













**BALLARAT BASE HOSPITAL**

***Emergency Procedures  
and  
Safety Manual***



# RECOGNITION OF FIRE EQUIPMENT & FACILITIES

ITEMS	DESCRIPTION, USAGE AND INSTRUCTIONS
 <p><b>WATER</b> To operate, turn upside down.</p>	<p><b>WOOD – PAPER – TEXTILES</b> <u>Not electrical or liquid fires.</u></p>
 <p><b>WATER</b> To operate break seal, pull pin, squeeze trigger.</p>	<p><b>WOOD – PAPER – TEXTILES</b> <u>Not electrical or liquid fires.</u></p>
 <p><b>CO<sub>2</sub></b> To operate break seal, pull pin, squeeze trigger.</p>	<p><b>ALL ELECTRICAL FIRES</b> Suitable for most fires indoor.</p>
 <p><b>VAPOUR</b> To operate break seal, pull pin, squeeze trigger.</p>	<p><b>ELECTRICAL, LIQUID, E.G., PETROL, OIL, FATS, ALCOHOL, CHEMICAL, FIRES</b></p>
 <p><b>DRY CHEMICAL</b> To operate break seal, pull pin, squeeze trigger. (Installed in special hazard areas only).</p>	<p><b>ELECTRICAL, LIQUID, E.G., PETROL, OIL, FATS, ALCOHOL, CHEMICAL FIRES</b></p>
Other Equipment	
 <p>B.G.A.</p>	<p><b>BREAK GLASS – THEN PRESS BUTTON</b></p>
 <p><b>FIRE HYDRANT (indoor)</b></p>	<p><b>INDICATES FIRE HYDRANT IN CUPBOARD BELOW SIGN</b></p>
	<p><b>INDICATES EXIT DOOR, STAIRCASE ACCESS TO GROUND FLOOR</b></p>
	<p><b>FOR SMOTHERING FIRES ESPECIALLY PERSONS ON FIRE</b></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 BASE HOSPITAL**

**EMERGENCY TELEPHONE NUMBERS**

**FIRE BRIGADE**

(via s/board) ..... Dial **299** then ask operator to  
contact Fire Brigade.

(direct) ..... Dial **0** then **32 1444**.

**POLICE** ..... **37 7222**.

**AMBULANCE** ..... **32 1631** or direct **422**.



**IN THE EVENT OF A DISASTER the following key personnel, (or  
their deputies), should be notified:**

	Ext. No.
SAFETY OFFICER .....	435
CHIEF ENGINEER .....	480
DEPUTY CHIEF ENGINEER .....	326
CHIEF EXECUTIVE OFFICER .....	211
DEPUTY CHIEF EXECUTIVE OFFICER .....	213
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## **PREFACE BY CHIEF EXECUTIVE OFFICER**

Dear Staff Member,—

This booklet has been produced to outline emergency procedures, and provide general safety hints which, if adhered to, will minimise risks to patients, visitors and yourself.

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

Remember that the priority of your responsibilities in case of a disaster is as follows:

- (1) The safety and protection of the patients and visitors.
- (2) The safety and protection of your fellow staff members, and yourself.
- (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.

It is impossible to prevent **ALL** accidents, but individual and co-ordinated effort to live and work **SAFELY**, will reduce times spent in frustration, discomfort and misery.

**IN THIS HOSPITAL** — living and working safely is not only necessary, but essential, as there are not only the fit, (employees and visitors), but there are the "unfit" who are the patients.

In all Hospitals, there is a disturbing number of patients, who are there as a result of **ACCIDENTS** caused by **UNSAFE** situations. **ALWAYS** report **IMMEDIATELY** any unsafe appliance, mechanical equipment or any condition you may consider unsafe.

Avoid being the victim of an "accident", as the victim of the accident, is a **PATIENT**.

Safety Officer.

## SAFETY POLICY

The Ballarat Base Hospital attaches the greatest importance to the occupational health and safety of its employees, its patients, and of all other persons who may visit its premises.

The Board of Management accepts its primary responsibility to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all employees by providing and maintaining safe working systems and conditions, including a safe and healthy working environment. Furthermore, they will ensure that all reasonable information, instruction, training and supervision shall be provided.

The Board of Management recognises that all employees have a general responsibility and duty to take reasonable care for the health and safety of themselves and others, and to co-operate with management in meeting these responsibilities. Health and safety is a co-operative responsibility of management and staff and is best conducted by processes of active consultation and involvement.

The Board of Management recognises the value of an occupational health service in improving standards of health and safety and sees the provision of such a service as a major contribution towards meeting their obligations under relevant safety legislation.

The Hospital provides detailed procedures and instructions as a guide to the safe operations of the institution. These may be supplemented from time to time.

# EMERGENCY PROCEDURES — TYPES AND CODES

Different types of emergencies require different types of actions. These have been summarised on the next 5 pages.

Staff will be alerted to an emergency by a coded message and a location through the public address system — a separate code for each type of emergency.

All coded messages will be preceded by an alert signal through the public address system, (musical chime), so that your attention will be drawn to the emergency code announcement.

e.g.: CHIMES — “RESPOND RED. . . YG”, means a fire in Ward YG.

<i>TYPE</i>	<i>CODE</i>
FIRE .....	RESPOND RED
EVACUATION .....	RESPOND ORANGE
INTERNAL DISASTER .....	RESPOND YELLOW
BOMB .....	RESPOND PURPLE
CARDIAC/MEDICAL .....	RESPOND BLUE

**ALL CLEAR: RESPOND GREEN,**

Each type of Emergency listed above (except Cardiac/Medical) can become a Disaster.

A **DISASTER** is an unpredictable event which has caused, or threatens to cause, danger to life or damage to property, or both.

# Fire

## *IN THE EVENT OF FIRE*

- 1.**      **RAISE ALARM** (Do Not Shout Fire)
  - (a) Operate nearest Fire Alarm
  - (b) Dial **299** — State exact location and nature of fire or contact Fire Brigade 0-32 1444.
  - (c) Notify Ward Sister or senior person.
  
- 2.**      **REMOVE PATIENTS FROM FIRE AREA**  
if in immediate danger.
  
- 3.**      **CLOSE WINDOWS AND DOORS**  
Turn off oxygen in fire area.
  
- 4.**      **EXTINGUISH FIRE**  
Use correct Fire Extinguisher.
  
- 5.**
  - (a) Keep calm — don't panic.
  - (b) Look after patients and others.
  - (c) Follow instructions of Wardens or Senior Person.
  - (d) Save records.
  
- 6.**      If necessary — evacuate patients  
to a safe area.

**RESPOND RED** ..... *(Location)*

# Bomb

## *IN THE EVENT OF A BOMB THREAT*

1. **KEEP CALM**      • Treat as genuine.  
(*DON'T PANIC*)      • Record exact information while trying to keep caller talking as long as possible.  
                                 • Attract attention of another person if possible, to report problem — Dial **299**.
  
2.      On completion of Call, Dial **299** and advise all details.
  
3.      Await further instructions from Senior Hospital Staff.
  
4.      If instructed:
  - (a) Ask all visitors to leave, with their possessions, via the stairs — Do not use lifts.
  - (b) Commence search in allocated area.  
If any suspicious object is found, **DO NOT TOUCH**, but immediately dial **299** and advise of location.  
Keep area clear.
  
5.      Prepare to evacuate when instructed.

## **RESPOND PURPLE**

(*Location*)

.....

# Internal Disaster

## *IN THE EVENT OF INTERNAL DISASTER*

E.G.: EXPLOSION, VITAL SYSTEMS FAILURE, LEAKAGE OF NOXIOUS GASES/LIQUIDS, AIRCRAFT CRASHING INTO HOSPITAL, ETC.

1. If Fire is involved, follow "Fire" and "Evacuation" procedures.
2. If other than Fire, Dial 299 and state exact location and nature of Disaster.
3. Restrict access to area by unauthorised persons.
4. Do not attempt any action that puts your life or life of anybody else in danger.
5. Await instructions from Senior Hospital Staff or evacuate if necessary.

## **RESPOND YELLOW**

*(Location)*

.....

# Evacuation

## *IN THE EVENT OF EVACUATION*

- 1.** Evacuate to allocated area in the following order:
  - (a) Ambulant patients who can help themselves, and visitors.
  - (b) Ambulant patients who require assistance.
  - (c) Non ambulant patients.
  - (d) Observe instructions to remain with patients in transit and assembly areas.
  
- 2.** Census Sheets to be taken out by first Staff member who leaves with patients.
  
- 3.** Check that all rooms, (incl. toilets, bathrooms, duty rooms, etc.), have been evacuated.
  
- 4.** Conduct roll call at assembly area using census sheets for reference.
  
- 5.** Report evacuation status to central control.

NOTE: If your area is not being evacuated, reassure patients and all others that effective action is being taken.

# RESPOND ORANGE

*(Location)*

.....

# Cardiac/Medical

## *IN THE EVENT OF CARDIAC ARREST OR MEDICAL ASSISTANCE REQUIRED:*

- 1.** For Cardiac Arrest:  
Dial **299** and state "Cardiac Arrest" and location.  
For medical assistance:  
Dial **299** and state what has happened  
and location.
  
- 2.** Notify Ward Sister or senior person.
  
- 3.** Check pulse and breathing.  
**A**irway must be kept clear.  
**B**reathing must be maintained by oxygen  
or mouth-to-mouth resuscitation.  
**C**irculation must be maintained by  
external cardiac massage.
  
- 4.** Stay with patient in need of help  
until medical aid arrives.

## **RESPOND BLUE**

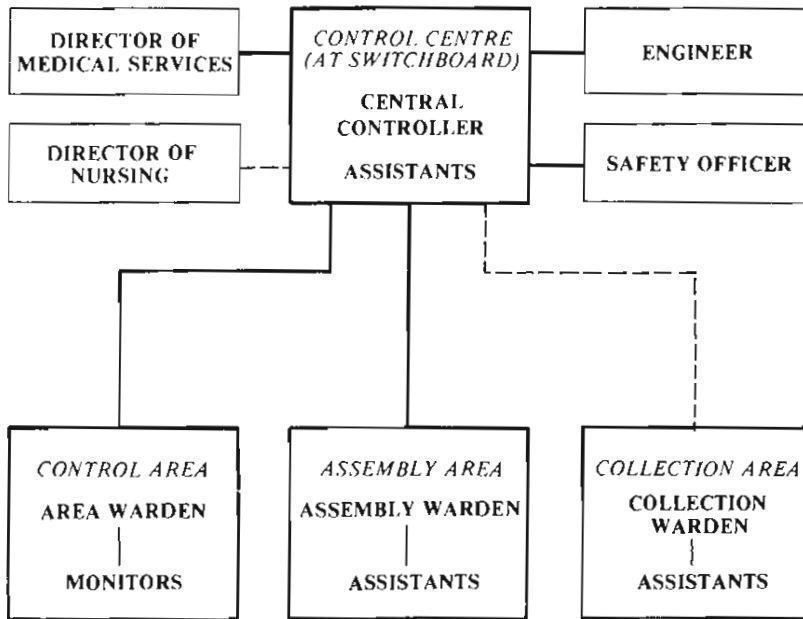
*(Location)*

.....

# DISASTER CONTROL

## ORGANISATIONAL CHART

A chain of command will be established to fight the disaster and co-ordinate evacuation in accordance with the Disaster Plan details (pages 12 to 22).



————— Communication via 2 way radio, telephone or runner.

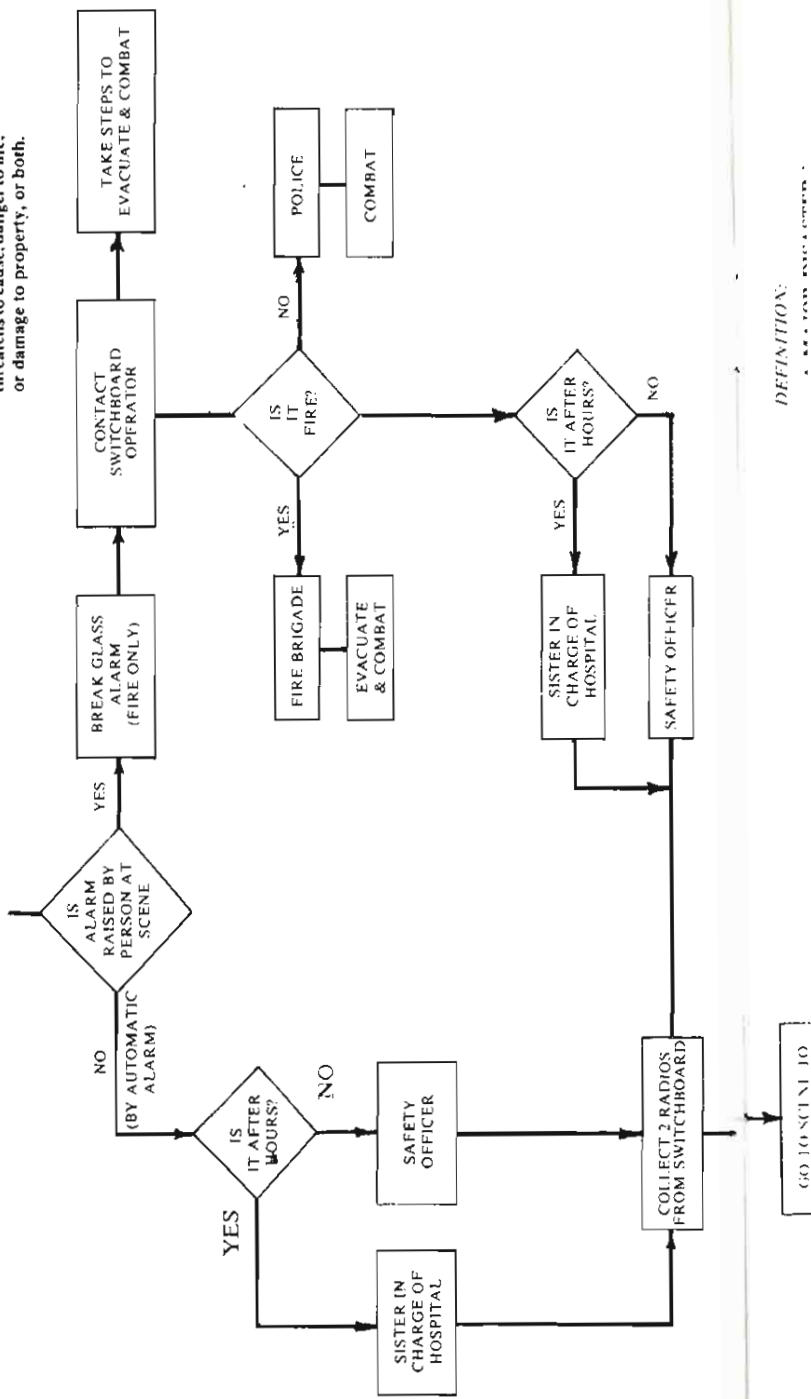
- - - - - Communication via telephone or runner.

# DISASTER PLAN — FLOW CHART

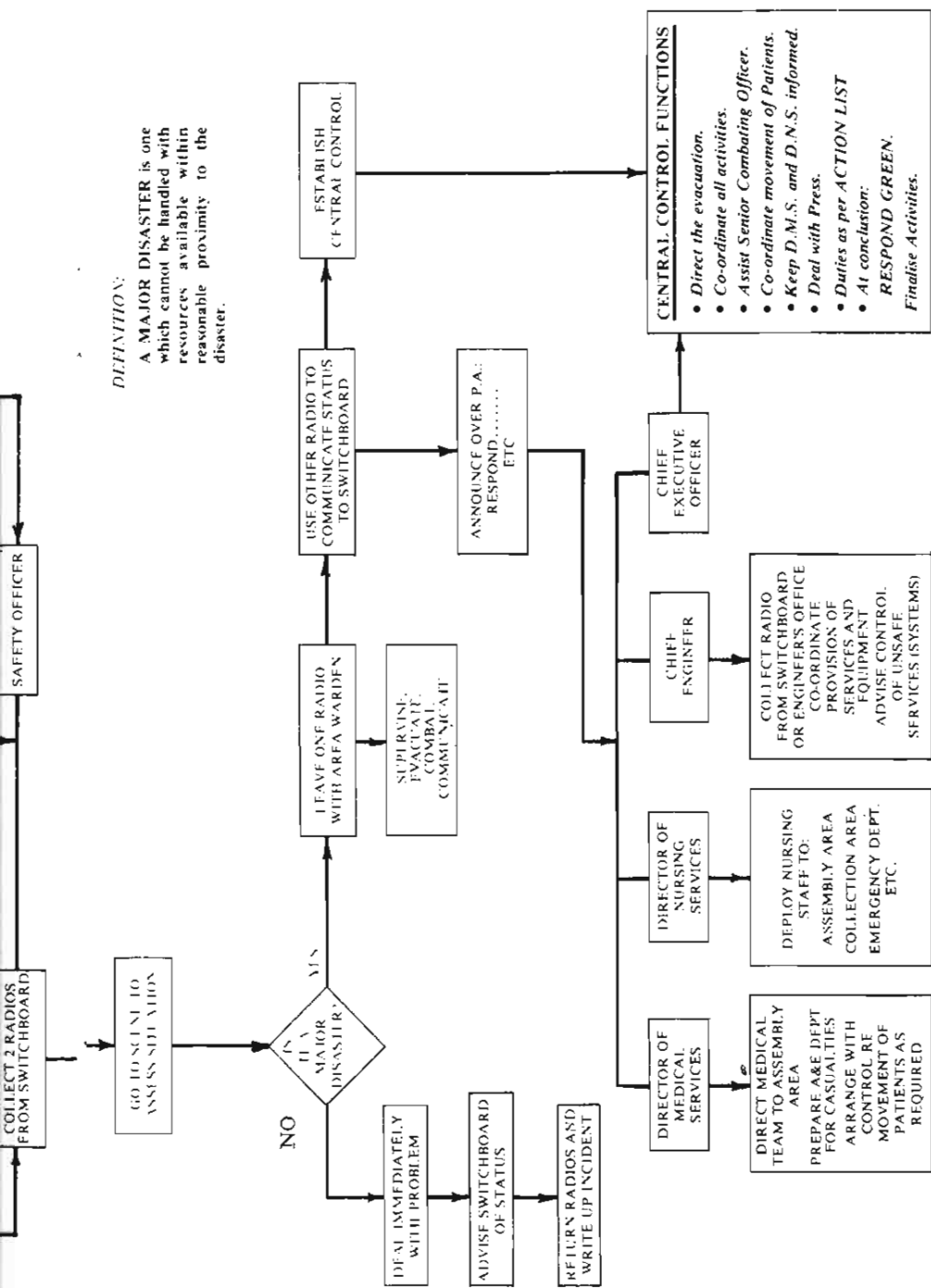
**DEFINITION:**

DISASTER is an unpredictable event which has caused, or threatens to cause, danger to life, or damage to property, or both.

**INTERNAL DISASTER**



**DEFINITION:**

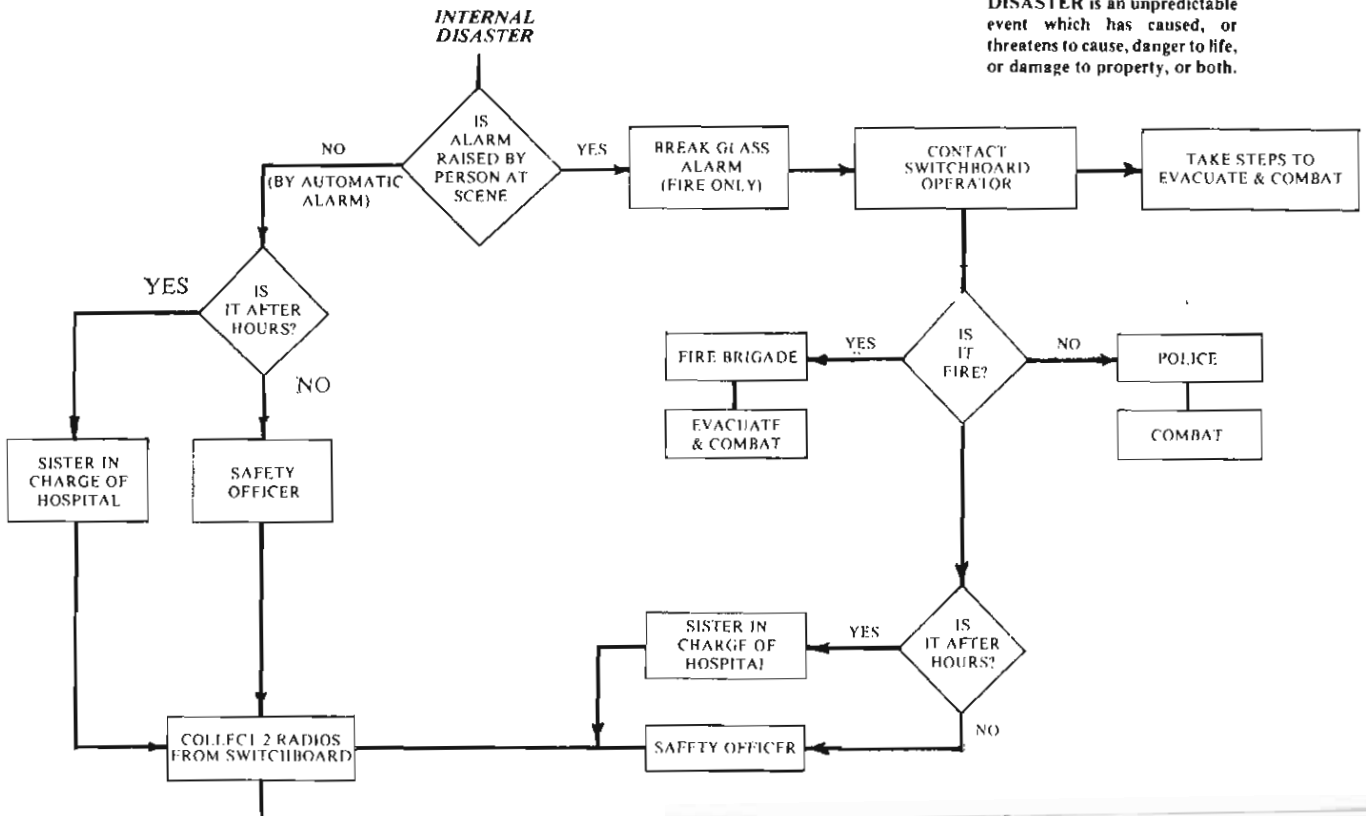


# DISASTER PLAN – FLOW CHART

**DEFINITION:**

DISASTER is an unpredictable event which has caused, or threatens to cause, danger to life, or damage to property, or both.

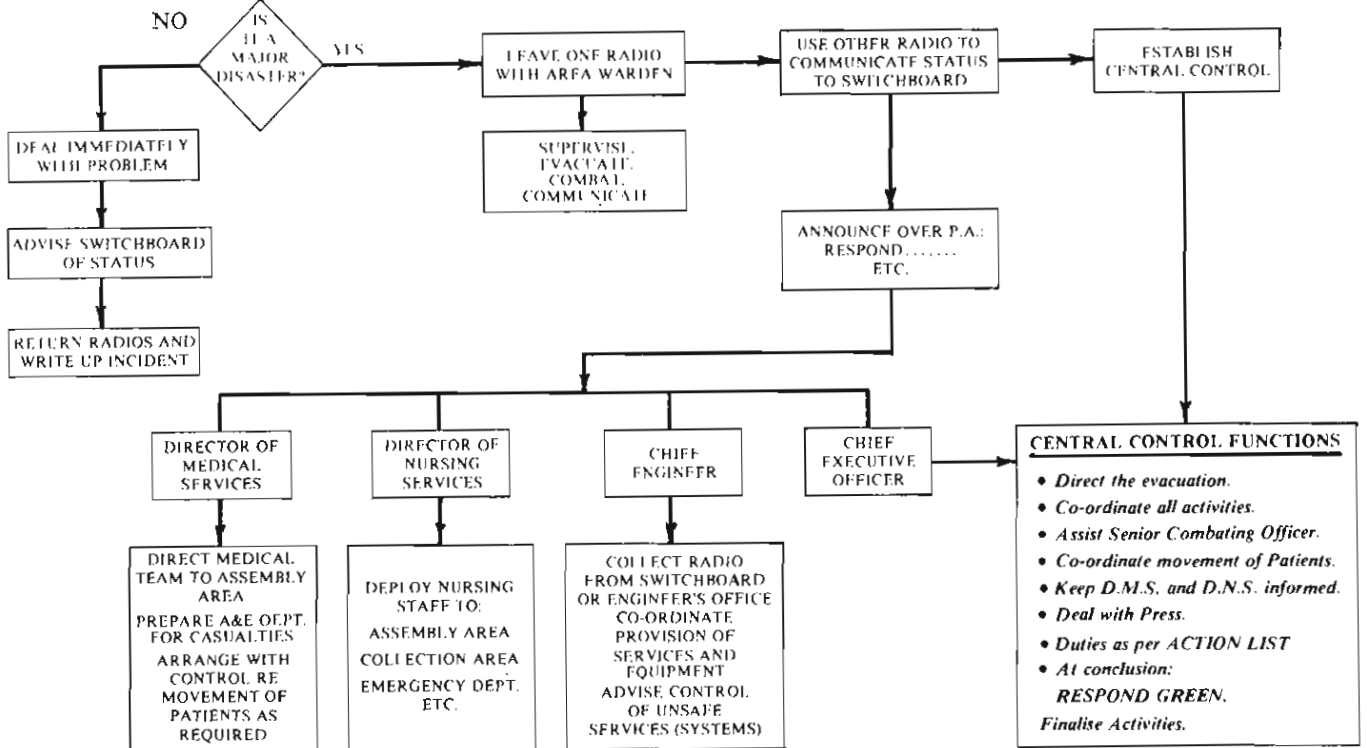
12



**DEFINITION:**

A MAJOR DISASTER is one which cannot be handled with resources available within reasonable proximity to the disaster.

13



# DISASTER PLAN — ACTION LISTS

## **CENTRAL CONTROL**

### **LOCATION:**

At Switchboard Accident and Emergency Clerk Area.  
(Alternatively: Admissions Office/Waiting Room).

### **1. CENTRAL CONTROLLER**

Chief Executive or Deputy or Person in Charge of the Hospital, until relieved by C.E.O. or Deputy.

#### **Duties:**

Upon advice from Switchboard of a confirmed threat, establish CENTRAL CONTROL taking command of the Hospital's resources to combat the threat.

- Wear Identification Helmet provided in 'DISASTER PLAN — CENTRAL CONTROL' box.
- Establish communications with AREA WARDEN to discover extent of threat via 2 way radio.
- Appoint Assistant to help with duties at CENTRAL CONTROL.
- Appoint 5 persons as "runners" (to wear identification helmets provided).
- Communicate status to Director of Medical Services and Director of Nursing Services/Deputies.
- Advise status to Senior Combating Officer upon arrival at Hospital, who then takes charge of situation.
- Provide assistance to Senior Combating Officer.
- Provide persons to:
  - keep area clear around CENTRAL CONTROL.
  - assist at disaster site, if needed.
  - restrict access to Hospital to authorised persons.
  - control access to stairways leading to disaster area.
  - meet Combating Authority to guide them to the disaster site.
- Order EVACUATION, if necessary, by communicating RESPOND ORANGE. Location: via Switchboard Operator using P.A. System.
- Advise status with Director of Medical Services and Director of Nursing Services.
- Arrange for 2 way radio to be taken to Assembly Area and to Director of Medical Services.
- Arrange for at least 6 persons to go to Assembly Area to help bring patients to Collection Area. Nominate one as Assembly Area Warden and wear identification helmet provided at Assembly Area.
- Arrange for a Warden and 3 Assistants at Collection Area — wear identification helmet provided at Collection Area.
- Co-ordinate with Medical and Nursing Administrators to ensure treatment of patients as necessary.
- Co-ordinate movement of patients using internal resources — yardmen. Ext. 310.
- Cancel regular patient admissions until further notice.
- Organise alternative accommodation — for patients: within or outside Hospital and notify Doctors and relatives of patients' location.
- Co-ordinate Public Relations.
- Communicate with areas nearby the disaster area.

Communicate all clear at conclusion of emergency by Switchboard Operator announcing RESPOND GREEN over the P.A. System.

## 2. AREA WARDENS

The primary duty of an Area Warden is to ensure as far as practicable, the **Safety** of the occupants and their orderly **evacuation** from the danger zone, if deemed necessary.

### General Duties:

- Familiarise yourself thoroughly with your designated area of control.
- Note all EXITS and escape routes.
- Know the existence of:
  - rooms leading off blind passages.
  - doors leading to dead ends.
  - areas in which persons could be located.
- Ensure that all staff in your control area know the description, location and operation of:
  - Break glass alarms.
  - Fire extinguishers.
  - Fire hose reels (where installed).
- Ensure that all staff in your control area know:
  - Fire orders.
  - Evacuation Plan for your control area, and the Hospital generally.
  - "Respond Codes" via the Public Address system.

### Action List:

In the event of Area Evacuation:

- Notify Central Control via telephone or 2 way radio, of intention to evacuate.
- Area Warden to wear safety helmet provided — for identification purposes.
- Marshall all staff together.
- In Ward areas obtain the patient census and determine patient movement priorities.
- Decide on evacuation route.
- Delegate staff members to man doorways, close windows/doors, shut off oxygen, combat fire.
- Evacuate to Assembly Area, if necessary.
  - (a) In patient care areas, one staff member to leave with first evacuees, taking patient census and as many ambulant patients/visitors as possible (link arms or hands).
  - (b) Remaining staff to complete evacuation procedure taking ambulant, semi-ambulant and non ambulant patients in that order.
  - (c) First staff member to conduct roll call off census sheets as patients arrive at assembly area. Ensure patients and visitors stay together. Note names of visitors who arrive with evacuees.
- Following evacuation, search all rooms, bathrooms, toilets, etc. on the way out.
- Communicate with Central Control via telephone or 2 way radio, the progress of the evacuation.

**Notes:** At all times:

- know the staff on your shift, and your patients.
- know your escape routes and blind passages.
- follow orders given by Fire Officer, Central Control, Senior person.

**Remember:**

- evacuate horizontally behind the safety of smoke doors wherever possible.
- evacuate vertically only when horizontal evacuation does not provide sufficient safety, or when instructed to do so by the Fire Officer, Central Control or a senior person.

### 3. ASSEMBLY AREA WARDEN

- Wear Identification Helmet provided in DISASTER PLAN — ASSEMBLY AREA box.
- Write your name on card inside box, then delegate the following duties as necessary.
- Use 2 way radio provided from Central Control to communicate ONLY WHEN ABSOLUTELY NECESSARY.
- Ensure persons delivered to the Assembly Area from the area being evacuated are accounted for and are kept from wandering off.
- Arrange to have uninjured people moved to Collection Area using the Assistants available.
- Assist the Medical Team, who are assessing the evacuees, by arranging through Central Control to have the injured people moved to Accident & Emergency Department Treatment area.
- Take note of anyone returning to the disaster area so that they can be accounted for at the conclusion of the evacuation.

### 4. COLLECTION AREA WARDEN

- Wear Identification Helmet provided in DISASTER PLAN — COLLECTION AREA box.
- Write your name on card inside box.
- Ensure persons delivered to the Collection Area from the area being evacuated are kept together and are comforted until arrangements can be made for their further accommodation.
- Advise CENTRAL CONTROL of any problems encountered by using internal telephone or "runner".

### 5. SAFETY OFFICER

- Investigate all alarms raised whilst on duty, taking two 2 way radios to scene.
- Assess situation at scene and communicate status to Switchboard.
- If a major problem exists, leave one 2 way radio with Area Warden, then return to Switchboard and establish CENTRAL CONTROL.
- Act as CENTRAL CONTROLLER until relieved by Chief Executive Officer or Deputy.
- When so relieved, stay at CENTRAL CONTROL to provide assistance and advice in the operation of the Disaster Plan to the CENTRAL CONTROLLER.
- Following conclusion of crisis, ensure all radios are returned, kits are repacked, equipment is checked, etc.

## 6. TELEPHONE OPERATOR

- Ring Fire Brigade in case of FIRE.  
Ring Police in other EMERGENCIES.
- Contact and advise:  
If after 17.00 hrs. — Sister in Charge for the Hospital.  
Between 08.00 and 17.00 hrs. — Safety Officer.
- Switch ON one 2 way radio and hold for use by Central Control Officer.  
Allow two 2 way radios to be taken by person who goes to scene to assess situation (08.00 to 17.00 hrs. — Safety Officer; 17.00 to 08.00 hrs. — Sister in Charge for the Hospital) and remainder for distribution by Central Control Officer.
- Upon notification of a confirmed emergency, via telephone or 2 way radio from the disaster site, announce appropriate Respond Code Location over the P.A. System, preceded by alert chimes.  
Repeat this message 3 times at 5 second intervals, speaking slowly and clearly.
- Contact and confirm emergency situation with:  
(24 hour coverage) 

Chief Engineer, Safety Officer	}	or deputies
Chief Executive Officer		
Director of Medical Services		
Director of Nursing Services		
- Work under direction of the CENTRAL CONTROL OFFICER to provide communication links as required. (At discretion of Central Control Officer, telephone operator, with equipment, may be transferred to alternative location — i.e.: Admissions Office).
- Process only important telephone calls in relation to the emergency.  
Hold all other calls and keep Switchboard free for emergency calls only.
- At conclusion of emergency and when directed by CENTRAL CONTROL, announce RESPOND GREEN, preceded by alert chimes, over the P.A. System.  
Repeat this message 3 times at 5 second intervals.

## 7. CHIEF EXECUTIVE OFFICER

- The Chief Executive Officer has the responsibility of establishing, or relieving the person who has established, CENTRAL CONTROL and carry out the duties as per the Action List for Central Control.

## 8. DIRECTOR OF GENERAL SERVICES

- Assist the Chief Executive Officer at CENTRAL CONTROL.
- In the absence of the Chief Executive Officer, establish, or relieve the person who has established, CENTRAL CONTROL and carry out the duties as per the Action List for Central Control.
- At the direction of the Central Controller, establish a reception area for relatives and the media; and appoint a Liaison Officer.

#### **9. DIRECTOR OF MEDICAL SERVICES**

- Upon notification or hearing emergency code RESPOND ORANGE, initiate Medical Disaster plan and use the office of the D.M.S. as the communication link.
- Establish appropriate treatment areas within the Hospital to cope with the injured.
- Direct and control medical staff as required to cope with medical assessment and treatment of evacuees.
- Arrange bed allocation or other suitable accommodation for the seriously ill/injured following treatment and advise CENTRAL CONTROL of requirements.
- Arrange for appropriate medical records and patient movement records.
- Advise CENTRAL CONTROL of any other requirements needed for the medical team to perform its function.

#### **10. DIRECTOR OF NURSING SERVICES**

- Proceed to Nursing Supervisor's Office located opposite Director of Medical Services and use as communication link.
- Provide nursing staff in support of patient treatment areas as required by Medical Teams. In particular, send Trained Nurse to Assembly Area, Collection Area and Accident & Emergency Department.
- Arrange for relief of nursing staff in areas under heavy load.
- Advise CENTRAL CONTROL of requirements to help in the provision of nursing care to the injured and evacuated persons.

## 11. MEDICAL OFFICER ON DUTY

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, proceed to the Assembly Area for the area being evacuated.
- Perform medical assessment (triage) on evacuees and direct those needing treatment to be transported to Accident and Emergency Department where the emergency plan for this Department will be enacted.

## 12. NURSING STAFF

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, return to the Ward to which you are currently assigned unless involved in the immediate disaster area. If in Study Block, report to the classroom.
- Be prepared to provide assistance as and when directed by the person in charge of the Ward who will receive all requests for assistance from CENTRAL CONTROL.
- Familiarise yourself with escape routes, and location of fire fighting equipment.
- Ensure that the corridors and stairways in the areas are kept clear in order that evacuation can be effectively and quickly carried out.
- Prepare in every way possible to evacuate patients from the Ward, or receive additional patients evacuated from elsewhere.
- Do not start evacuation in areas other than the disaster area until ordered to do so by CENTRAL CONTROL, and then only use the escape routes specified or safe.
- DO NOT USE TELEPHONES except for important matters related to the emergency, or patient's medical condition.

### 13. YARD STAFF/SECURITY

#### Normal Hours 08.00 to 17.00.

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, return to Yard Foreman's Office unless involved in the immediate disaster area.
- Be prepared to provide assistance with transport and movement of patients as and when directed by CENTRAL CONTROL, using available resources, i.e.: wheelchairs, stretchers, trolleys, chairs, etc.
- Be prepared for other duties as directed by CENTRAL CONTROL.

#### After Hours 17.00 to 08.00.

- Listen for emergency Respond Codes over P.A. System. Upon hearing any RESPOND CODE *Location*, (except RESPOND BLUE), return to Switchboard unless involved in the immediate disaster area.
- Be prepared to assist as directed by CENTRAL CONTROL.

### 14. ENGINEERING STAFF

- Listen for emergency Respond Codes over P.A. System. Upon hearing any Respond Code (except for RESPOND BLUE, i.e.: cardiac arrest), return to Chief Engineer's Office unless involved in the immediate disaster area.
- Chief Engineer to collect 2 way radio from Switchboard or Engineer's Office and proceed to vicinity of site of disaster.  
Assess and advise central control of unsafe systems and structures, and provide regular situation reports.  
Co-ordinate provision of services and equipment during and following a disaster.  
Wear Identification Helmet.
- Two electricians to collect one 2 way radio from Engineer's Department and proceed to Main Electrical Distribution Switchroom in basement. This 2 way radio is to be used **ONLY WHEN ABSOLUTELY NECESSARY**, to communicate with CENTRAL CONTROL. Carry out instructions with regard to electricity distribution as directed by CENTRAL CONTROL.  
Wear Identification Helmets provided in Main Switchroom.
- All engineering staff to provide assistance and when directed by the person appointed to be in charge of engineering at the time, who will receive all requests for assistance during the emergency from CENTRAL CONTROL.
- DO NOT USE TELEPHONES** except for important matters related to the emergency.

## 15. SUPPLY DEPARTMENT & LINEN STORE

- Listen for emergency Respond Codes over the P.A. System. Upon hearing RESPOND ORANGE *Location*, go to Personnel Office unless involved in the immediate disaster area.
- Be prepared to provide assistance as and when directed by the person in charge of Personnel, who will receive all requests for assistance during the emergency from CENTRAL CONTROL.
- DO NOT USE TELEPHONES except for important matters relating to the emergency.
- Following the all clear announcement, RESPOND GREEN, over the P.A. System at the conclusion of the emergency, return to your Department and be prepared to supply stores and linen as requested to satisfy the requirements of the Hospital in the post disaster phase.

## 16. PARAMEDICAL DEPARTMENTS

including Pathology, Pharmacy, Speech Pathology, Physiotherapy, Audiology, Occupational Therapy, Welfare, Library, Dental Clinic; Dietetics E.C.G./E.E.G., Medical Records.

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, return to your Department unless involved in the immediate disaster area.
- Be prepared to provide assistance as and when directed by the person in charge of your Department, who will receive all requests for assistance during the emergency, from CENTRAL CONTROL.
- DO NOT USE TELEPHONES except for important matters related to the emergency, or patient's medical condition.
- Pharmacy only:  
Should evacuation of Pharmacy be required, lock Drug Safe and secure store and dispensary.

**17. CLERICAL STAFF**

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, return to General Office unless involved in the immediate disaster area.
- Be prepared to provide assistance as and when directed by the Assistant Accountant, who will receive all requests for assistance during the emergency from CENTRAL CONTROL.
- DO NOT USE TELEPHONES except for important matters related to the emergency.
- Be prepared to lock up or move to a safe area all valuable documents, and lock the safe.

**18. OTHER DEPARTMENTS**

including Domestic Services, Catering, Social Club, Professional Staff Group, Nurses' Home and Accommodation Areas.

- Listen for emergency Respond Codes over P.A. System. Upon hearing RESPOND ORANGE *Location*, return to the office of your Department Head, unless involved in the immediate danger area.

Occupants of Nurses' Home and other accommodation areas, go to ground floor reception area of the Nurses' Home unless involved in the immediate disaster area.

- Be prepared to provide assistance as and when directed by the person in charge of your Department, who will receive all requests for assistance during the emergency from CENTRAL CONTROL.
- DO NOT USE TELEPHONES except for important matters related to the emergency.

## **ACTION AFTER A DISASTER**

1. The end of the active phase of a disaster will be indicated by the code **RESPOND GREEN** being announced over the public address system.
2. Replace identification helmets and 2 way radios. Repack kits from Central Control, Assembly Area and Collection Area.
3. All staff must make every effort to prevent mis-appropriation of personal and/or hospital property which can often occur after any disaster. Department 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 advised that personal property is their own responsibility.
4. Press Statements: No Staff member is permitted to release information of the disaster to the public, press, radio or television. **OFFICIAL** statements are to be made by the Chief Executive Officer or his Deputy.
5. **USED FIRE EXTINGUISHERS:** Department Heads must immediately notify the **ENGINEERING DEPARTMENT** of any used extinguishers even if they have not been fully discharged. Give details of location, number and type involved.

## **BOMB THREAT — DETAILS**

A Bomb Threat (or Arson Threat - threat to wilfully set fire to property), **SHOULD ALWAYS BE REGARDED AS GENUINE**, and individual reactions to such a threat should always be directed to safeguard life and property. Such threats will most likely be made by a telephone call to the Hospital and be received by the Switchboard Operator, although it is possible that such a call may be received by individual staff members.

If threats are received by mail, any suspicious looking letter or parcel must not be opened, but the Chief Executive Officer and Police must be notified immediately.

To assist the person receiving the call, a check list has been prepared (Appendix B). As the call will normally be extremely short, try and complete as much as possible of the check list, following the call.

It is **ESSENTIAL** that the receiver of the telephone threat should:

- (a) Remain calm and **NOT** terminate the conversation; ask questions but do not interrupt the answers.
- (b) Endeavour to prolong the conversation, perhaps using the following techniques:
  - (i) Ask for repeats of conversation because of a bad line or background noise.
  - (ii) Sympathising, etc.
- (c) While maintaining call, notify other staff by note to notify Police or Switchboard.
- (d) Use the check list (Appendix B) to establish as much information as possible.
- (e) Record the words of threat used by the caller as accurately as possible.
- (f) When the call is finished, complete the check list, record the time and duration of the call and notify the Switchboard Operator (if call is taken elsewhere).
- (g) Submit completed check list to Chief Executive Officer or, if after hours, Sister in Charge of the Hospital, who will establish **CENTRAL CONTROL**.

### ***DO NOT USE 2 WAY RADIOS<sup>3</sup> OR PAGING SYSTEM***

The Central Controller will make a decision on precautionary evacuation based on information given by the caller and recorded on the check list, or as instructed by the Police.

Following evacuation, Area Wardens and other staff **MAY** be asked by the Central Controller, and to the strict instructions of the Police, to volunteer for a bomb search of their respective areas.

*Upon discovery of a bomb, or a suspicious object:*

- (a) **DO NOT** touch or disturb the object in any way.
- (b) **DO NOT** cover the object.
- (c) **DO NOT** immerse the object in water.
- (d) Report finding to Central Control.
- (e) Clear the danger area of all occupants for at least 100 metres.
- (f) Remove flammable materials from the surrounding area.
- (g) Isolate gas, fuel and electricity supplies to immediate area.
- (h) Open windows and doors in the vicinity of the object to lessen the effect of the blast.
- (i) Use mattresses or similar objects for protection against flying shrapnel or debris.
- (j) **DO NOT** use 2 way radios or paging system. They can trigger some types of bombs.
- (k) **DO NOT** disclose bomb threats to the media. This can cause an increase in the number of threats which will probably be hoax, but each will cause major disruption to routine.

# EVACUATION — DETAILS

## THREE STAGES OF EVACUATION

1. **Away from immediate Danger Area:** This may simply mean pushing a patient's bed away from a burning waste paper basket near the bed, but it could also mean moving one or more patients out of a whole room to a safe area, making sure door and windows of the room are closed behind you. The decision to evacuate at Stage 1 level will be that of the person discovering the threat.

2. **Horizontal Evacuation:** This type of evacuation takes place when fire or heavy smoke from a single room or area threatens to spread to adjoining areas. All patients should be moved laterally to the nearest safe area on the same floor level behind smoke or fire doors, which must be kept closed as much as possible to minimise the hazard.

The decision to evacuate at Stage 2 level will be that of the Area Warden, possibly in conjunction with the Central Controller.

3. **Vertical Evacuation:** In the absence of smoke or fire doors or if the threat escalates, it will be necessary to evacuate to the ground level Assembly Area via the fire escape stairs.

DO NOT USE LIFTS until authorised to do so by the Chief Engineer, Fire Officer, or Central Controller.

The decision to evacuate at Stage 3 level will generally be that of the Central Controller, however, there may be some circumstances where the Area Warden must decide alone.

## PATIENT MOVEMENT PROCEDURES

1. Patients in immediate danger, including those who may be separated from safety as the threat expands through corridors, should first be moved to a nearby safe area. In case of smoke, all patients should be moved to floor level where the air is cleaner.

2. Next, move ambulant patients and visitors, assembling as many as possible into a human chain by holding hands, then one Staff member can lead them to the safe area.

3. Following these, evacuate ambulant patients who require assistance. One Staff member can sometimes assist two patients by walking with them supporting one on each side.

4. The last to be moved are non-ambulant patients who require individual handling via blanket drag, chair drag, various lifts and carry techniques, etc.

### Points to Note:

1. The first Staff member out with patients should take the Ward Census Sheet and use this to account for every patient evacuated when they arrive at the Assembly Area.
2. In a Ward, the blanket is the most essential piece of equipment at your disposal, as it can be used to smother a fire; drag patients from room to room; be used as a "stretcher" for carrying in halls and stairs; or used to move several infants to safety.
3. Patients in traction who need evacuating must be freed of the traction apparatus quickly by cutting the suspension ropes.
4. Last Staff member out of evacuation area must be satisfied that each room, including toilets, bathrooms, duty rooms, etc. have been evacuated, and close the door to the area upon leaving.

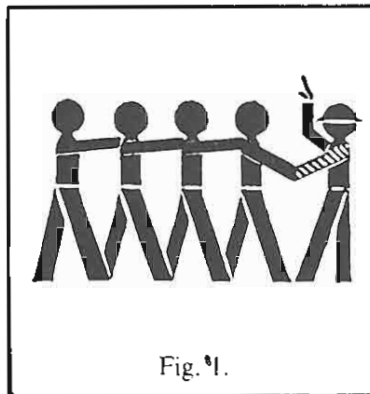
## EVACUATION TECHNIQUES

### 1. *Ambulant Patients*

Ref. Fig. 1.

Form human chain with as many ambulant persons as possible.

One Staff member leads group to Assembly Area and accounts for these and all future evacuees.



## 2. Patients Requiring Assistance

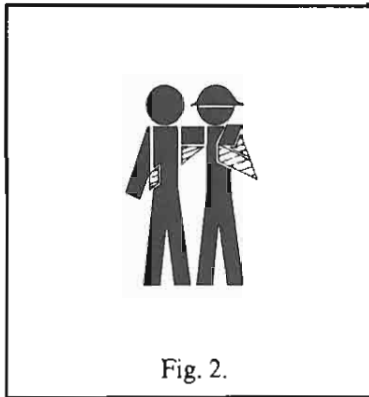


Figure 2: Human Crutch

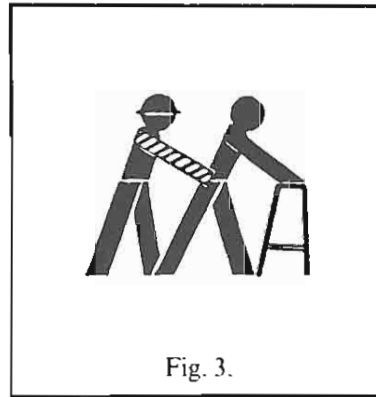
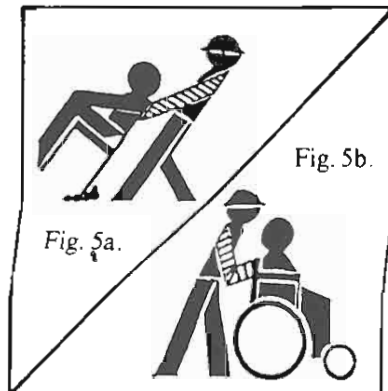
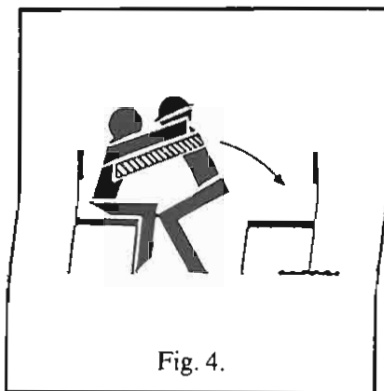


Figure 3: Using available aids.

## 3. Non Ambulant Patients

### A. Using chairs and wheelchairs:

- (i) If possible, place towel or rug under rear legs of chair.
- (ii) Transfer patient to chair (or wheelchair). (Fig. 4).
- (iii) Tilt chair backwards and slide to safe area or push wheelchair to safe area. (Fig. 5a and 5b).



## B. Carrying Patient

- (i) The rescuers face each other and grasp their own left wrists with their right hands.
- (ii) Their hands are then put together, the free left hand grasping the right wrist of the rescuer opposite. (Fig. 6)
- (iii) Seat the patient in the "handed seat" and then have the patient put one or both arms around the necks of the rescuers. (Fig. 7).
- (iv) Carry the patient to safe area.

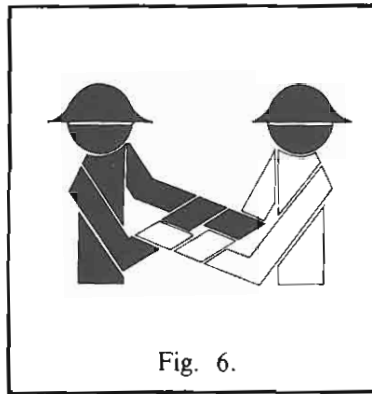


Fig. 6.

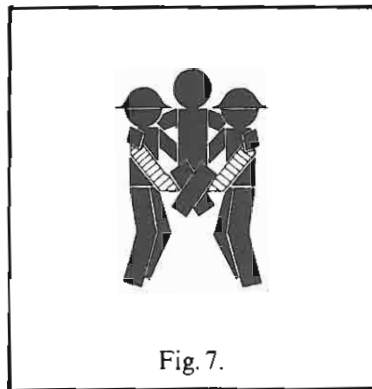


Fig. 7.

Another method is to place patient on chair, then rescuers at front and back of chair lift and carry patient to safe area. (Fig. 8).

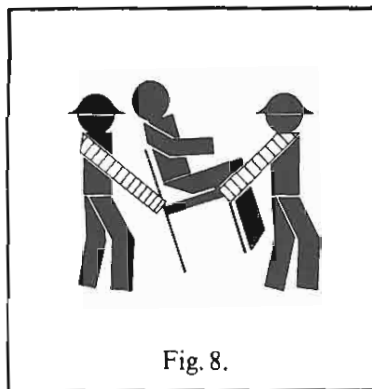


Fig. 8.

### C. Blanket or Safety Sheet Drag

#### 1. Blanket

Place blanket diagonally on floor beside bed.

Sit patient up and transfer gently to blanket on floor.

Fully wrap patient in blanket allowing free end to grasp, and drag to safe area.

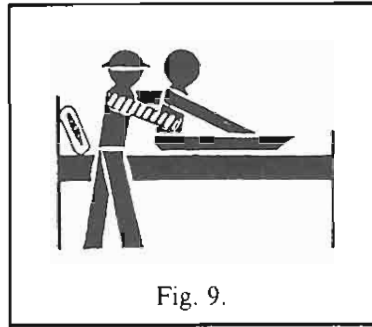


Fig. 9.

#### 2. Safety Sheet

Unclip belts of safety sheet from beneath bed and lay them over patient and bedding.

Fasten belts with clips and tension belts thus wrapping patient securely in bedding.

Slide patient and bedding gently to floor and drag to safe area.

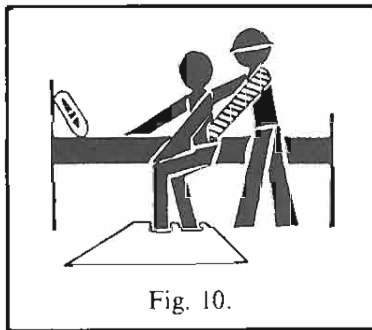


Fig. 10.

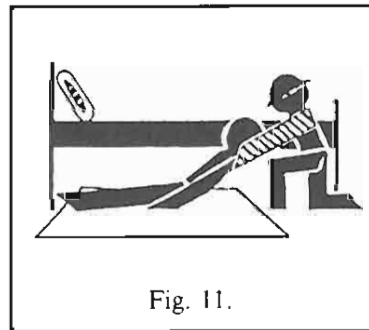


Fig. 11.

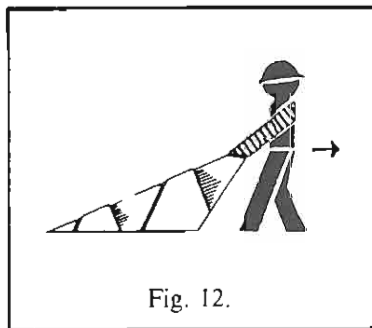


Fig. 12.

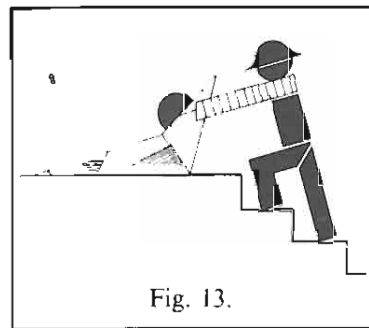


Fig. 13.

# REDUCTION OF RISKS — HINTS

**HOUSEKEEPING** Do not accumulate rubbish inside or outside buildings.

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

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

**EQUIPMENT** Do not use defective and unsafe equipment. Arrangements should be made for its immediate removal for repair or disposal. When in doubt contact the Engineer's Department.

Do not **overload** electrical circuits by "doubling up" appliances — double adaptors are not to be used in this hospital without the authority of the CHIEF ENGINEER.

All electrical appliances brought in by patients, hospital residents or visitors must be checked by the Engineering Department to ensure they are safe to use.

**FLAMMABLE LIQUIDS** All **Flammable Liquids** must be stored in safe containers in the Flammable Liquid Storeroom. 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.

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

**MEDICAL GASES** **Know the location of the isolation valves** for your medical gas wall outlets. These **MUST** be isolated in the event of a fire in your area, or when instructed by Fire Officer, Engineer or Central Controller.

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

## **ALWAYS**

- Report to the Engineer's Department any faulty equipment, furniture or building structure.
- Strictly supervise SMOKING (especially in bed); welding; use of gas appliances, and open flame.
- 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 condition, when no longer in use. SWITCH OFF when not in use.
- Familiarise yourself with departmental and hospital procedures to avoid costly mistakes.

## **DO NOT**

- Run along corridors and around corners — round that corner could be lurking "sudden disaster". Observe traffic patterns — KEEP LEFT.
- Clutter up corridors and passage ways with mobile equipment, trolleys, ladders 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. Requests for repair should be submitted to the Engineer's Department on a Minor Maintenance Requisition Form.

## NEVER

- Take anything, any situation or any task for granted. Taking things for granted often leads to accidents.
- Leave a cigarette or match 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 staff to operate equipment without ensuring that they know how to use it. 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 reduce frustration, discomfort and misery.

## EDUCATION AND TRAINING PROGRAMMES

**Fire and Safety Lectures**, evacuation demonstrations and practical use of fire extinguishers are carried out regularly. Films on Fire Prevention and Safety form part of these lectures. As it is compulsory for Staff to attend at least one of these lectures annually, it is hoped that all members of the Staff will be made aware of the importance of SAFETY, and practice same.

**Evacuation Drills** are held on a regular basis and will be initiated by the SAFETY OFFICER. These drills will be announced over the Public Address System as follows:

### RESPOND ORANGE PRACTICE    Location

Staff in the practice location must take simulated action as laid down in this manual.

**Safety Inspections** are carried out in every Department regularly. You are encouraged to report any safety hazards to, or discuss any safety related problem with the SAFETY OFFICER who will, if necessary, bring the matter to the attention of the SAFETY COMMITTEE at its next regular meeting.

**CONTROL AREAS AND AREA WARDENS  
APPENDIX "A"**

Control Area	AREA WARDEN	
	Day Shift	After Hours
<b>YUILLE HOUSE</b> YG, Y1, Y2, Y3, Y4	Charge Sister for each Shift for each Floor	
<b>SLOSS HOUSE</b> Ground Floor: Accident & Emergency Dept. Remainder of Ground Floor	Charge Sister for each Shift	
	Cas. Clerk 8.30 a.m. to 11.00 p.m.	Security & Yardman 11.00 p.m. to 8.30 a.m.
<b>First Floor:</b> Theatre CSSD	Sister in Charge at the time Sister in Charge at the time	
<b>EDWARD WILSON BLOCK</b> Basement	Yardman in Charge, 8.00 a.m. to 11.00 p.m.	
Ground Floor: ICU, EGW, EGS, EGE, ECG, ) Telex, Admissions, Booking ) Offices	Booking Clerk 8.00 a.m. to 5.00 p.m.	Yardman and Security Man 5 p.m. to 8 a.m.
<b>First Floor:</b> E1 NORTH incl. NURSERY E1 SOUTH incl. BIRTH -- ROOMS	D.C. Sister for this Area D.C. Sister for this Area	
<b>Second Floor:</b> CLASSROOM	Midwifery Educator	Yardman and Security Man
<b>ADMINISTRATION/OUT-PATIENTS BLOCK</b> Ground Floor: General Administration	Assistant Accountant	Yardman and Security Man
Outpatient Office, Physio., Speech, etc.	O/P Office Senior Clerk	Yardman and Security Man
<b>First Floor:</b> Nursing, Admin., Office Areas, Chest Clinic, O.P.'s Clinic, Dental Clinic	Chief Dentist	Yardman and Security Man
<b>PHARMACY</b>	Pharmacist in Charge	Yardman and Security Man
<b>QUEEN VICTORIA BLOCK</b> QG and Q1	Charge Sister for each Shift for each Floor	
<b>MEDICAL SERVICES BLOCK</b> Basement: Mortuary, Social Club, Toilets, etc.	Linen Services Supervisor 7.30 a.m. to 4.00 p.m.	Yardman and Security Man
Ground Floor: Radiology	Radiographer in Charge	Yardman and Security Man
<b>First Floor:</b> Bloodbank, Offices	Senior Technologist Bloodbank	Yardman and Security Man
<b>Second Floor:</b> Pathology Laboratories	Senior Biochemist	Yardman and Security Man
<b>Third Floor:</b> Top Plant Room	Engineers	
<b>CAFETERIA BLOCK</b> Ground Floor: Office Areas	Personnel Officer	Yardman and Security Man

## CONTROL AREAS AND AREA WARDENS (Cont.)

Control Area	Day Shift	After Hours
<b>First Floor:</b> Cafeteria, Function Rm. 1	Cafeteria Supervisor on Duty	Yardman and Security Man
<b>Second Floor:</b> Library, Function Rooms, Toilets, etc.	Librarian	Yardman and Security Man
<b>SERVICES BLOCK</b>		
<b>Basement:</b> Linen Store, General Store, Plant Rooms	Linen Services Supervisor	Yardman and Security Man
<b>Ground Floor:</b> Kitchen, Incinerator, Boiler House, 2 Workshops, Office and Stores	Duty Chef	Yardman and Security Man
<b>First Floor:</b> Toilets, 2 Workshops, Offices, Store, RMO's Recreation Room	Tradesman on Duty	Yardman and Security Man
<b>Second Floor:</b> Plant Room	Tradesman on Duty	Yardman and Security Man
<b>NURSES' HOME, HUTTON JONES and McDONALD WING</b>		
<b>Basement to Sixth Floor</b>	Nurses' Home Supervisor 8.00 a.m. to 1.00 p.m.	Yardman in Charge and Security Man

### ASSEMBLY AREAS

- |                                       |     |  |
|---------------------------------------|-----|--|
| 1. CARPORT BEHIND<br>YUILLE HOUSE     | for | Yuille House<br>Cafeteria<br>Services Block<br>Nurses' Home<br>Sloss House First Floor —<br>Theatre and C.S.S.D. |
| 2. COVERED WAY, WEST OF<br>WARD 'EGW' | for | EGW<br>EGS<br>E.I<br>Adminis./Outpatients Block<br>Pharmacy<br>Queen Victoria Block<br>Medical Services Block    |
| 3. FOYER - SLOSS HOUSE                | for | EGE  |
| 4. EMERGENCY X-RAY DEPT.              | for | ICU  |
| 5. FOYER MEDICAL<br>SERVICES BLOCK    | for | A&E. Dept. and Ground<br>Floor Sloss House   |

### COLLECTION AREA

- |   |     |   |
|---|-----|---|
| FOYER MEDICAL<br>SERVICES BLOCK<br>Alternatively,<br>GROUND FLOOR<br>OUTPATIENTS DEPT.<br>if MSB Foyer is unsafe to use | for | All Ward Areas, Theatre, Cas.<br>following clearance through<br>Assembly Area |
|---|-----|---|

### CASUALTY TREATMENT AREA

- ACCIDENT and EMERGENCY DEPARTMENT  
alternatively,  
WARD EGW IF A. & E. DEPARTMENT IS UNSAFE TO USE.

### CENTRAL CONTROL

- TELEPHONIST SWITCHBOARD/OFFICE AREA  
alternatively,  
ADMISSIONS WAITING ROOM if Switchboard is unsafe to use.

# TELEPHONE BOMB THREAT CHECK LIST

**WORDING OF THE THREAT**

*(Try to record exact words)*

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**KEEP THE CALLER TALKING**

*(Try to obtain as much information as possible)*

**QUESTIONS TO ASK:**

1. **When** is bomb going to explode? .....
2. **Where** is it right now? .....
3. **What** does it look like? .....
4. **What** kind of bomb is it? .....
5. **What** will cause it to explode? .....
6. **Who** placed the bomb? .....
7. **Why?** .....
8. **Where** are you? .....
9. **What** is your name? .....

Estimated Age of Caller .....

Sex of Caller..... Intoxicated .....

Number at which call is received .....

Time:..... Date: .....

Name: .....

Position: .....

Phone Number: .....

**CALLER'S VOICE:** *Tick all applicable boxes*

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep breathing  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Cracking voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |

If voice is familiar, who did it sound like? .....

**BACKGROUND SOUNDS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Street Noises    | <input type="checkbox"/> Children          |
| <input type="checkbox"/> Crockery         | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> P.A. System      | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Static            |
| <input type="checkbox"/> House Noises     | <input type="checkbox"/> Local             |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Long Distance     |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Booth             |

Other .....

**THREAT LANGUAGE:**

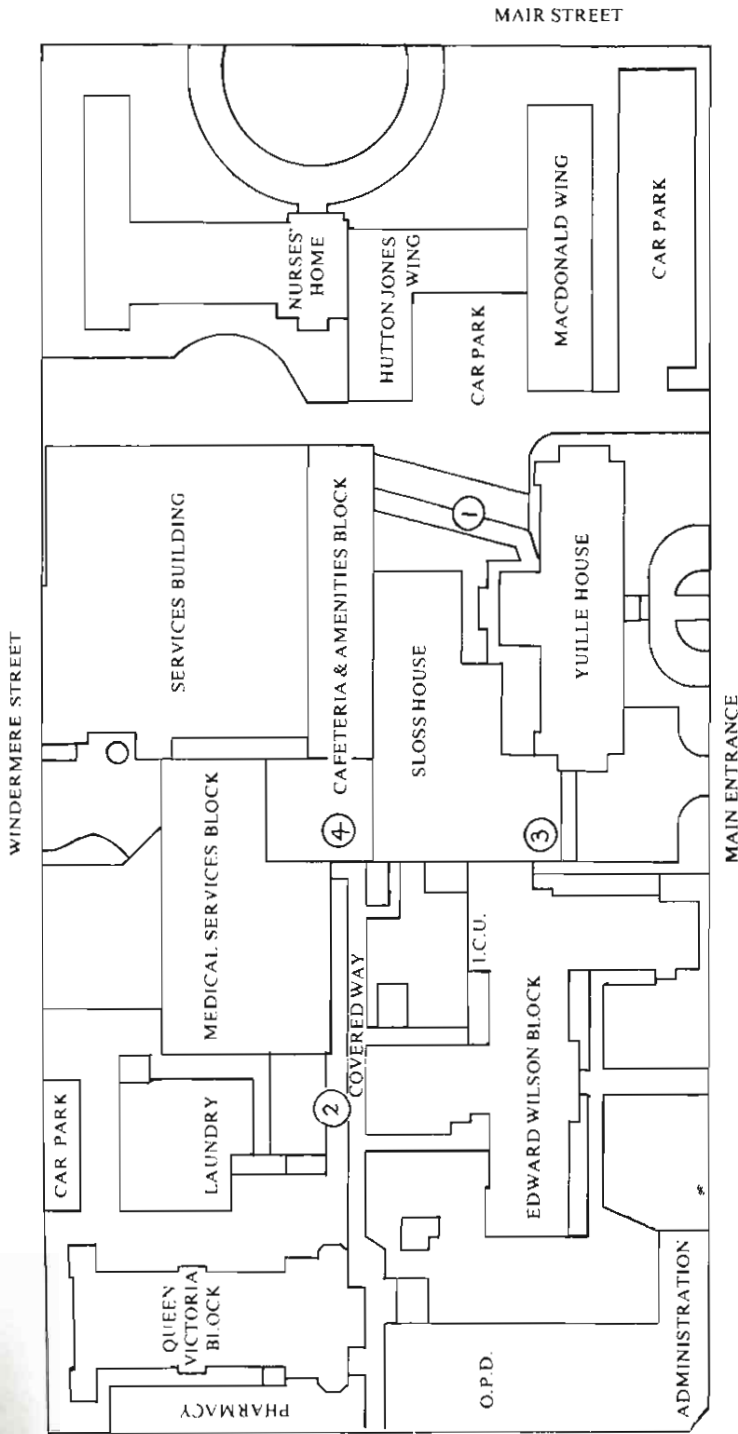
- |   |  |
|---|--|
| <input type="checkbox"/> Well spoken (educated) | <input type="checkbox"/> Incoherent                    |
| <input type="checkbox"/> Foul                   | <input type="checkbox"/> Taped                         |
| <input type="checkbox"/> Irrational             | <input type="checkbox"/> Message ready by threat maker |

**REMARKS:** .....

**REPORT CALL IMMEDIATELY TO:**  
 SWITCHBOARD -- DIAL 299  
 CHIEF EXECUTIVE OFFICER OR  
 SISTER-IN-CHARGE OF HOSPITAL  
 (AFTER HOURS)  
 POLICE

WINDERMERE STREET

CAR PARK



SCALE 1:500



1. ASSEMBLY AREA  
 For: YUILLE HOUSE  
 CAFETERIA  
 SERVICES BLOCK  
 NURSES HOME  
 SLOSS HOUSE  
 (First Floor Only)
2. ASSEMBLY AREA  
 For: EGW  
 EGS  
 EL  
 ADMINISTRATION: OUTPATIENTS  
 PHARMACY  
 QUEEN VICTORIA BLOCK  
 MEDICAL SERVICES BLOCK
3. ASSEMBLY AREA  
 For: EGE
4. ASSEMBLY AREA and COLLECTION AREA  
 For: SLOSS HOUSE  
 (Ground Floor Only)  
 ICU  
 (Use Emergency X-Ray)  
 ALL WARD AREAS  
 THEATRE  
 A. & E. DEPT.  
 (Following Clearance Through  
 Assembly Area)