EMERGENCY RESPONSE PROCEDURES

Scope, Aims and Objectives
All residential aged care facilities are required to set out procedures and plan for and respond to internal and external emergencies.

These Emergency Response Procedures form part of the Hardi Aged Care Emergency Plan, however, they are a stand-alone document that provides staff with roles, responsibilities, general and specific guidance for actions to be undertaken during an emergency.

The Emergency Reference Checklist provides a colour coded summary and brief detail on emergency responses for specific emergencies and constitute part of these procedures.

In the event of an emergency that requires or triggers the intervention of an external agency, i.e. Fire & Rescue NSW, NSW Police, NSW State Emergency Services, the facility shall transfer control of the response to the relevant external agency, while maintaining command and coordination of other elements of the response.

Authority
The authority to initiate the Emergency Response Procedures in an area or building is vested in and delegated to the Emergency Coordinator on duty at the time of the emergency. However, any staff member discovering an incident, necessitating an immediate response/evacuation, should ensure life and safety is not compromised by seeking the authority to respond/evacuate.

The Fire Safety Officer will assist the Emergency Coordinator during an emergency by providing information and advice. The Facility Management Team and Hardi Executive Team will assist the Emergency Coordinator during an emergency.

Evacuation of an entire facility would be decided in consultation with the senior emergency services personnel on site and the most senior facility manager available (or their delegate). This would then be communicated via the Emergency Evacuation Procedures.

The decision to ‘Stand Down’ is made by the lead external emergency services agency attending the emergency. The area will be handed back to the Facility Manager/Person in Charge.

Key Personnel
Each facility will maintain Key Personnel and Facility Information Contacts. Delegated authorities and chain of command are as per the Hardi Aged Care Chart of Delegations.

Responding to Specific Emergencies
Where appropriate, facilities will communicate the activation of these codes to the appropriate external agency.
Action in the Event of an Alarm

**Staff**-

**STOP!** What you are doing and begin an immediate search of the facility starting with your area

**LOOK!** For red light on detector, fire or smoke

**LISTEN** for a message over P.A. system, and respond to information

**Person in Charge/Emergency Coordinator**-

**PROCEED** directly to Fire Panel/Emergency Warning Intercommunication System (EWIS)

**OPEN** Panel

**CHECK** For area of Alarm

**FOLLOW** instructions on how to operate EWIS panel

**USE** PA system to announce required information

“Attention all staff Code RED followed by area in alarm” and repeat message

Refer to **Facility Emergency Action Poster**

**Fire/Smoke (Code RED)**

**Action in the event of Fire**

**REMOVE** All persons in danger

**ALERT** Staff and Fire Service

**CONTAIN** Close Doors

**EXTINGUISH** Use in house fire equipment

**IMPORTANT!** When Sprinkler activates – Do Not Enter Area

The Emergency Coordinator will be responsible for the following:

- Coordinating the emergency response from the Fire Indicator Panel wearing vest.
- Appointing Second-in-Charge (that wears appropriate vest).
- Ensure Fire & Rescue NSW has been notified (**OBTAIN OUTSIDE LINE – DIAL 000**).
- Arrange to confine the fire and smoke where it is safe to do so. If possible close doors and windows in the affected area. Do not remove/move items on fire – Confine them if safe to do so.
- Arrange to fight the fire only where it is safe to do so, with the use of appropriate equipment and back-up staff. Firefighting equipment should only be used by persons trained in its operation.
- Initiate any supplementary plans, including evacuation plans, pertinent to the area.
• Delegate actions as necessary.
• Meet Fire & Rescue NSW at the Fire Indicator Panel (‘Control Point’).
• Escort Fire & Rescue NSW to the source of the alarm.
• Advise Fire & Rescue NSW of any particular hazards and special areas for consideration, e.g. specific resident group needs.
• Follow instructions of Fire & Rescue NSW.
• Notify Facility Manager, as soon as possible.
• When the ‘Stand Down’ is given, ensure that all staff are notified.
• Ensure spent fire extinguishers and other used or damaged equipment is replaced by notifying Fire Safety Officer and entering in Maintenance Events (Manad).

NOTE: In the event of dense smoke or hazardous airborne pollution, consideration should be given to shutting down air handling systems to prevent intake or circulation of contaminants.
Medical Emergency (Code BLUE)

General

The facility manager will ensure the facility is able to respond effectively to a medical emergency on site by having:

- An Action Plan (indicated below).
- Staff trained in basic life support and with access to emergency advanced life support trained staff.
- Appropriate pharmaceuticals and equipment.

Action Plan

- All staff raise an alarm for a medical emergency by activating the closest call bell and contacting Senior Nursing Staff. Staff then follow instructions of Senior Nursing Staff.
- Senior Nursing Staff attend all Medical Emergencies.
- Senior Nursing Staff assess Medical Condition undertaking DRABC.
- As appropriate, a staff member is designated to phone Ambulance (OBTAIN OUTSIDE LINE – DIAL 000) and meet ambulance officers at facility entry.
- As appropriate, a staff member is designated to prepare clinical documentation for Transfer.
- Senior Nursing Staff remain with resident until Ambulance arrives and then follow instructions of Ambulance Officers.
- Senior Nursing Staff ensure all Adverse Event Documentation is completed.
- Senior Nursing Staff ensure all used equipment is replaced/cleaned and pharmaceuticals replaced/ordered.

Trained Staff

- Staff appropriately trained to provide basic life support and emergency advanced life support shall be available at all times.
- Ongoing training for skill maintenance shall be in place.
Internal Emergency (Code YELLOW)

General

Internal Emergencies are events that impact the facility and may be caused by an internal or external event which may adversely affect service deliver and/or safety of persons which requires a response.

Examples include, but are not limited to failure of, or disruption to, electricity, medical gases, water, information communication and technology systems, damage to structure, or incidents involving hazardous substances. Refer to Contingency Plans.

Staff are to:

1. Remain calm.
2. Notify Person in Charge who then ascertains problem and cause, if possible.
3. Person in Charge notifies appropriate Supplier/Authority and as required emergency services (OBTAIN OUTSIDE LINE – DIAL 000) and initiates the appropriate plan (as below) and referring to Contingency Plans.
4. Person in Charge notifies Facility Manager.
5. Facility Manager notifies CEO and GMs, as appropriate.
6. Complete appropriate documentation including Adverse Events, Maintenance/Hazard Events and Incident Investigation Report.

Computer Systems/Manad

In the event of loss of computer services/Manad:

1. Contact IT provider and follow instructions.
2. All data is backed up and maintained off site to ensure integrity of information.
3. All laptops have battery back-up, rotate laptops being used to ensure access to Manad and shut down others to conserve power.

Electricity

In the event of electrical failure:

1. Ensure all vital electrical services to residents is maintained e.g. oxygen concentrators, ventilators, pressure relieving devices, etc.
2. Relocate residents to an unaffected area of the building if possible and/or provide alternate source of electricity.
3. Phone Supplier to repair/restore service.
4. Notify staff and implement contingencies as appropriate to maintain resident care and services.
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Gas
In the event of gas failure:
1. Notify all staff, especially catering, laundry and care staff.
2. Phone Supplier to repair/restore service.
3. Person in charge to determine length of outage and implement contingencies as appropriate, e.g. food to be prepared using electricity/BBQ, limit requirement for hot water when providing personal care/showering, limit linen/laundry use until supply restored.

Hazardous Substances
In the event of a leak or spill of a hazardous substance:
1. Person in charge to contact Fire & Rescue NSW and NSW Emergency Services
2. Isolate area with doors/signs/barricades to ensure resident/staff safety.
3. Relocate residents to an unaffected area of the building if required.
4. The Facility Management Team are to implement safe work practices which include:
   - Staff training, availability of Spills Kits, Chemical Register located at Fire Indicator Panel and SDS (Safety Data Sheets) for all hazardous substances used and stored at the facility.
5. Refer to FC36 Hazard Identification and Risk Management.

Infectious Diseases/Outbreak
Refer to Infection Control policies, procedures and guidelines.

Lifts
In the event of loss of lifts:
1. If a person is in the lift, maintain contact with the person.
2. Phone Supplier to repair/restore service and to provide manual override instruction to remove person from lift.
3. Staff notify residents to remain in their area/room.
4. Person in charge ensures there are sufficient staff to meet resident care needs including hydration, meals and medications via stairs. Relocate staff and supplies as appropriate to continue resident services.

Medical gases (oxygen, suction, etc)
In the event of loss of medical gases:
1. Locations of Medical gases, including oxygen, to be labelled with Location Diagram which is to be available at Fire Indicator Panel.
2. Supplies of portable cylinders, regulators and suction equipment to be available, including reserves, and replaced as required.
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3. Ensure needs of residents are maintained.
4. Contact local hospital to assist, if required.
5. Relocate residents to an unaffected area of the building if possible.

Telephones
In the event of loss of phone services:
1. Use RED PHONES in emergencies.
2. Distribute facility mobile phones/pagers.
3. Phone Supplier to repair/restore service.
4. For extended periods, arrange for staff to carry mobile phones ensuring Person in Charge maintains staff mobile phone register.

Ventilation
Threat of danger may occur related to smoke or other hazardous airborne substance/pollutant from an internal or external source:
2. Close External doors and windows.
3. Close internal doors to contain within limited area within the building.
4. Relocate residents to an unaffected area of the building if possible.

Water
In the event of water failure:
1. Notify all staff to conserve supply, especially laundry, catering and garden/maintenance.
2. Maintain resident hydration.
3. Phone Supplier to repair/restore service.
4. Refer to contingency plans.

In the event of flooding and major water leaks, e.g. severe storm, leaking roof, burst pipes, equipment damage/outflows:
1. Notify appropriate staff.
2. Isolate area with barricades to ensure resident/staff safety.
3. Relocate residents to an unaffected area of the building if required.
4. Isolate service to maintain resident and staff safety if required, e.g. water supply, electricity supply.
5. Phone Supplier/Contractor to repair service/equipment.
6. Update Maintenance Schedules as required.
5. **External Emergency (Code BROWN)**

**General**

An External Emergency could be caused by Natural Disasters, Bushfire, Earthquake, Flooding, Major Road Accident, Aircraft Crash, Civil Disturbance, etc. which may adversely affect service delivery and/or safety of persons which requires a response.

An external emergency may also be declared when the resources of the facility are required as part of a response to an emergency that has taken place, which may include the reception of residents evacuated from other centres. In this case, refer to Emergency Evacuation Procedures – Receiving Facility responsibilities and resources. In this situation, provide additional staff and prepare additional medical equipment, supplies and receiving area. Prepare clinical documentation for temporary residents. Adopt additional security and communication methods.

**Action Plan when Facility is impacted by an External Emergency**

1. Remain calm – reassure residents that the Emergency Plan is in action.
2. Advise Emergency Coordinator as soon as possible.
3. Remove all residents/staff from affected area.
4. **OBTAIN OUTSIDE LINE – DIAL 000** for Emergency Services and state:
   - Type of Emergency
   - Exact location, including address and contact details
   - Number of people injured
   - Nature of injuries
5. Do NOT endanger life.
6. Restrict access to affected area.
7. Provide Emergency Services with relevant information regarding the facility’s services and follow instructions:
   - Electrical Switchboard
   - Gas supply shut off
   - Water supply shut off
8. Emergency Coordinator prepares for total evacuation, as required, taking Evacuation Bag/Box including Resident Lists and Staff Rosters.
Personal Threat (Code BLACK)

General
A Personal Threat emergency may involve armed or unarmed persons threatening injury to others or themselves, or occupancy (illegal or legal) of a building and/or civil disorder.

All staff who are alerted to the emergency will carry out the following:
1. Remain calm, do not be heroic.
2. Take measures to ensure that Police are notified (OBTAIN OUTSIDE LINE – DIAL 000).
3. Take measures to ensure that the Facility Manager is notified.

Action Plan:
Facility Management Team are responsible for:
1. Planning for these emergencies in consultation with Police.
2. Coordinating the response to the incident, in consultation with Police.
3. Maintaining calm among staff and residents.
4. Ensure withdrawal of staff, residents and others where possible/necessary.
5. Supervise security measures, such as locking offices and securing records, files, cash and other valuable property.
6. Notify CEO and GMs, as appropriate.
7. Providing post-event de-briefing, counselling and support.

Unarmed confrontation
Facility Management Team are responsible for:
1. Ensuring suitable staff are trained to plan for and manage aggressive, agitated, violent or threatening residents/visitors, including where a person threatens suicide, to decrease possible incidents.

Armed confrontation
All staff are to respond as follows:
1. Obey the offender’s instructions, but do only what you are told and nothing more.
2. Do not volunteer any information.
3. Stay out of danger if not directly involved and leave the area, if it is safe to do so, then raise the alarm.
4. Notify Police (OBTAIN OUTSIDE LINE – DIAL 000) as soon as it is safe to do so.
5. Notify Person in Charge as soon as possible.
6. If you cannot retreat, remain where you are until help arrives.
7. Carefully observe and record face, height, weapons, speech, mannerisms, clothing, tattoos, jewellery, vehicle description, direction of vehicle.
8. Preserve crime scene, do not touch the area.
9. All staff are to remain on site and cooperate with the Police. Witnesses are not to discuss the incident until statements have been provided to the Police.

10. The CEO of Hardi Nursing Home Management is the designated person responsible for providing all public information management, including media communication. Staff members are not to communicate with and/or make statements to the media or any organisation other than the Police.

**Building occupancy (legal or illegal)**

Facility Management Team/Person in Charge are responsible for coordinating the following:

1. Cooperating with emergency services, i.e. NSW Police, Australian Federal Police (AFP), Fire & Rescue NSW when requests are made to access an area/building of the facility.
2. For illegal occupancy, notify Police (**OBTAIN OUTSIDE LINE – DIAL 000**) and request assistance.
3. Ensure senior staff are alerted, who then provide assistance in managing the emergency.
4. Restrict illegal occupants to affected area.
5. Restrict facility occupants, e.g. residents, volunteers, visitors, access to unaffected area.
6. Request occupants and visitors of unaffected areas to remain at their location unless advised otherwise. Staff to monitor all residents’ movements and continue resident care in unaffected areas.
7. Implement appropriate security measures in consultation with emergency services.
8. The CEO of Hardi Nursing Home Management is the designated person responsible for providing all public information management, including media communication. Staff members are not to communicate with and/or make statements to the media or any organisation other than the Police.
Bomb Threat (Code PURPLE)

General
Bomb threat is a serious public nuisance of modern times. Each bomb threat could be a prank or a warning of an impending bomb attack.

All staff who are alerted to the emergency will carry out the following:
1. Remain calm, do not be heroic.
2. Take measures to ensure that Police are notified (OBTAIN OUTSIDE LINE – DIAL 000).
3. Take measures to ensure that the Facility Manager is notified.

Action Plan
Facility Management Team are responsible for:
1. Planning for these emergencies in consultation with Police.
2. Treat all threats as genuine, coordinating the response to the incident, in consultation with Police.
3. Maintaining calm among staff and residents.
4. Ensure withdrawal of staff, residents and others where possible/necessary.
5. Ensure training of appropriate staff that regularly accept incoming telephone calls and handle mail/incoming goods.
6. Ensure Bomb Threat Checklist is available near appropriate facility telephones.
7. Notify CEO and GMs, as appropriate.
8. Providing post-event de-briefing, counselling and support.

Telephone Threat
Staff receiving a telephone threat will carry out the following:
1. Do not disconnect phone even if caller hangs up.
2. Converse with the caller in a friendly manner, do not antagonise.
3. Attempt to extract as much information as possible, refer to and complete Bomb Threat Check List near telephone.
4. Attempt to attract another person’s attention and indicate to them “Bomb Threat – Code Purple”.
5. When safe to do so, OBTAIN OUTSIDE LINE – DIAL 000 for Police and report ‘Bomb threat by telephone, caller is connected/disconnected’.
6. Follow instructions of Police.
7. Advise Person in Charge as soon as possible.
8. Person in Charge to coordinate search as required.
9. Prepare to evacuate area(s) as instructed.
Written Threat
Staff receiving a bomb threat in writing will carry out the following:
1. Advise Person in Charge.
2. Keep all written evidence, including envelope or container and avoid unnecessary handling.
3. Phone Police by **OBTAIN OUTSIDE LINE – DIAL 000.**
4. Follow instructions of Police.
5. Person in Charge to coordinate search as required.
6. Prepare to evacuate area(s) as instructed.

Suspect object
All staff are to treat suspect objects as possible threats. Suspect objects include those that are unidentified, unusual to the environment, obviously a bomb, unknown object that is hidden or concealed and/or an object that is located following a security breach. The following will be carried out:
1. Advise Person in Charge.
2. Cordon off immediate area.
3. Phone Police by **OBTAIN OUTSIDE LINE – DIAL 000.**
4. Follow instructions of Police.
5. Prepare to evacuate area(s) as instructed, ensuring all egress routes and assembly areas are searched prior to evacuation for suspicious objects.
6. Refer to Emergency Evacuation Procedures regarding ‘Decision to Evacuate’. 
Evacuation (Code ORANGE)
General
Evacuation involves the movement of residents, staff and others within and/or from the facility in as rapid and safe a manner as possible. Refer to Emergency Evacuation Procedures for responsibilities and resources.

Assessing the situation
The Emergency Coordinator/Fire Safety Officer:
1. Takes control until Fire Brigade/Police arrive and then hands over.
2. Coordinates the emergency response from the Fire Indicator Panel.
3. Maintains communications with all staff using RED PHONES and other phones as available.
4. The Emergency Coordinator/Fire Safety Officer will assess the situation and authorise Evacuation priorities until the Fire Brigade/Police arrive.
5. The decision to evacuate is made having regard to the:
   • Seriousness and relevance of the threat to human safety,
   • Proximity of hazards which may be relevant to the situation, and
   • Nature and type of residents in the involved area.

Authority to evacuate
The authority to order evacuation of an immediate area rests with the Emergency Coordinator/Fire Safety Officer present in that area at the time. Advice may be provided by other staff considering specific resident needs at the time.

The authority to evacuate offsite will be made by Fire & Rescue NSW, NSW Police, NSW State Emergency Service, depending on the type of emergency/disaster/major incident.

Decision to Evacuate
Evacuation is something that should not be undertaken lightly and there are situations where it will be preferable to shelter in place, rather than evacuate. Evacuation of aged care residents requires special consideration due to their medical conditions and physical restrictions. Facilities that are best able to receive these evacuees are other aged care facilities within the local area.

Stages in Evacuation
Stage 1. Removal from immediate danger (i.e. outside affected room)
Stage 2. To next safe compartment (i.e. through fire/smoke doors within building).
There may be multiple Stage 2 Evacuations as persons are moved to the next safe compartment, and then on to the next safe compartment, etc, through the building.
**Stage 3.** Complete evacuation of the building to the designated Assembly Area. Should the emergency require evacuation of the entire building, the resources of all available staff will be required to assist in the movement of residents and visitors to the Assembly Area.

**Priority of Evacuation**
Staff to determine the order of evacuation in response to an emergency.
In a controlled evacuation where there is time to prepare and coordinate the evacuation, the following may be implemented:

1st – Ambulant/Visitors - escort/direct to secure area/assemble area
2nd – Semi ambulant - use wheeled chairs to transfer to assembly/secure area
3rd – Non ambulant - two (2) staff members to move non-ambulant residents to assembly/secure area
4th – Resistive Residents - use reasonable strategies required to evacuate and note location of these residents for Fire Brigade/Police

**Egress Routes**
The presence of hazards and/or obstructions, including fire or smoke, in an emergency may govern the choice of evacuation routes and prohibit the use of nearby exits. In this case, the nearest accessible exit should be used including fire-isolated stairs, fire escapes and other safe routes.

Lifts shall not be used in a fire emergency unless authorised by Fire & Rescue NSW.

**Other considerations**
During an evacuation (partial or complete) the Emergency Coordinator/Fire Safety Officer shall ensure that staff complete the following activities:
1. Account for all residents, staff and visitors after each stage.
2. Check all rooms/toilets during each stage.
3. Keep passageways/exits as clear as possible.
4. Maintain resident care.

In addition, the Emergency Coordinator/Fire Safety Officer will:
1. Maintain good communication during the evacuation process with rapidly changing staff and resident locations, as well as dealing with the emergency that led to the evacuation. Ensure staff carry and use all available communication tools, e.g. phones, pagers, etc.
2. Arrange for equipment to be reused throughout the evacuation, e.g. wheelchairs, chairs with wheels, blankets, slide sheets, etc.
3. As time allows, and all persons are safe, protect clinical care records/documentation and Medications.

**Resident Care following Evacuation**

All staff are required to maintain resident care throughout the evacuation, during transport to another facility, and during recovery operations. Staff are also required to maintain resident care when residents are returned to the facility.