



BALLARAT BASE HOSPITAL

Fire and Safety Manual



RECOGNITION OF FIRE EQUIPMENT & FACILITIES

ITEMS	DESCRIPTION, USAGE AND INSTRUCTIONS
 <p>WATER To operate strike red knob. If no red knob then turn upside down.</p>	<p>WOOD — PAPER — TEXTILES Not electrical or liquid fires.</p>
 <p>WATER To operate break seal, pull pin, squeeze trigger.</p>	<p>WOOD — PAPER — TEXTILES Not electrical or liquid fires.</p>
 <p>CO₂ To operate break seal, pull pin, squeeze trigger.</p>	<p>ALL ELECTRICAL FIRES Suitable for most fires indoor.</p>
 <p>VAPOUR To operate break seal, pull pin, squeeze trigger.</p>	<p>ELECTRICAL, LIQUID, E.G., PETROL, OIL, FATS, ALCOHOL, CHEMICAL FIRES</p>
 <p>DRY CHEMICAL To operate break seal, pull pin, squeeze trigger.</p>	<p>ELECTRICAL, LIQUID, E.G., PETROL, OIL, FATS, ALCOHOL, CHEMICAL FIRES</p>
Other Equipment	
 <p>B.G.A.</p>	<p>BREAK GLASS — THEN PRESS BUTTON</p>
 <p>FIRE HYDRANT (indoor)</p>	<p>INDICATES FIRE HYDRANT IN CUPBOARD BELOW SIGN</p>
	<p>INDICATES FIRE EXIT DOOR, STAIRCASE ACCESS TO GROUND FLOOR</p>
	<p>FOR SMOTHERING FIRES ESPECIALLY PERSONS ON FIRE</p>
 <p>Medical gas isolation panels to be unlocked with key held in department or ward and all gas valves turned off clockwise.</p>	

BALLARAT AND DISTRICT BASE HOSPITAL

FIRE MANUAL

EMERGENCY TELEPHONE NUMBERS

FIRE

(direct) Dial 0 then 32 1444.

(via s/board.) Dial 9 then ask operator to contact
Fire Brigade.

FIRE BRIGADE 32 1444.

POLICE 31 3211.

AMBULANCE 32 1631 or direct 422.



IN THE EVENT OF A FIRE the following key personnel (or their
deputies) should be notified:—

	Ext. No.	Home No.
Chief Engineer	326	39 4336
Deputy Chief Engineer	326	35 9186
Chief Executive Officer	211	34 1043
Deputy Manager	213	39 2939
Matron	237	Ext. 385 or 48 2092
Deputy Matron	230	39 4185
Medical Superintendent	278	30 1718
Domestic Services Supervisor	321	31 2580

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PREFACE BY CHIEF EXECUTIVE OFFICER

Dear Staff Member,—

This booklet has been produced for your safety; the safety of patients and other members of the public who use our buildings.

The various precautions, and procedures are easy to follow and will give you the confidence to act in any fire emergency.

These procedures are equally applicable in the home and elsewhere.

Remember that the priority of your responsibilities in case of fire is as follows:—

- (1) The safety and protection of the patients.
- (2) The safety and protection of your fellow staff members, and,
- (3) The safety and protection of the hospital buildings and equipment.

I commend this manual to your attention.

E. D. MACAULAY,
Chief Executive Officer.

* * *

MESSAGE FROM SAFETY OFFICER

SAFETY, unfortunately is an aspect of life that is more tolerated than participated in during one's time spent awake whether at work or at play.

FIRE PRECAUTION, Fire Fighting and Fire Evacuation, are all major aspects of Safety, but the magnitude of loss and suffering, caused by the outbreak of a Fire necessitates, in all industries, a separate approach to the problem of Fire Safety.

It is impossible to prevent **ALL** accidents (the outbreak of a **FIRE** is an accident as it is an unplanned event), but individual and co-ordinated effort to live and work **SAFELY**, will and must reduce times spent in frustration, discomfort and misery.

IN THIS HOSPITAL — living and working safely is not only necessary, but strictly essential, as there are not only the fit (employees and visitors) but there are the "unfit" who are the patients. **FACTS** prove that there are in all hospitals a disturbing number of patients who are in hospital as a result of **ACCIDENTS** caused by an **UNSAFE** situation. **ALWAYS** report **IMMEDIATELY** any unsafe appliance, mechanical equipment or any condition you may consider unsafe.

BE SAFE and **FIT** to avoid being the victim of an accident, as the victim of the accident, is a **PATIENT**.

A. HOWIE,
Safety Officer and Chief Engineer.

FIRE ORDERS

GENERAL INSTRUCTIONS

1. Report the fire to the switchboard (dial 9).
If after hours — report to the FIRE BRIGADE:—
DIAL 0 — then 32 1444
OR
break glass of B.G.A. alarm and push alarm button whichever is the quickest.
2. DO NOT SHOUT "FIRE."
Speak in a moderate tone of voice (so that patients will not overhear and become frightened and panic).
3. REMOVE from danger any patient in the area and then close all doors and windows.
4. TURN OFF all oxygen and other medical gases in the immediate area.
5. Endeavour, if possible, to extinguish the fire with the appropriate appliance.
6. KNOW YOUR EXITS.
7. EXTINGUISHERS — their colour denotes the type of fire with which they can be safely used.
RED — for normal fires, wood, paper, cloth, etc.
BLUE — for paints, oils, chemicals.
RED TRIGGER TYPE CO₂ — electric equipment, appliances.
RED TRIGGER — DRY CHEMICAL — electric, oil, etc.
YELLOW — electrical fires.

KNOW THEIR LOCATION

EXTINGUISHERS

Type - - - RED
Location - Adjacent
to signpost

HOSE

In cupboards or
mounted on walls

ALARM BUTTONS

On walls adjacent
to indicator signs

NEAREST FIRE ESCAPE

Generally at the Ward extremities. Indicator signs adjacent.

FIRE FIGHTING

GENERAL FIRE ORDERS

ACTION to be taken in the event of all FIRES.

1. Report the fire to:—
 - (i) The telephone switchboard — dial 9, report fire and give location;
 - (ii) The Fire Brigade — dial “0” then 32 1444 or use “Break Glass Alarm” (B.G.A.). Break glass and push alarm button.
2. DO NOT SHOUT “FIRE” — speak in a moderate tone of voice so that patients and visitors will not be frightened and panic.
3. REMOVE from danger any patient in the FIRE area then close all windows and doors.
4. TURN OFF all oxygen and other medical gases in the immediate area.
5. Instruct VISITORS to leave the fire area.
6. Attack the fire using the appropriate EXTINGUISHER.
7. Senior Sister on Duty must be informed so “on call” Engineer can be called in.
8. Call for ASSISTANCE from other staff in immediate vicinity to shift patients from immediate danger, closing all windows and doors in area to reduce air flow to FIRE and spreading of smoke.
9. TELEPHONE OPERATOR will announce over the P.A. system “RED ALERT” and state LOCATION. (e.g. “RED ALERT KIOSK”).
 - (a) FIRE BRIGADE — if not already contacted;
 - (b) FIRSTLY hospital executives, Chief Engineer or his deputy;
then — CHIEF EXECUTIVE OFFICER
MATRON
MEDICAL SUPERINTENDENT
DOMESTIC SERVICES SUPERVISOR
or their deputies.
10. **Evacuation.**
For general evacuation procedures refer to page 11.

FIRE FIGHTING

IN CASE OF A MAJOR FIRE

ACTION to be followed.

1. A **Major Fire** will be considered to be **Major** when there is extensive volume of smoke/flame which appears to be affecting or appears to be causing damage to structures.

THE DECISION AS TO WHETHER A FIRE IS TO BE TREATED AS **MAJOR** SHALL BE DETERMINED BY THE FOLLOWING:—

- THE SENIOR SISTER ON DUTY FOR THE HOSPITAL, or the following in order of availability:—
 - CHIEF EXECUTIVE OFFICER or DEPUTY
 - MEDICAL SUPERINTENDENT or DEPUTY
 - MATRON or DEPUTY
2. When a **MAJOR FIRE** is declared it will be the duty of the person making the declaration to promptly establish a "CENTRAL CONTROL POINT" in the main foyer adjacent to the main switchboard.
 3. Should the Central Control Point be established by persons other than the Chief Executive Officer or Deputy Manager they are to remain in that post until relieved.
 4. **Duties of the CENTRAL CONTROL OFFICER:**
 - (a) Broadcast the following message over the public address system and internal telephones where necessary;
"RED ALERT — All staff to report to emergency stations."
This message is to be obeyed immediately by all staff in the hospital, whether on duty or not.
 - (b) To direct the evacuation of areas affected by the fire until the arrival on site of the SENIOR FIRE OFFICER;
 - (c) To co-ordinate all activities until the arrival of the FIRE BRIGADE, and until the SENIOR FIRE OFFICER is able to take charge of the fire;
 - (d) To assist the SENIOR FIRE OFFICER in the performance of his duties;

- (e) To co-ordinate the use of Ambulance Services to remove patients to other hospitals. To arrange for the prompt notification of patients' practioners (private) as to the patients whereabouts;
- (f) To keep the MEDICAL SUPERINTENDENT, MATRON, CHIEF ENGINEER informed to changes;
- (g) To deal directly with the press and other authorities.

EMERGENCY STATIONS FOR STAFF WILL BE AS FOLLOWS:—

- (a) Nursing Staff The ward in which they are currently located, if in STUDY BLOCK to report to the classroom.
- (b) Cleaning Staff Dometic Supervisor's Office.
- (c) Dietary Staff Catering Manager's Office.
- (d) Clerical Staff Front Foyer adjacent MAIN TELEPHONE SWITCHBOARD.
- (e) Medical and Para Medical Staff Casualty Department.
- (f) Maintenance Staff Engineer's Office.
- (g) Telephone Operators Remain at switchboard.
- (h) All other Staff To assemble in the area adjoining X-RAY OFFICE, Ground Floor, Edward Wilson.

5. EVACUATION of patients — decision to be made by senior member of staff on the Fire area — central control to be informed.

6. Staff must not PANIC, otherwise this will almost certainly lead to tragedy.

Patients must not be alarmed.

Visitors, if not already directed to vacate premises must be told immediately to leave.

7. Staff Responsibilities (and Instructions).

(a) MEDICAL SUPERINTENDENT:

Assume direct control of ALL medical and para-medical staff in the hospital.

Establish appropriate treatment areas within the hospital to cope with the injured.

Arrange for the movement of seriously ill/injured inpatients to safe areas within the hospital.

Advise CENTRAL CONTROL of requirements for movement of patients outside the hospital.

To establish CENTRAL CONTROL in absence of DEPUTY MANAGER.

(b) MATRON:

Responsible for the deployment of nursing staff in support of treatment zones.

To arrange for relief of nursing staff in areas under heavy load. In the absence of the **MEDICAL SUPERINTENDENT**, to arrange for **SENIOR MEDICAL STAFF** on duty to take charge of medical services until the arrival of the **MEDICAL**

SUPERINTENDENT.

Advise Central Control of any requirements to maintain adequate nursing support.

To establish Central Control in the absence of the **MEDICAL SUPERINTENDENT.**

(c) DEPUTY MANAGER:

To assist the Chief Executive Officer in the **CENTRAL CONTROL.**

To co-ordinate general service staff not involved in direct fire duties.

To establish Central Control in the absence of the Chief Executive Officer.

(d) SENIOR SISTER IN CHARGE FOR THE HOSPITAL:

In the absence of the Chief Executive Officer, Deputy Manager, Medical Superintendent and Matron, to be responsible to declare a Major Fire state and establish Central Control.

To perform all duties in regard to the Management of the fire situation until relieved.

To arrange for the Senior Medical Officer on duty to take charge of the medical duties until the arrival of the **MEDICAL SUPERINTENDENT.**

(e) CHIEF ENGINEER:

To assist fire teams in provision of appliances and equipment. To advise staff and Central Control of the safe systems.

To give direct assistance to Senior Fire Officer in the use of mechanical and electrical services.

To deploy maintenance staff as requested.

To co-ordinate the use of the hospital fire fighting team.

7. TELEPHONE OPERATOR:

Ring Fire Brigade.

Advise Chief Engineer, Chief Executive Officer, Matron, Medical Superintendent, their deputies, in the order listed and other departmental heads.

After 5 p.m. notify Supervisory Sister.

Advise ambulance service and police.

Remain at post to relay messages to and from Central Control.

Use clerical staff to convey messages which, for any reason, cannot be conveyed by telephone.

Advise Central Control of areas in which telephones are not working.

8. NURSING STAFF:

Remain at emergency stations until instructed by Central Control. Prepare in every way possible to evacuate patients from the ward, or receive patients.

Advise Control of any particular difficulties expected if evacuation becomes necessary.

Familiarise oneself and other ward staff in the ward with the escape routes and location of fire fighting equipment.

Ensure that the corridors and stairways in the areas are kept clear in order that any evacuation can be effectively and quickly carried out.

Do not start evacuation until ordered to do so by Central Control, and then only use the escape routes specified.

Do not use telephone other than for important matters related to the fires or patients medical condition.

9. MEDICAL and PARA-MEDICAL STAFF:

Report to Casualty and prepare to receive ill or injured persons evacuated from the fire area requiring attention.

Gathering all equipment and supplies required for this purpose from all areas of the hospital.

If the casualty building is in the fire area, the MEDICAL SUPERINTENDENT or his deputy will establish a centre at another location.

10. MAINTENANCE STAFF:

Report to the Chief Engineer's Office.

Carry out orders issued by the Chief Engineer or his deputy relating to maintenance of services and reduction of risks.

11. OTHER STAFF:

Duties as directed by Central Control.

FIRE FIGHTING

ACTION AFTER FIRE

- (1) The area concerned to be carefully watched for the next 24 hours for possible re-ignition.
- (2) **ALL USED EXTINGUISHERS** must be refilled without delay. **Departmental heads** must immediately notify the **ENGINEERING DEPARTMENT** of any used extinguishers even if they have not been emptied. Give details of location and numbers involved.
- (3) Press statements — no staff member is permitted to release information of the fire to the public, press, TV, and radio. **OFFICIAL** statements are to be made by the Chief Executive Officer or his Deputy.
- (4) Mis-appropriation of personal and/or hospital property is always possible after a **FIRE** (or disaster) and every effort must be made by staff members to prevent it.
- (5) Departmental Heads are to account for all property under their control at the earliest available opportunity, in order to minimise accidental loss, damage or pilfering.
Staff are to be advised that personal property is their own responsibility.

EVACUATION OF PATIENTS

EVACUATION.

Following immediate fire fighting action the Senior Sister on Duty or the Senior Executive in control of the fire area, must make the assessment and decision whether to wholly or partially evacuate the ward.

When a Fire Brigade Officer is on the premises he must be consulted first by "CENTRAL CONTROL" whether to evacuate any area or ward, and if evacuation has already begun, whether to continue or cease.

DO NOT USE LIFTS UNTIL AUTHORISED TO DO SO.

PROCEDURES FOR MOVING PATIENTS.

A. Ambulant Patients — see illustration.

These patients should be led single file to nearest safe escape away from fire and smoke.



ILLUSTRATION 1

B. Wheelchair Patients — wheel patient to safety and return with wheelchair for further evacuees, if there is a shortage of wheelchairs and if receiving area can do without the wheelchair.

EVACUATION OF PATIENTS (Continued).

- C. Bed-ridden Patients** — wheel beds to nearest safe fire escape where other staff will take over evacuation — illustration 2. **DO NOT BLOCK ACCESS** to fire escape with beds.



ILLUSTRATION 2



ILLUSTRATION 3

Illustration 3 is an invaluable method where a heavy casualty has to be removed from a burning building. As can be seen in photo No. 3 both rescuer and casualty have their heads low down where the clearest, coolest air is found, if the building is on fire. It can also be appreciated that the entire weight of the casualty does not have to be supported by the rescuer. The hands should be crossed over and tied with a handkerchief. A reef knot is most suitable.

EVACUATION OF PATIENTS (Continued).

D. OTHER METHODS:

Other useful methods of evacuating bed-ridden patients are shown in illustrations 4-10.



ILLUSTRATION 4



ILLUSTRATION 5



ILLUSTRATION 6



ILLUSTRATION 7

4 SIMPLE CARRY

5 MATTRESS AND/OR BLANKET DRAG

6 HUMAN CRUTCH

7 CHAIRLIFT

EVACUATION OF PATIENTS (Continued).

8 Fore and aft method: In this method the wrists are tied and he is lifted in the same way as the removal downstairs method. The other rescuer takes one leg under each arm and they carry him off feet first. If a leg is broken tie or splint both legs together and use additional rescuers to give even support to the buttocks and legs.



ILLUSTRATION 8

9-10 Handed Seat: The rescuers face each other and grasp their own left wrists with their right hand. Their hands are then put together, the free left hand grasping the right wrist of the man opposite. The casualty puts one or both arms around the necks of the rescuers.

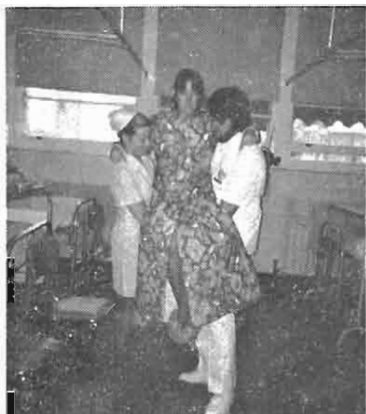


ILLUSTRATION 9



ILLUSTRATION 10

ALWAYS ENSURE ALL PATIENTS ARE ACCOUNTED FOR AT
NEW DESTINATION — USE PATIENT CHECK LIST.

Transfer of patients to alternative accommodation within the hospital, or elsewhere, will be decided by the MEDICAL SUPERINTENDENT or the SENIOR MEDICAL OFFICER on duty.

If transfer to nearby hospitals is required the following emergency plan will apply:—

- (a) **CENTRAL CONTROL** shall notify by telephone, the selected hospital, that patients are being transferred to THAT hospital stating the numbers involved;
- (b) **CENTRAL CONTROL** will then immediately advise the Ambulance Services, of hospital requirements;
- (c) Patients for transport will be assembled in the following areas:—
 - (i) Casualty Department;
 - (ii) Ambulance Delivery Area;
 - or both depending on the site and extent of the fire or disaster;
 - (iii) In the case of both these areas being involved in the fire another location will be notified by Central Control.

NOTE: MEDICAL OFFICERS, both resident and visiting consultants
are to be advised of their patients being transferred, details, etc.

FIRE PRECAUTIONS

(a) **EDUCATIONAL PROGRAMMES.**

Fire lectures, evacuation demonstrations and actual fire extinguisher drills are carried out regularly. All members of the staff are required to attend these series of lectures. Officers of the Country Fire Authority provide an annual, one day demonstration course, in FIRE PREVENTION and EVACUATION. Films on Fire and SAFETY Prevention form part of this course.

(b) **FIRE DRILLS.**

FIRE FIGHTING DRILLS will be held on a regular basis for general staff as well as for the FIRE FIGHTING TEAM and will be initiated by the SAFETY OFFICER. Practice drills will be announced over the Public Address System as follows:—

“RED ALERT” PRACTICE and LOCATION.

THE FIRE FIGHTING TEAM members will then assemble at location with readiness to go into “action.”

Staff in the “practice location” must take simulated action as normally practiced in the drill for their particular area.

(c) **RISK REDUCTION MEASURES.**

Safety and FIRE inspections will be carried out regularly by members of the SAFETY COMMITTEE.

THE SAFETY COMMITTEE meets BI-MONTHLY.

DO NOT HESITATE to contact the SAFETY OFFICER, if you have any problem relative to SAFETY or FIRE.

You are encouraged to report any Safety Hazards to the SAFETY OFFICER.

NATURAL DISTURBANCES

Where other natural disasters occur such as earthquakes, floods, structural collapse of buildings and explosions from petrol or gases, the procedures laid down in this manual are to be adopted. A **CENTRAL CONTROL POINT**, will immediately be set up and **INSTRUCTIONS** and **DIRECTIONS** will emanate from this area.

SAFETY — GENERAL

(a) TYPES of SAFETY HAZARD.

1. Fire.
2. Electrical and Mechanical appliance failures.
3. Equipment and furniture defects.
4. Building defects.
5. Human errors.

(b) EDUCATION OF STAFF.

The education of staff on safety and safety measures will be incorporated in the Fire and Safety lectures.

As it is compulsory for staff to attend the Fire and Safety lectures, it is hoped that all members of the Staff will be made aware of the importance of **SAFETY** and practice same.

(c) DO'S AND DONT'S OF SAFETY PRECAUTIONS.

- DO NOT**
- Run along corridors and around corners — round that corner could be lurking "sudden disaster."
 - Clutter up corridors and passage ways with mobile equipment, trolleys and ladders when **NOT** in USE, or any other bulky piece of equipment or furniture.
 - Use equipment if one is unfamiliar with its use or operation — and always check to ensure that the unit is not faulty before using.
 - Effect repairs to any article furniture, equipment, etc., unless it is your right to do so. **LEAVE** repairs to those qualified to do so.

DO'S AND DONT'S (Continued)

ALWAYS

- Report to the appropriate authorities any faulty equipment, furniture and building structures.
- Ensure that pressure vessels, such as oxygen or other gas cylinders, steam sterilizers, are in correct operating condition before use.
- Ensure that any equipment attached to a patient is safe to use before connecting and check often whilst using.
- Ensure that equipment is in correct shutdown, or switch off conditions, when no longer in use. NO SWITCH should be in the "ON" position when not in use.
- Familiarise yourself with departmental and hospital procedures to avoid costly mistakes.

NEVER

- Take anything or any situation and even any task for granted. Taking things for granted often backfires.
- Leave cigarettes or matches burning after use — PUT IT OUT — don't let it go out by itself.
- Use any equipment or appliance beyond its intended and designed use. Don't put a 100w light globe into a desk lamp designed to take only 25w, 40w or 60 watts. Over heating takes place and insulation breaks down.
- Allow new staff to operate equipment without ensuring that they know the use of any equipment — give them the benefit of your knowledge and experience.

It is **impossible** to prevent all accidents or mishaps but individual and co-ordinated effort to live and work **safely** will and must contribute to SAFETY SUCCESS, and reduce frustration, discomfort and misery.

REDUCTION OF FIRE RISKS — HINTS

TIDINESS

Do not accumulate rubbish inside and outside buildings.

Do not accumulate FATS, GREASE, etc., in cooking and pantry areas.

Do not accumulate unwanted paper in offices, desks, etc.

EQUIPMENT

No defective and unsafe equipment should be continued to be used, arrangements to be made for its immediate removal for repair or disposal. When in doubt contact the Engineer's Department.

No overloading of electrical circuits by "doubling up" appliances — double adaptors are banned from use in this hospital without the authority of the CHIEF ENGINEER.

NO unchecked electrical appliances brought in by patients, hospital residents (or visitors) are allowed to be used without the authority of the ENGINEER'S DEPARTMENT. All T.V. sets, radios, etc. must be checked by the hospital electrician and cleared for use on each occasion the piece of electrical appliance is brought into the hospital premises.

FLAMMABLE ITEMS

All Flammable Liquids must be stored in the hospital inflammable store room — in safe containers. ONLY MINIMUM stocks should be kept in Departments.

Flammable liquids must be handled at a safe distance from sources of ignition, e.g., gas flame, lighted match, exposed heating elements, and areas of concentrated heat.

EVERY CARE MUST BE TAKEN, IN THE USE OF FLAMMABLE AGENTS.

MEDICAL

Know where the isolation controls for your medical gas wall outlets. These **MUST** be isolated in the event of a fire in your area.

REDUCTION OF FIRE RISKS — HINTS (Continued)

GASES

When not in use, medical gas wall outlets and portable cylinders should be fully turned OFF.

Remember — oxygen is a highly dangerous aid to combustion, it feeds and helps to spread fire.

Operating theatres, labour wards and anaesthetic areas — strict observance of S.A.A. publication, C.Z.9, is to be practiced. Latest C.Z.9 books are yellow in colour.

GENERAL

Strict supervision of SMOKING (especially in bed); welding; use of gas appliances; and open fires must be enforced at all times.

- F** = **Find** or locate fire — not always obvious.
- I** = **Inform** — fire brigade — telephone operator.
- R** = **Restrict** — put out fire — correct extinguisher.
- E** = **Evacuate** — patients — visitors to leave.
- S** = **Speed** in action — fires spread with speed.

AMENDMENTS

AMENDMENT NUMBER	DATE ISSUED	BY WHOM AMENDED AND DATE	REMARKS

FIRE ORDERS

GENERAL INSTRUCTIONS FOR STAFF ACTION

1. Report the fire to the switchboard (dial 9).
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OR
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RED TRIGGER — DRY CHEMICAL — electric, oil, etc.
YELLOW — electrical fires.

KNOW THEIR LOCATION

EXTINGUISHERS

Type - - - RED
Location - Adjacent
to signpost

HOSE

In cupboards or
mounted on walls

ALARM BUTTONS

On walls adjacent
to indicator signs

NEAREST FIRE ESCAPE

Generally at the Ward extremities. Indicator signs adjacent.