Emergency Procedures & Fire Safety

Updated August 2015 (Version 5)
This Online Learning Program is endorsed by ACN according to our Continuing Professional Development Endorsed Course Standards. It has been allocated 1 CPD hour according to the Nursing and Midwifery Board of Australia – Continuing Professional Development Standard.
Objective of Education Package

After identification of their own learning needs the employee will be able to show evidence of theoretical knowledge of Emergency Procedures and Fire Safety. This tutorial is designed to provide an overview to emergency codes and fire safety in Australia. After proceeding through this online tutorial the participant should have understanding of the basic concepts of fire prevention, the use of fire equipment and fire system awareness, fire emergency response procedures and evacuation, and the Emergency Procedure Guide.

This tutorial is designed as a generic learning tool in which all levels of nursing and healthcare workers can exit with the same learning experience. However, healthcare workers have the responsibility for making themselves aware of the specific policies and protocols where they work as equipment and conditions vary.

Remember: There are many textbooks and websites that you can access if you, as an individual working in the healthcare industry, recognise a need for more learning in this area and, as such, it is your obligation to do so.
Emergency Procedures

Always make sure that you are aware of a facility's policies, protocols and the location of safety equipment and emergency exits when you are working in a new environment. As an agency worker it is extremely important to seek out and familiarise yourself with this information as these procedures and locations will vary in every facility.

Most healthcare facilities will have an Emergency Procedure Guide located in each area of the hospital or aged care environment (usually it is located near the facilities’ emergency number). The Emergency Procedure Guide is usually a flip-chart booklet and outlines the actions required in the event of an incident.

Making sure that you are aware of these procedures may mean the difference between life and death for yourself and your patients in an emergency situation.

Emergency Codes

A national colour coded system has been developed to identify and communicate the various types of emergencies which you may encounter in a healthcare environment. These colour codes are based on Australian Standard 4083-2010: Planning for Emergencies – Health Care Facilities.

<table>
<thead>
<tr>
<th>Code Blue (Medical Emergency)</th>
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<td>Code Black (Personal Threat)</td>
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<td>Code Brown (External Emergency)</td>
<td>Code Orange (Evacuation)</td>
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<td>Code Red (Fire/Smoke)</td>
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</tbody>
</table>
**Code Blue: Medical Emergency**

Code Blue is associated with a medical emergency. This could include a cardiac or respiratory arrest where the patient is in need of resuscitation or other cases where a patient is in need of immediate medical attention. The emergency response to a Code Blue is to commence Basic Life Support (DRSABCD) until further medical assistance arrives.

**Danger**
Check for danger to yourself and then others. Remove the hazard or minimise risk where possible.

**Response**
Check for a response by tapping/shaking their foot and asking 'are you okay?' 'Touch and talk method'.

**Send for Help**
Use the **Emergency Call Button** if in a patient's room, or attract the attention of another person to seek help. If calling the emergency number, you should state:
- The nature of the medical emergency e.g. cardiac arrest
- Where you are located e.g. ward, room number, floor.

**Airway**
Check that the airway is clear.

**Breathing**
Check for normal breathing.

**Compressions**
Commence chest compressions (100 per minute or 30:2).

**Defibrillate**
Defibrillate patient via Automated External Defibrillator (AED).

Stay with the patient until help arrives.

*In some of the larger hospitals throughout Australia before a patient requires a Code Blue – Arrest call to be made, a Medical Emergency Team (MET) can be called if the patient’s condition is deteriorating. Make sure to check with the health facility.*

For further information on performing **Basic Life Support**, please read the **HCA Basic Life Support online package**.
Code Purple: Bomb Threat

Although rare, all healthcare professionals should be aware of what to do if you discover a suspicious package or receive a bomb threat in the workplace.

**If you receive a bomb threat via telephone, you should:**
- Remain calm and listen – where possible complete a Bomb Threat Checklist (example on page 6) with the caller or take general notes regarding the call.
- Whilst not alerting the caller, attract the attention of a second person to contact the hospital emergency number on a separate line and state:
  - That you have received a bomb threat;
  - The exact location of the bomb (if known); and
  - Your name and title.
- **Do not disconnect the call (even if the caller does hang up as it may be possible for police to trace the call).**
- **Try to keep the caller on the line as long as possible (to obtain as much information as possible).**
- Follow the directions of senior staff.

**If you find a suspect package, you should:**
- Leave the item alone – do not touch, tilt or tamper with it.
- Dial hospital emergency number and state:
  - There is a suspect package; and,
  - The suspect object’s exact location.
- Follow the directions of senior staff.

Do not use mobile phones or any radio frequency equipment as they may activate the bomb.
## PHONE THREAT CHECKLIST

**REMEMBER TO KEEP CALM**

### WHO RECEIVED THE CALL

- **Name (print):**
- **Signature:**
- **Telephone number called:**
- **Date call received:**
- **Time received:**

### GENERAL QUESTIONS TO ASK THE CALLER

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td></td>
</tr>
<tr>
<td>When is the bomb going to explode? OK</td>
<td></td>
</tr>
<tr>
<td>When will the substance be released?</td>
<td></td>
</tr>
<tr>
<td>Where did you put it?</td>
<td></td>
</tr>
<tr>
<td>What does it look like?</td>
<td></td>
</tr>
<tr>
<td>When did you put it there?</td>
<td></td>
</tr>
<tr>
<td>How will the bomb explode? OK</td>
<td></td>
</tr>
<tr>
<td>How will the substance be released?</td>
<td></td>
</tr>
<tr>
<td>Did you put it there?</td>
<td></td>
</tr>
<tr>
<td>Why did you put it there?</td>
<td></td>
</tr>
</tbody>
</table>

### BOMB THREAT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of bomb is it?</td>
<td></td>
</tr>
<tr>
<td>What is in the bomb?</td>
<td></td>
</tr>
<tr>
<td>What will make the bomb explode?</td>
<td></td>
</tr>
</tbody>
</table>

### CHEMICAL / BIOLOGICAL THREAT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of substance is in it?</td>
<td></td>
</tr>
<tr>
<td>How much of the substance is there?</td>
<td></td>
</tr>
<tr>
<td>How will the substance be released?</td>
<td></td>
</tr>
<tr>
<td>Is the substance a liquid, powder or gas?</td>
<td></td>
</tr>
</tbody>
</table>

### EXACT WORDING OF THREAT

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### ANALYSIS OF CALLER’S VOICE

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accent:</td>
<td>Australian American</td>
<td>Middle Eastern European</td>
</tr>
<tr>
<td>Voice:</td>
<td>Angry Child</td>
<td>Obscene</td>
</tr>
<tr>
<td>Speech:</td>
<td>Fast Stutter</td>
<td>Slow</td>
</tr>
<tr>
<td>Threat Language:</td>
<td>Well Spoken</td>
<td>Insolent</td>
</tr>
<tr>
<td>Background Noise:</td>
<td>None</td>
<td>Construction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of Call</th>
<th>Estimated Age</th>
<th>Did the caller appear familiar with the area?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Comments from person receiving the call: __________________________________________________________________________________________

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Internal emergencies, or **Code Yellow**, are incidents which threaten the safety of staff, patients, visitors or the physical structure of the facility that you are working at. These may also include incidents that reduce the capacity for the facility to function normally.

**Internal Emergencies can include:**

- A failure of essential services e.g. electrical outage, burst water main, gas leak;
- Hazardous substances incidents e.g. a leakage or spillage of substances such as flammable liquids. (A Material Safety Data Sheet (M.S.D.S.) should be located near the hazardous chemical as well as in a central location. Do not attempt to handle the leakage/spillage without reference to the M.S.D.S.);
- Structural damage; and,
- Flooding in patient or non-patient areas.

**If you discover an internal emergency, you should:**

- Remain calm.
- Dial the hospital emergency number and state:
  - There is an internal emergency – Code Yellow;
  - The exact location; and,
  - Your name and title.
- Move patients, staff and visitors who are in immediate danger BUT ONLY IF SAFE TO DO SO.
Code Black: Personal Threat

Personal threat situations, or a **Code Black**, can include armed or unarmed persons threatening injury to others or themselves. Personal Threats can also include incidents of violence or assault; armed hold-ups; robbery and the presence of an intruder.

**If you are involved in a situation of personal threat or an armed hold up, you should:**

- Obey the offender’s instructions; comply *only* if they are reasonable demands which do not place you in any additional danger. Do as you are told, but no more. Do not volunteer any additional information beyond what you are asked;
- Remain calm – respond calmly to the aggressor. Avoid raising your voice;
- No sudden or unexpected movements;
- Remove yourself from the situation as soon as it is safe to do so;
- Try to remember as many details about the offender as possible – e.g. height, weight, hair colour, clothing, identifying marks, speech;
- Dial the hospital emergency number if able to and state:
  - There is a personal threat situation – Code Black;
  - The exact location; and
  - Your name & title.
- Use duress alarm if available and is able to be safely reached;
- Do NOT withhold drugs or money if they are demanded with threats of violence – all property should be handed over without question;
- Record observations of the perpetrator after the threat has passed; and
- Do not pursue the offender if they leave the health care facility.
In some of the larger hospitals throughout Australia, there is an Emergency Code called **Code Grey**. **Code Grey** called when an unarmed patient becomes physically or verbally aggressive and may potentially cause harm to themselves, others and/or property. These patients may require physical or chemical restraint and the response team is alerted to assist in subduing or restraining the patient.

In these hospitals, **Code Black** will refer to armed threats or threats from non-patients.

It is your responsibility as a HCA employee, to ascertain which Emergency Codes are profiled in the healthcare setting you are employed in and to know what responses are required from casual employees.

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**Code Brown: External Emergency**

External emergencies (major disaster) that may have occurred within region and may include any of the following:

- Transport accidents;
- Industrial accidents;
- Chemical/biological/radiation release; and,
- Natural disasters e.g. bush fires, floods, cyclones, etc.

Depending upon the nature of the emergency and the availability of other emergency resources, any healthcare facility may become involved in an emergency response. Activation of various phases of the overall plan will only occur on the authority of the Hospital Executive Team.
Evacuation refers to the movement of people from immediate danger in as quick and safe manner as possible. The case of a fire is used as an example throughout this section.

Stage 1:
Remove people from the immediate danger, outside the room, or into an adjoining room and for example in the case of a fire, isolating the fire by closing the door.

Stage 2:
Remove people from outside the involved room into another safe adjoining fire compartment, either horizontally away from the fire through the smoke/fire doors, or vertically to another level/floor below the fire.

Stage 3:
Remove people from the building to a pre-determined safe assembly area dependent on the size of the facility.
Priority of Evacuation

1. **Ambulant Patients and Visitors** who can evacuate themselves and can be directed to a safe area. These patients and visitors can also assist semi-ambulant patients to evacuate;

2. **Semi-Ambulant Patients** who may be suffering conditions, which cause them to move slowly. These patients must be assisted out of danger;

3. **Non-Ambulant Patients** who are totally reliant upon rescuers’ to remove them from danger; and finally,

4. **Violent, Aggressive or Resistive Patients.** These are the type who may put the rescuer at risk and are left until last in the evacuation.

A lift should **not** be used for evacuation under any circumstances as power failure or fire in lift shaft may occur. Always use the stairs to descend the levels to safety.
The presence of smoke or fire is considered a **Code Red**. If you discover fire or smoke you should:

- Remain calm;
- Remove any people from immediate danger (if safe to do so);
- Dial the hospital emergency number and state:
  - ‘There is a **Code Red**’
  - The exact location
  - Your name and title.
- Follow the remaining steps of the **R.A.C.E.** acronym (below) to safely respond an emergency fire situation.

**R.A.C.E**

- **R**emove – people from the immediate area if safe to do so;
- **A**lert – switch (dial emergency no.) or the Fire Brigade (break glass alarm);
- **C**ontain – if practicable, close the doors and windows to contain the fire (either in or outside of a room);
- **E**xtinguish – use appropriate fire-fighting equipment but do not take risks. **E**vacuate to a safe area if/when directed to do so (following the steps of **Code Orange: Evacuation**, pg. 10-11), ensuring that you can account for everybody under your care.

**Remember your own safety is your first priority;**

**Do not put yourself at risk!**
In the event of an alarm:

- Check your immediate area for any sign of smoke, fire or a red light showing on a detector;
- Make sure that fire doors and windows are closed in your immediate area;
- Listen for any messages over the PA (Public Address) system;
- Evacuate to a safe area when directed to do so (following the steps discussed on pages 10–11 regarding Code Orange: Evacuation) ensuring that you can account for everybody under your care; and
- Remember the R.A.C.E format if you discover fire or smoke.

Chemistry of Fire: The Fire Triangle

Fire starts when Fuel – (a flammable and/or combustible material) has an adequate supply of Oxygen and is subjected to enough Heat.

A fire cannot exist without these three elements:
FUEL + OXYGEN + HEAT.

Therefore, fire can also be extinguished by removing any one of these three elements. For example:

- Removal of HEAT through the application of water via a hose;
- Removal of OXYGEN through application of carbon dioxide to starve the fire of O2;
- Removal of FUEL through use of bins to keep rubbish contained, etc.
Health Facilities Fire Protection Systems

1. Each Health Facility that you are employed in will have Policies & Procedures at the local level. These Policies & Procedures have been developed to guide you in the event of a work place hazard occurring. It is up to the individual to have knowledge of these local Policies & Procedures;

2. All Health Facilities will have heat and smoke detectors;

3. All Health Facilities should have a ‘Break Glass Alarm’ within its environment and an internal alarm system;

4. Most Health Facilities have fire and/or smoke rated doors;

5. All Health Facilities will have a selection of fire fighting equipment e.g. canvas hose reels (for use of Fire Department); fire extinguishers; fire blankets; fire hose reels;

6. All Health Facilities will have a pre-determined Assembly Area, you will need to proceed to this area after you have been evacuated from the building. DO NOT re-enter the building until the ‘All Clear’ is given to you by the Chief Fire Warden/Floor Fire Warden;

7. All Health Facilities will have a maintenance system of all its equipment on an annual basis; and

8. All Health Facilities will have a training/education program for their staff.
Operation of Fire Fighting Equipment

When using a fire extinguisher there are 4 basic steps to remember:

**P-A-S-S**

- **Pull the pin** at the top of the extinguisher
- **Aim the nozzle** towards the base of the fire
- **Squeeze** the handles together
- **Sweep** the nozzle from side to side, directing the contents at the base of the flames.

Classes of Fire

In order to select the appropriate fire fighting equipment you must be familiar with the different classes of fire.

- **Class A**: Paper, textiles, wood, most plastics and rubber
- **Class B**: Flammable liquids
- **Class C**: Combustible gases
- **Class E**: Energised electrical equipment
- **Class F**: Cooking Oils and Fats
Identification of Fire Fighting Equipment

Water Extinguisher
- Red extinguisher
- **Class A**: Wood, paper, plastic, textiles and rubber.

Foam Extinguisher
- Red extinguisher with blue band
- **Class A & B**: Wood, paper, plastic, rubber and flammable liquids.

Dry Chemical / Powder Extinguisher  **AB(E)** or **B(E)**
- Red extinguisher with white band
- **AB(E)**: **Class A, B, C & E**: Wood, paper, plastics, rubber, flammable liquids, combustible gases and energised electrical equipment
- **B(E)**: **Class B, C, E & F**: Flammable liquids, combustible gases, energised electrical equipment and cooking oils and fats.

Carbon Dioxide
- Red extinguisher with black band
- **Class A, B & E**: Used mainly on electrical fires, but does have some limited use on woods, paper plastic and also flammable liquids.
- Note: the differing profile of nozzle in the cylinder.
Fire Blankets

- Fire Blankets should only be used on small fires;
- Protect yourself from the flames by shielding your body with the blanket. Look over the blanket and approach the fire keeping it at arm’s length;
- Place (do not throw) the blanket over the container to completely smother the fire. Make sure that the blanket has completed a seal around the rim of the container;
- Back away from the fire to a safe distance;
- Dispose of the blanket after use. **DO NOT REUSE.**

Fire Hose Reel

- Suitable for use on common combustible solids such as paper, wood, rubber and plastic;
- Open valve (ensure that hose reel is turned off at nozzle);
- Run out hose towards scene of fire; and,
- Open nozzle and direct stream at base of fire.

Remember to **always** make yourself aware of the policies, protocols, location of safety equipment and emergency exits and your role in the event of an emergency as these will differ in every facility in which you work.
CONGRATULATIONS!

You have completed the reading for this part of the course and should now complete the 10 question assessment quiz to successfully complete the course.

Advisory Panel (2015)

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References:


Fire Extinguishant Chart (n.d.), Chubb Training Group, Australia.


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