instructed or an "All Clear" is given.

EMERGENCY LIGHTING

Emergency lighting is installed throughout the common areas. These lights will be activated whenever the regular power fails. However, it is strongly recommended that you keep a flashlight with fresh batteries on hand for use in your apartment. Lighted candles are not allowed at any time.

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I, _____ have received the Safety First! handout and reviewed the fire and weather emergency information.

Resident Signature _____ Date _____

Responsible Party Signature (if not own resp. party) Date _____

A Nurses Touch Residential Care Representative Date _____