



Alzheimer's
QUEENSLAND

ROSALIE NURSING CARE CENTRE

EMERGENCY PROCEDURES MANUAL

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INTRODUCTION

1.1 Purpose of the Manual

This manual contains procedures for handling internal and external emergencies and for the evacuation of sites this constitutes the Emergency Plan for Rosalie Nursing Care Centre. The procedures within this manual are developed in accordance with Australian Standards AS 3745 - 2010 Planning for Emergencies in Facilities and AS 4083 - 2010 Planning for Emergencies – Health Care Facilities.

1.2 Scope of the Manual

This manual has been developed for Rosalie Nursing Care Centre, 18-24 Howard Street Paddington, Qld 4064. Rosalie Nursing Care Centre is an aged care residential facility which has 40 allocated beds.

1.3 Revision

This manual will be reviewed annually by the Emergency Planning Committee (EPC) who will ensure that revisions are logged and reproductions of the manual are updated.

A register will be kept by the Emergency Control Organisation (ECO) of the location and number of copies of this manual as per Section 4.0 of this manual.

2.0 EMERGENCY CONTACT TELEPHONE NUMBERS

SERVICE	ASSISTANCE REQUIRED	TELEPHONE NUMBER
QPS (Police)	RFA (Request for Assistance)	Dial 000
Ambulance	RFA (Request for Assistance)	Dial 000
QFRS (Fire Brigade)	RFA (Request for Assistance)	Dial 000
Electricity and Gas Supplies	Gas and Electricity Emergencies	Life Threatening Situation -131962
Electricity and Gas Supplies	Loss of Gas and/or Electricity	Non-Life Threatening Situation -136262
Brisbane City Council Water Authority	Water supply damaged or interrupted	3403 8888
State Emergency Service	Emergency Assistance	13 25 00
Brisbane Local Disaster Co-ordination Centre	Emergency Assistance	13 25 00
Emergency Management Queensland	Regional Office/ Area Office other than Storm or Flood Events	3635 1890
Department of Health and Aging Aged Care Complaints Scheme		1800 550 552
Hospital in the Nursing Home		0407 571 840
Poisons Information		13 11 26
Welfare Hotline Number	Missing persons in a disaster.	As advised by the media

AFTER HOURS CONTACT

Zanny Mitchell (First Point of Contact)	Director of Care	0439 349 486
Stephen McNally	Chief Executive Officer	0417 766 027
Simone Watson	Human Resource Manager	0412 149 273
Dementia Helpline	24hours/7days per week to assist with extra personnel or contact with CEO	1800 639 331
Adam Birgan	Fire Safety Compliance Services	0411023099
Peter Sutch	Maintenance	0448 141 397

2.0 EMERGENCY CONTACT TELEPHONE NUMBERS (cont'd)

EXTERNAL SERVICE PROVIDERS

SERVICE	SERVICE PROVIDER	TELEPHONE NUMBER
Chemicals	Bunzl	39065556
Fire	Fire Vac Services	1300 387 387
Security	Southern Cross Protection	1300 136102
Electrician	Gimpel Electrics	3343 4066
Gas	Alliance Plumbing	33972030
Hot Water Heaters	Alliance Plumbing	33972030
Liquid Waste Removal - Grease Trap	Zap Away Liquid Waste Removals	3489 5600
Locks & Security Doors	TCE	1300 663 820 (Leo – 0418 761446)
Medical Gas	Heesons	3262 5506
Pharmacy	Civic Fair Pharmacy	3349-7196 Bob Harris (0418 879 44)
Pest Control	AOK Pest Control	3245 7444
Plumbing	Alliance Plumbing	3397 2030
Fire Training Providers	Fire Safety Compliance Services	0411 023 099

3.0 DEFINITIONS

Emergency

An event that arises from internal or external sources which may adversely affect persons or the community generally and which requires an immediate response.

Whenever the internal or external emergency plans are activated, the facility will be considered to be in **EMERGENCY STATUS**, with specific responsibilities assigned to facilitate personnel management and resource allocation.

This manual contains instructions for dealing with the following emergencies.

EMERGENCY CODE	EMERGENCY	ADDITIONAL INFORMATION
Red	Fire	When fire or smoke is detected.
Orange	Evacuation	Refers to movement of residents, staff, and visitors from the facility in a rapid and safe manner.
Purple	Bomb Threat	Refers to a written threat, telephone threat, suspect object or suspect mail.
Black	Personal Threat	Armed Confrontation or Unarmed Confrontation where <ul style="list-style-type: none"> • Unarmed person threatens someone with violence. • a person threatens suicide • a demand is made for drugs
Yellow	Internal Emergency	Failure of vital internal services :- gas, electricity and communications, water shortage or contamination of water supply and sewage disruptions. Threat to vital internal services, residents, visitors and staff by :- fire, hazardous substances spill within grounds, leak of toxic substances or buildings, structural damage or instability, illegal occupancy, or blocking of points of entry or exit.
Brown	External Emergency	Emergency occurring outside the facility. Caused by civil unrest, bush fires, cyclones, earth quakes, severe storms, floods and or explosions.
Blue	Medical Emergency	For all medical/first aid related incidents or emergencies, in the event of a suspected cardiac arrest or the need for urgent medical assistance.
	Missing Person	On discovery that a resident has gone missing from the care provided within the AAQ Residential facility. Or missing from the care provided by AAQ staff during an activity organised and supervised by AAQ staff outside the AAQ Residential facility.

3.0 DEFINITIONS (cont'd)

Emergency Planning Committee (EPC)

Emergency Planning Committee is the Emergency Management Team and consists of a committee responsible for establishing an emergency management plan, emergency response procedures and an Emergency Control Organisation.

Emergency Control Organisation (ECO)

Emergency Control Organisation is a structured organization that will initiate an appropriate response to emergency situations. The ECO comprises of the Chief Warden, Area Warden and the Communications Officer.

Chief Warden (CW)

The Chief Warden is the Registered Nurse on duty or delegate. The Chief Warden establishes the Emergency Control Organisation at the Rosalie Nursing Care Centre and is appointed by and responsible to Emergency Planning Committee.

Area Warden (AW)

The Area Warden is appointed by the Chief Warden and assists the Chief Warden where required and shall assume the responsibilities normally carried out by the Chief Warden if the Chief Warden is unavailable.

Emergency Control Centre (ECC)

Is the location at which the Chief Warden can establish, control and co-ordinate the ECO personnel. The Emergency Control Centre is located at the Fire Indicator Panel in the Nurse's Station at Rosalie Nursing Care Centre.

Emergency Management Plan

A documented scheme of assigned responsibilities, actions and procedures, required in the event of an emergency.

Fire Safety Adviser

The Fire Safety Adviser will liaise with the Emergency Planning Committee and during an Emergency Status and may be required if deemed appropriate to establish and manage the Emergency Control Organisation.

Fire Fighting Equipment

Are designated on the Emergency Evacuation Plans located in each building and consist of;

- Fire Extinguishers – dry powder
- Fire Blankets and Fire Hose Reels

Persons with disabilities

Persons having physical, intellectual, visual or auditory disabilities or impairments, either temporary or permanent which reduces the capacity of a person to evacuate a residential facility in an emergency.

Post Trauma Counselling








The Association can arrange post trauma counselling for residents, residents families members and staff following an emergency event. The request for post trauma counselling is authorised by the Association's CEO and a preferred counselling service is utilised.

4.0 LOCATION OF THE EMERGENCY PROCEDURES MANUAL

The Rosalie Nursing Care Centre has two Emergency Procedures Manual, which is located in the Nurse’s Station and the house on first floor in LLO office on spare desk.

The revision of the Emergency Procedures Manual is to be conducted by the Emergency Planning Committee or delegate annually as per Section 1.3

Emergency Procedure Manuals are document controlled by the AQ Quality Coordinator and available on the staff intranet.

DATE OF REVISION	REVISION UNDERTAKEN BY	SIGNATURE
01/12/2012	Margaret Haffenden	
23/05/2013	Margaret Haffenden	
13/07/15	Tracey Deans HR Coordinator	
03/08/2015	HR Coordinator Tracey Deans	
08/07/2016	HR Coordinator Tracey Deans	
17/11/2016	HR Coordinator Tracey Deans DOC Marion Gill	
15/11/2017	HR Coordinator Tracey Deans DOC Karen Alderton	
18/11/2018	HR Coordinator Tracey Deans DOC Karen Alderton	
28/06/2019	HR Coordinator Tracey Deans	
04/11/2019	Samanthar McGuffin Quality Officer	

5.0 EMERGENCY SYSTEMS

5.1 Alarm Systems

On activation of a smoke detector or thermal detector a signal to the Fire Indicator Panel in the Nurses Station with a signal sent to the Queensland Fire and Rescue Service State Alarm Management Command.

5.2 Input Systems

Smoke Detectors

The smoke detectors are located throughout the buildings and also in resident's rooms. These are designed to detect small particles normally found in smoke but dust can activate these units. When activated smoke detector will initiate an alarm at the Fire Indicating Panel (FIP) and at Queensland Fire and Rescue Service State Alarm Management Command.

Thermal Detectors

The thermal detectors are located in the kitchen and are activated by heat or a rapid rise in temperature. These detectors are normally set at 68°C. When, activated a thermal detector will initiate an alarm at the FIP and at Queensland Fire and Rescue Service State Alarm Management Command.

Manual Call Points

Manual Call Points or Break Glass Alarms are manually operated detection systems and are used to activate the emergency alarm when fire or smoke is detected.

5.3 Suppression Systems

Refer to Emergency Evacuation Plans for location of Suppression Systems

Sprinklers

Sprinklers are located throughout the upper level of the Nursing Home. They are activated automatically from the fire detection system.

Extinguishers

Fire Extinguishers are located in Wing A, Wing B and the under-croft area at Rosalie Nursing Care Centre and they are Dry Chemical Powder - DCP extinguishers.

The extinguishing method achieved by DCP extinguishers is by smothering and inhibiting the fire. It is used to extinguish Class A, B,(E) and F fires. Dry Chemical Powder extinguishers are red in colour with a white band. The location of the extinguishers is nominated on the Emergency Evacuation Plans located throughout Rosalie Nursing Care Centre.

Fire Blanket

Fire Blankets are located in the kitchen.

Fire Hose Reels

Fire hose reels are located in the corridor outside the Director of Care's Office, outside Wing B exit and the base of the stairs outside Wing A exit. They may be operated by opening the supply valve below the reel, remove the nozzle, pull out the required length of hose and adjusting the nozzle to allow flow of water.

5.4 Assistive Devices

AlbacMat rescue mats are located outside the Director of Care's Office at Rosalie Nursing Care Centre. This device is used to evacuate non-ambulant residents from buildings.

6.0 CLASSIFICATION OF FIRES

Fires are classified according to fuel type and presence of electricity. Before you use a fire extinguisher you must know;

- What type of fuel is burning
- What type of extinguisher is suitable for the fire

Fire class and best extinguishing methods are summarised below.

CLASS	FUEL/HEAT SOURCE	EXAMPLES	EXTINGUISHING METHOD
A	Combustible solids	Wood, paper, plastics, textiles etc.	Cooling
B	Flammable liquids	Petrol, paint thinners, kerosene etc.	Smothering
C	Flammable gasses	LPG, natural gas	Starving
D	Combustible metals	Magnesium, Iron shavings.	Special inhibiting agents
(E)	Electricity involved fires	Live electrical equipment	Smothering
F	Fats and oils	Deep frying oils	Special inhibiting agents

7.0 EVACUATION ASSEMBLY AREAS

Rosalie Nursing Care Centre has one evacuation assembly area which is located on the service road in front of house 22 Howard Street. The location of the evacuation assembly area is shown on the emergency evacuation plans.

8.0 EMERGENCY CONTROL CENTRE (ECC)

Emergency Control Centre is located outside the nurse's station near the Fire Indicator Panel.

9.0 EMERGENCY PLANNING COMMITTEE (EPC)

The Emergency Planning Committee shall be formed from representatives of occupant groups and shall include the Chief Warden and others who may have specialist knowledge. This committee is responsible for **establishing an emergency management plan, emergency response procedures and an Emergency Control Organisation.**

EPC Duties

The EPC shall meet at least annually to;

- Establish and implement emergency plans and procedures
- Determine the number of ECO personnel consistent with the nature and risk of the building, structure and workplace
- Ensure that the personnel are appointed to all positions on the ECO and replacement personnel are appointed improvements where necessary
- Arrange for training of the ECO personnel
- Arrange to conduct evacuation exercises
- Review the effectiveness of the evacuation exercises and arrange for procedures improvements
- Determine who will implement emergency procedures

During an emergency, the EPC shall ensure that instructions given by Emergency Control Organisation personnel shall overrule normal management structure. The purpose of these powers is to ensure that during an emergency situation, life safety takes precedent over asset protection and production matters.

EPC Members: *(refer to page 5 for contact details)*

The Emergency Planning Committee for Rosalie Nursing Care Centre, Alzheimer's Association of Queensland consists of;

- Chief Executive Officer
- Director of Care Rosalie Nursing Care Centre
- Human Resource Manager
- Fire Safety Adviser
- Chief Warden
- Maintenance Officer
- A.I.N

The Chief Warden and A.I.N are selected by the EPC to represent Rosalie Nursing Care Centre.

10.0 EMERGENCY CONTROL ORGANISATION (ECO)

Emergency Control Organisation (ECO) is a structured organization that will initiate an appropriate response to emergency situations at the local level. During emergencies instructions given by the Chief Warden (Registered Nurse on duty) shall overrule normal management structure.

ECO Members:

- Chief Warden – Registered Nurse
- Area Warden - Staff member of Rosalie Nursing Care Centre is appointed by Chief Warden
- Dedicated Communication Officer – Rosalie Nursing Care Centre staff member or Chief Fire Warden

Role and Responsibility of:

Chief Warden – The Chief Warden is the Registered Nurse on duty and should have a good knowledge of the layout of the building, structure and workplace. The Chief Warden leads the ECO and takes control of the emergency situation. The Chief Warden may also assume the role of the Communications Officer.

Area Warden - Follows instructions given by the Chief Warden. Area Warden should be appointed consistent with the level of their day-to-day responsibilities. It is essential that the persons appointed to this role have the qualities needed to enable them to perform duties required in emergencies.

Factors to be considered include the following:

- (a) Availability – they should be persons who spend most of their time, at or near their workstations.
- (b) Ability to organize others in an emergency.
- (c) Reliability.

Communications Officer – Role is delegated by the Chief Warden.

The Communications Officer shall be competent in the use of the communication equipment in the building and workplace and have a clear commanding voice.

Communications Officer is to alert the Emergency Services of the emergency.

A Communications Officer's duties may be carried out by the Chief Warden.

11.0 EMERGENCY EVACUATION PLANS

Are located in each wing of the building and the under-croft area of Rosalie Nursing Care Centre.

An example of an emergency evacuation plan is enclosed in Appendix A.

12.0 PERSONS WITH DISABILITIES

Persons having physical, intellectual, visual or auditory disabilities or impairments, either temporary or permanent which reduces the capacity of a person to evacuate a residential facility in an emergency. This includes any impairment that restricts mobility or the ability to understand or independently respond to an emergency evacuation to the extent that the person requires physical assistance to safely evacuate. Refer to Rosalie Nursing Care Centres Resident's Fire and Emergency Listing for persons with disabilities.

13.0 DISASTER MANAGEMENT

Internal Disasters

Internal disasters are those disasters which damage facilities and services provided for staff and residents of the Association and may cause the capabilities of the facility to be reduced and/or endanger the lives of the occupants of the buildings. Internal disasters are a result of;

- Flooding within Rosalie Nursing Care Centre
- Fire
- Loss/Damage of Power
- Loss/ Damage to Gas Supply
- Loss of Communication
- Structural Damage to Buildings or Instability to Buildings caused by external disasters
- Blocking of exits & entry points
- Contamination of water supply and water shortage
- Hazardous Material Spill
- Sewage Disruption
- Leak of Toxic Substances
- Illegal Occupancy

External Disasters

External disasters are defined as disasters that occur from environmental forces and manmade disasters, which occur external to Residential Centres operated by the Association. These disasters prevent the continued operation of services provided by Rosalie Nursing Care Centre. The disasters are a result of but not confined to;

- Severe Storms
- Floods
- Bush Fires
- Cyclones
- Earth Quakes

- Explosions
- Landslides
- Civil Unrest

14.0 ACCOMMODATION FOR RESIDENTS

It is the responsibility of the Association (AAQ) in conjunction with family members to find alternate accommodation for residents arising from external or internal disasters, which results in the centres or services occupied by such persons being compromised. It is also a requirement of the Association to provide residents, with clinical care, food and water throughout the duration of the emergency event.

Alternate accommodation sought during internal and external disasters may consist of the use of the Associations neighbouring residential or respite facilities, private or public hospitals, privately operated residential facilities or accommodation prescribed under the direction of the Local District Co-ordination Centre. Resident's family members or representatives will be notified of the plan to find alternate accommodation and care during an external and internal disaster.

Memorandums of Understanding are established with Windsor Aged Care Facility for transport to and accommodation of residents of the Association in the event of an internal or external emergency.

15.0 RELOCATION OF RESIDENTS AND STAFF

Emergency Services will be notified about the Rosalie Nursing Care Centre internal disaster and the need to relocate residents and staff. This notification is to be undertaken by the Director of Care in consultation with the AAQ Chief Executive Officer.

Following an external disaster, the Local District Co-ordination Centre will be notified by the Director of Care of the need for alternate accommodation for residents. This is a voluntary evacuation of residents from AAQ residential facility. Under the Queensland Disaster Management Act 2003, the Director of Care of Rosalie Nursing Care Centre may be instructed by the Local District Management Group to evacuate residents from the facility following an external disaster, this becomes a forced evacuation.

The Alzheimer's Association of Queensland Inc. accepts that it has a duty of care to all staff, residents and visitors to the Associations services, and that all staff, residents and visitors have a legal duty of care to each other.

16.0 COMMUNICATIONS DURING / FOLLOWING A DISASTER

The Director of Care of Rosalie Nursing Care Centre will notify the CEO of the extent of the damage to the Residential Centre or the ramifications to service provision created by an external or internal emergency. At the direction of the Director of Care and in consultation with the CEO it will be ascertained if the Residential Centre will be able to operate. The Director of Care will direct staff to notify residents and their family members of the closure of the Residential Centre.

During and or following an external disaster, staff will be required to notify the Director of Care of their availability to work via Twitter, Face Book or through media announcements (radio). It is also

a requirement that the Director of Care or delegate to contact all resident's family members to determine if they are safe and well. If after several attempts to contact the resident's family members fails, the Welfare Hotline Number should be contacted to determine if these people are reported as missing.

17.0 INDEMNITY

Both the Emergency Planning Committee and Emergency Control Organisation personnel shall be indemnified by their employer against civil liability resulting from workplace emergency response assessment, education, training sessions, periodic exercises or emergency evacuation of a building where the personnel act in good faith and in the course of their emergency control duties. (AS 3745-2010).

EMERGENCY MANAGEMENT PLAN

A DOCUMENTED SCHEME OF:

- ***Assigned Responsibilities***
- ***Actions***
- ***Procedures required in the event of an emergency***

FIRE – CODE RED DUTIES OF ALL STAFF

ON HEARING THE FIRE ALARM

- Visually Check your immediate area for the presence of a fire or smoke
- If fire or smoke **is not found** in your immediate area report to the fire indicator panel and wait for instructions from the Chief Warden.

IF A FIRE OR SMOKE IS FOUND IN YOUR IMMEDIATE AREA

REMAIN CALM & REMEMBER R A C E

The order in which RACE actions are performed will depend upon the particular fire (code red) event presented to the staff.

R **Remove** people from immediate danger – If safe to do so.

A **Activate Alarm** - Activate Manual Call Point or Break Glass Alarm to raise alarm

Notify staff in the immediate area of the fire.

Notify the Chief Warden at the Fire Indicator Panel of the type, size and location of the fire.

If instructed by the Chief Warden notify the Queensland Fire and Rescue Service - Call 000 stating address, number of staff working and total number of residents and number of non-ambulant residents

C **Contain Fire & Smoke** - Close all doors and windows (if safe to do so)

Maintain communication with staff members when systematically checking rooms.

Place pillow in front of closed door to denote room has been checked and cleared.

Turn off gas if safe to do so and leave lights on.

E **Evacuate** and Extinguish fire if safe to do so.

If instructed by the Chief Warden co-ordinate the evacuation from Stage One to Stage Three. Evacuate the premises via the nearest safe exit to an external assembly area. *Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.*

FIRE – CODE RED DUTIES OF CHIEF WARDEN

CHIEF WARDEN IS THE MOST SENIOR NURSING STAFF ON DUTY

ON HEARING THE FIRE ALARM

- Chief Warden is to visually check immediate area for the presence of a fire or smoke
- If fire/smoke is found in immediate area

REMAIN CALM and commence **RACE**

R **Remove** people from immediate danger – If safe to do so.

A **Activate Alarm** - Activate Manual Call Point or Break Glass Alarm to raise alarm

Notify staff in the immediate area of the fire.

Chief Warden to proceed to FIP to establish where area of fire is.

Chief Warden to notify the Queensland Fire and Rescue Service - Call 000 stating address, number of staff working and total number of residents and number of non-ambulant residents.

C **Contain Fire & Smoke** - Close all doors and windows (if safe to do so)

Maintain communication with staff members.

Place pillow in front of closed door outside room to denote room has been checked and cleared.

Turn off gas if safe to do so at Shut off point. 2 Locations – kitchen (below oven) and hot water heater in side garden at right front of building.

Leave Lights on

E **Evacuate**

Extinguish fire if safe to do so.

Initiate evacuation sequence

Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.

CHIEF WARDEN ROLE:

- If **fire/smoke is not found** in your immediate area proceed to the fire indicator panel (FIP). Collect on the way to the FIP the Residents Fire & Emergency Listing, Absent Residents Register, Contract and Suppliers Register, Visitors Register, Keys and Torch (if required) and mobile phone.
- At the FIP take charge of the situation and put on the White Hat.
- Determine at the Fire Indicator Panel where the alarm is sensing (the location of the fire).
- Initiate the facility's response to the emergency. Instruct all staff to assemble at the Fire Indicator Panel by making the following announcement using the Fire Indicator Panel PA system.
- "This is the Chief Warden **Fire Alarm** repeat **Fire Alarm**, all staff to assemble at Fire Indicating Panel."
- Establish Emergency Control Centre at the Fire Indicator Panel (FIP).

Establish the Emergency Coordination Organisation (ECO) at the FIP to await Chief Warden instructions

ECO Members are:

- Chief Warden – Registered Nurse.
 - Area Warden - Staff member of Rosalie Nursing Care Centre appointed by Chief Warden.
 - Dedicated Communication Officer – Rosalie Nursing Care Centre staff member or Chief Fire Warden.
- Give the Area Warden the Red Hat. Instruct the Area Warden to assemble staff and to proceed in pairs to the area affected by the fire/smoke to begin a systematic search of each room for the presence of smoke or fire plus look at smoke and fire alarms for a red light
 - Also give the Communication Officer a Red Hat and instruct the Communications Officer to contact the Emergency Services to confirm the receipt of the alarm and of the address, location of fire, number of staff & number of non-ambulant residents at the Centre. The Chief Warden may also assume the role of the Communications Officer.
 - Maintain communication with the relevant Area Warden via a runner for an update of situation and the severity of the incident.
 - Re-deploy additional staff to give assistance as required.
 - Wait at the Fire Indicator Panel for the Queensland Fire and Rescue Service (Night Duty).

- If **Fire/smoke not found = False Alarm** **DO NOT EVACUATE the centre.** Announce over Fire Indicator Panel PA system, stating “this is the Chief Warden **False Fire Alarm - All Clear, Repeat False Fire Alarm All Clear – False Alarm**”
- If **Fire/smoke is found - Initiate Evacuation Response.** Instruct Area Warden to evacuate the building invaded by fire/smoke to behind the nearest fire doors. Announce Evacuate over Fire Indicator Panel PA system, stating the following, “this is the Chief Warden this is an **Evacuation repeat Evacuation, Evacuate, Evacuate, Evacuate**”.
 - *Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.*
- Instruct Area Warden via PA system at the FIP to conduct roll call at Assembly Area.
- Brief the emergency services personnel upon arrival on type, scope and location of the emergency and the status of the evacuation and, thereafter, act on the instructions of the Chief Fire Officer QFRS.
- When an emergency has been controlled and on advice from the appropriate emergency service, the Chief Warden can announce the “Fire Alarm All Clear” over the PA system at the FIP.
- Proceed to the Assembly Area with Residents Fire & Emergency Resident Listing, Absent Residents List, Staff roster, Contract and Suppliers Register and Visitors Register for confirmation of the initial roll call.
- Ensure the progress of the evacuation and any action taken is recorded. Jot down the information immediately after the event, then complete an incident report.
- Chief Warden to debrief staff, residents and their family members and visitors following the emergency.
- Ensure that the Director of Care, CEO and WHS Officer or Fire Safety Adviser are contacted about the emergency via their mobile phone numbers.

If the fire is extinguished **prior** to the arrival of the Queensland Fire and Rescue Service, ensure that the fire scene is preserved and that evidence is not contaminated or disturbed; see Section 19 Preservation of Fire Scene for further information.

Always remember:

The Chief Warden will bring to the Assembly Area, the Residents Fire & Emergency Listing, Staff Roster, Absent Residents List, Contract and Suppliers Register, Visitors Register and mobile phone.

FIRE – CODE RED

DUTIES OF AREA WARDEN

ON HEARING THE FIRE ALARM

- Visually check immediate area for the presence of a fire or smoke
- If fire/smoke is found in immediate area

REMAIN CALM and commence **RACE**

R **Remove** people from immediate danger – If safe to do so.

A **Activate Alarm** - Activate Manual Call Point or Break Glass Alarm to raise alarm

Notify staff in the immediate area of the fire.

Notify the Chief Warden at the Fire Indicator Panel of the type, size and location of the fire.

If instructed by the Chief Warden notify the Queensland Fire and Rescue Service - Call 000 stating address, number of staff working and total number of residents and number of non-ambulant residents

C **Contain Fire & Smoke** - Close all doors and windows

Maintain communication with staff members when systematically checking rooms.

Place pillow outside closed door room to denote room has been checked.

Turn off gas if safe to do so.

Leave Lights on.

E **Evacuate**

Extinguish fire if safe to do so.

Co- ordinate the evacuation sequence at the direction of the Chief Warden.

Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.

AREA WARDEN ROLE:

- If fire/smoke is **not found in immediate area** proceed to the fire indicator panel (FIP) and wait for instructions from the Chief Warden.
- At the fire indicator panel the Chief Warden will designate the role of Area Warden. The Area Warden puts on the Red Hat and waits for the Chief Wardens instructions.
- The Chief Warden will then instruct the Area Warden to commence the search for the fire or smoke in the area where the alarm is sensing (the location of the fire/smoke).
- The Area Warden then instructs staff at the FIP to assemble at the location of the fire/smoke and begin a systematic search of each room including all bedrooms, storerooms, utility rooms, living room areas, toilets, showers etc. .
- The staff are instructed by the Area Warden at the location of the fire/smoke to feel the door handles with the back of your hand before opening the door. Staff must not attempt to open any door that feels HOT to the touch or if smoke is exiting from under the door. After area is checked, close door and place pillow in front to indicate the room has been searched. **Rooms must not be locked after being searched and leave the room lights on.**
- If fire is found the Area Warden will instruct staff members to contain the fire by shutting doors and windows and extinguish the fire (**if it is safe to do so**).
- The Area Warden will delegate a person to report the search findings of the fire/smoke event back to the Chief Warden via a runner.
- **Search Findings Reported back to Chief Warden:**
 1. Fire/ smoke – found Yes/No
 2. **If No – False Alarm**
 3. If Yes – size and intensity of fire found
 4. Can the fire/smoke be contained or extinguished – Yes/No
- If instructed by the Chief Warden, the Area Warden will evacuate the area immediately to the nearest Assembly Area.
 - *Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.*
- The residents are evacuated to the Assembly Area in the following order:
 1. ambulant residents
 2. semi-ambulant residents
 3. wheelchair non-ambulant residents using an AlbacMat Evacuation Mat or an alternate method
- Preliminary Roll Call is conducted by the Area Warden at the Assembly Area.

- Ensure all staff members have been accounted for following the retrieval of residents from a danger area.

FIRE – CODE RED

DUTIES OF COMMUNICATIONS OFFICER

- Visually check immediate area for the presence of a fire or smoke
- If fire/smoke is found in immediate area

REMAIN CALM and commence **RACE**

R **Remove** people from immediate danger – If safe to do so.

A **Activate Alarm** - Activate Manual Call Point or Break Glass Alarm to raise alarm

Notify staff in the immediate area of the fire

Notify the Chief Warden at the Fire Indicator Panel of the type, size and location of the fire

If instructed by the Chief Warden notify the Queensland Fire and Rescue Service - Call 000 stating address, number of staff working and total number of residents and number of non-ambulant residents

C **Contain Fire & Smoke** - Close all doors and windows

Maintain communication with staff members when systematically checking rooms.

Place pillow outside closed door to denote room has been checked.

Turn off gas if safe to do so

Leave Lights on

E **Evacuate**

Extinguish fire if safe to do so

Assist the Area Warden to evacuate residents

Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.

COMMUNICATIONS OFFICER ROLE:

Note: The Chief Warden may also assume the role of the Communications Officer.

- If fire/smoke is **not found** in immediate area proceed to the fire indicator panel (FIP) and wait for instructions from the Chief Warden.
- At the Fire Indicator Panel the Chief Warden will designate the role of Communications Officer who puts on a Red Hat.
- When instructed by the Chief Warden the Communications Officer will contact the Emergency Services on 000 to confirm the receipt of the alarm.
- The Communications Officer will tell the Queensland Fire and Rescue Services the following information;
 - The address of Rosalie Nursing Care Centre
18-24 Howard Street Paddington
 - Number of staff on duty
 - The approximate number of non-ambulant residents at the Centre.
- If directed by the Chief Warden the Communication Officer will assist the Area Warden to begin a systematic search of each room for the presence of smoke or fire.

Search all bedrooms, storerooms, utility rooms, living room areas, toilets, showers etc. (Feel all doors and door handles with back of your hand) before opening. **DO NOT** attempt to open any door that feels HOT to the touch or if smoke is exiting from under the door. Place pillow outside closed door to denote room has been checked. **Do not lock rooms after being searched and leave the room lights on.**

- Report your search findings back to the Area Warden
- **Search Findings Reported back to Area Warden include:**
 1. Fire/ smoke – found Yes/No
 2. **If No fire/smoke – False Alarm**
 3. If Yes – size and intensity of fire found
 4. Can the fire/smoke be contained or extinguished – Yes/No
- Assist Area Warden to evacuate the area when the evacuation sequence is initiated.

FIRE – CODE RED DUTIES OF KITCHEN STAFF

- Visually check immediate area for the presence of a fire or smoke
- If fire/smoke is found in immediate area

REMAIN CALM and commence **RACE**

R **Remove** people from immediate danger – If safe to do so.

A **Activate Alarm** - Activate Manual Call Point or Break Glass Alarm to raise alarm

Notify staff in the immediate area of the fire

Notify the Chief Warden at the Fire Indicator Panel of the type, size and location of the fire

If instructed by the Chief Warden notify the Queensland Fire and Rescue Service - Call 0 (if applicable) then 000 stating address, number of staff working and total number of residents and number of non-ambulant residents

C **Contain Fire & Smoke** - Close all doors and windows

Turn off gas if safe to do so

Maintain communication with staff members when systematically checking rooms.

Place pillow outside door to denote room has been checked.

Leave Lights on

E **Evacuate**

Extinguish fire if safe to do so

Assist the Area Warden to evacuate residents

KITCHEN STAFF ROLE:

- **When Fire Alarm sounds**
- Visually check your immediate area for presence of fire/smoke
- Turn off the gas if safe to do so. Gas shut off point located in Kitchen below oven.
- **If fire/smoke is found in your immediate area commence RACE**
- **If fire/smoke is NOT found in your immediate area**
- Assemble at Fire Indicator Panel (FIP) and report your findings to the Chief Warden

Your search findings:

- **Fire/smoke been not been found in my immediate area**
- Wait for instructions by the Chief Warden at the FIP
- Follow Area Warden to the search area and begin to search for the fire
- Assist Area Warden to evacuate the area when the evacuation sequence is initiated.

CODE RED EMERGENCY RESPONSE FLOWCHART

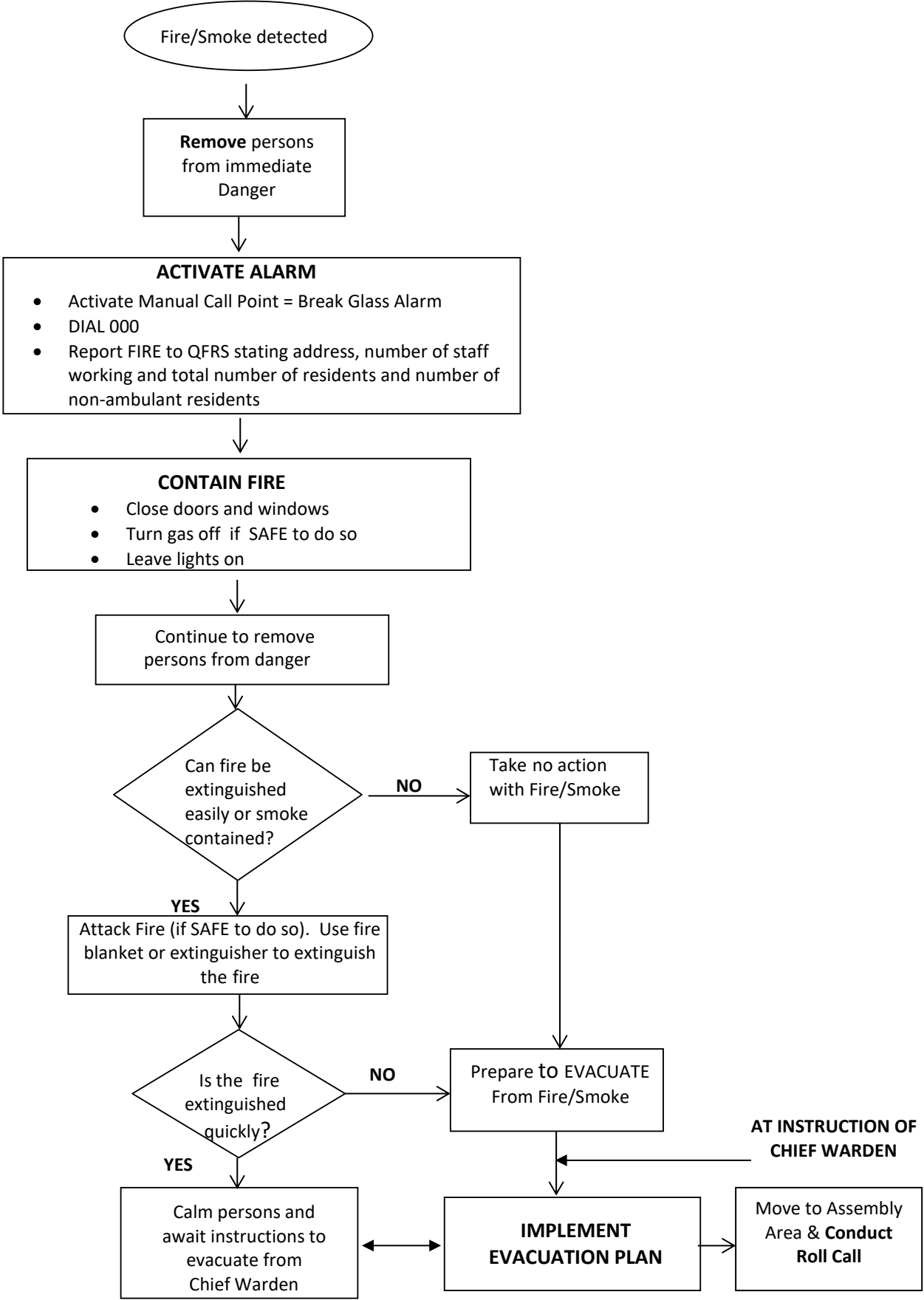
FIRE ALARM SOUNDS

R

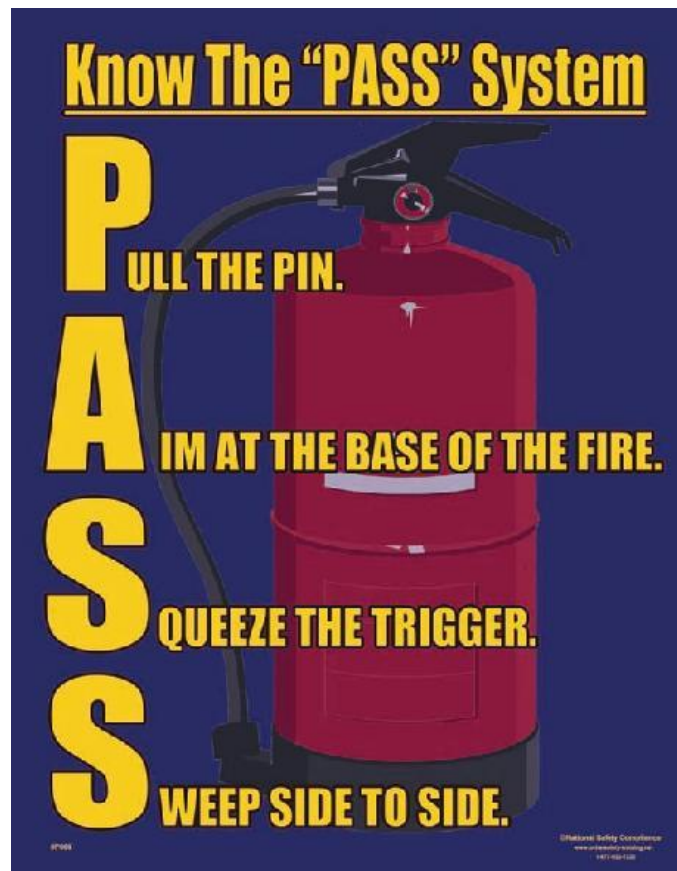
A

C

E



INSTRUCTIONS FOR USING FIRE EXTINGUISHER



EVACUATION – CODE ORANGE

DUTIES OF ALL STAFF

EVACUATION TECHNIQUES

Evacuation involves the movement of residents, staff and other personnel from within or from the facility in a rapid and safe manner as possible.

The authority to carry out a complete evacuation of the facility shall be the responsibility of the Chief Warden. The authority to order the evacuation of an area shall rest with the Area Warden after instructions received from the Chief Warden.

On instruction to evacuate carry out the following procedures:

- **Priority 1** Evacuate **ambulant persons first**, persons requiring verbal instruction and minor assistance followed by;
- **Priority 2 Semi-ambulant persons** who require physical support or must be carried followed by;
- **Priority 3 Non-ambulant persons** who require assisted evacuation methods.

- Evacuate to allocated areas as instructed by Chief Warden, check all rooms as you leave and close the doors behind you, Place pillow in front of closed door to indicate that the area is clear.
- Notify the Chief Warden that the area has been searched and evacuated.
- Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.
- Refer to page 35 for Evacuation Flow Chart

REFUSALS TO EVACUATE

At no time are Area Wardens, staff, residents or persons other than Emergency Services Personnel to use physical force to remove someone who refuses to evacuate after three (3) requests. Touching, poking or slapping a person who seems to be in a state of extreme fear or shock may cause a violent reaction.

Staff who encounter a person refusing to leave shall:

- **Verbally persuade the occupant to evacuate up to 3 times**
- **Report the location of the person to the Area Warden, who will notify the Chief Warden. Chief Warden to advise FRS on arrival.**
- **No personnel shall re-enter the building or cleared area to retrieve people who refuse to leave.**

UNCONSCIOUS PERSONS

If the unconscious person is not in immediate danger, place in a recovery position and ensure someone remains with them until assistance arrives. If the person is in imminent danger, Area Wardens may use implied consent to move the person to a safe area. Avoid moving the person more than is necessary as the extent of their injury is unknown.

EVACUATION – CODE ORANGE

DUTIES OF CHIEF WARDEN

The situation should be assessed by the Area Warden, present in the area where the emergency exits, before the decision to evacuate is made, having regard to the following:

- 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 involved in the area.
- If search findings indicate that **FIRE/SMOKE** is **NOT** found – this is a false alarm.

Provided with this information, the **Chief Warden** will:

- **NOT initiate** an evacuation sequence **if fire/smoke is not found - false alarm.**
- Make the decision to evacuate and take charge of the emergency at Emergency Control Centre (ECC) located at the Fire Indicator Panel (FIP).
- If not previously set up, establish an Emergency Control Organisation (ECO) at the Fire Indicator Panel (FIP). Instruct all staff members at the FIP as to the action they are to take.

ECO Members are:

- Chief Warden – Registered Nurse
 - Area Warden - Staff member of Rosalie Nursing Care Centre appointed by Chief Warden
 - Dedicated Communication Officer – Rosalie Nursing Care Centre staff member or Chief Warden. Instruct Communications Officer to contact emergency services.
- Ensure that appropriate emergency services have been notified
 - **Initiate Evacuation Response** announce, Evacuation and location of emergency over FIP Public Address (PA) system. Stating “this is the Chief Warden this is a Evacuation (**repeat**) **Evacuate, Evacuate, Evacuate**”.
 - *Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.*
 - Ensure the progress of the evacuation and any action taken is recorded. Jot down information as actions unfold then complete an incident report.
 - Ensure the evacuation procedure is carried out to the level required and relevant equipment is taken to the Assembly Area e.g. mobile phone, first aid kit, blankets, torches, rain coats etc.
 - Maintain communication with Area Warden for update of situation and facilitate any additional action.

- Re-deploy staff to give assistance as required.
- Instruct Area Warden via the PA system at the FIP to conduct a preliminary roll call at Assembly Area.
- Brief the emergency services personnel upon arrival on type, scope and location of the emergency and the status of the evacuation and, thereafter, act on the Emergency Services senior officer's instructions.
- Proceed to the Assembly Area with the Residents Fire & Emergency Resident Listing, Absent Residents List, Contract and Suppliers Register and Visitors Register. Conduct and confirm a final roll call at the Assembly Area.
- When the emergency has been controlled and on advice from the appropriate emergency service, the Chief Warden can announce the "All Clear" over the PA system at the FIP.
- Chief Warden is to debrief staff, residents and their family members and visitors following the emergency.
- Ensure that the Director of Care, CEO and Fire Safety Adviser are contacted about the emergency via their mobile phone numbers.
- Send someone to bottom of the driveway to direct fire brigade if staff available.

EVACUATION – CODE ORANGE DUTIES OF AREA WARDEN

AT THE DIRECTION OF THE CHIEF WARDEN COMMENCE THE EVACUATION.

The Area Warden will:

- Assume control of the area where the emergency exists.
- **DO NOT PANIC, SHOUT OR RUN**
- Remove residents from the immediate danger area. Ensure all staff members have been accounted for following attempted retrieval of residents in the danger area.
- Ensure a search of all bedrooms, utility rooms, storerooms, toilets, showers etc. has been undertaken.
- Area warden take Fire and Emergency Resident Listing after evacuation is instructed by Chief Warden
- Communicate with the Chief Warden and report the status of the evacuation, the action taken and if additional assistance is required.
 - *Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.*
- Complete the Evacuation of the Building. Move residents, staff, volunteers, and members of the public to an ASSEMBLY AREA in the following sequence;
 - **Ambulant** (walking) - **first**
 - **Semi ambulant** (needs assistance) - **second**
 - **Non ambulant** (bed fast) - **last**
- Following the evacuation conduct a preliminary roll call at the Assembly Area and report findings to the Chief Warden. The Chief Warden will conduct and confirm a final roll call at the Assembly Area.
- Keep residents together, do not allow anyone to re-enter the property until authorized to do so by Senior Emergency Services Officer QFRS.

Should an evacuation be ordered in another area:

- Follow instructions from the Chief Warden to evacuate the area or render assistance if required.
- Calm residents.
- Complete the Evacuation of Building.
- Conduct a preliminary roll call at the Assembly Area and report the findings to the Chief Warden.

EVACUATION – CODE ORANGE

STAGES OF EVACUATION

There is one Assembly Areas at Rosalie Nursing Care Centre. It is located at 22 Howard Street at the entrance to the driveway.

Prior to evacuation the following circumstances should be considered before determining the most appropriate evacuation point:

- The extent of the emergency
- Proximity of hazardous materials
- Direction of any wind
- Danger to the residents and capability of evacuating them
- Safe exit paths

Evacuation should be conducted in three distinct stages according to the severity of the emergency, as follows:

STAGE 1 Removal of people from the immediate danger area

For example, removing people from a room which is on fire or has the presence of smoke or is alleged to have bomb in it.

STAGE 2 Remove past fire doors

STAGE 3 Complete evacuation of a building to the most appropriate Assembly Area.

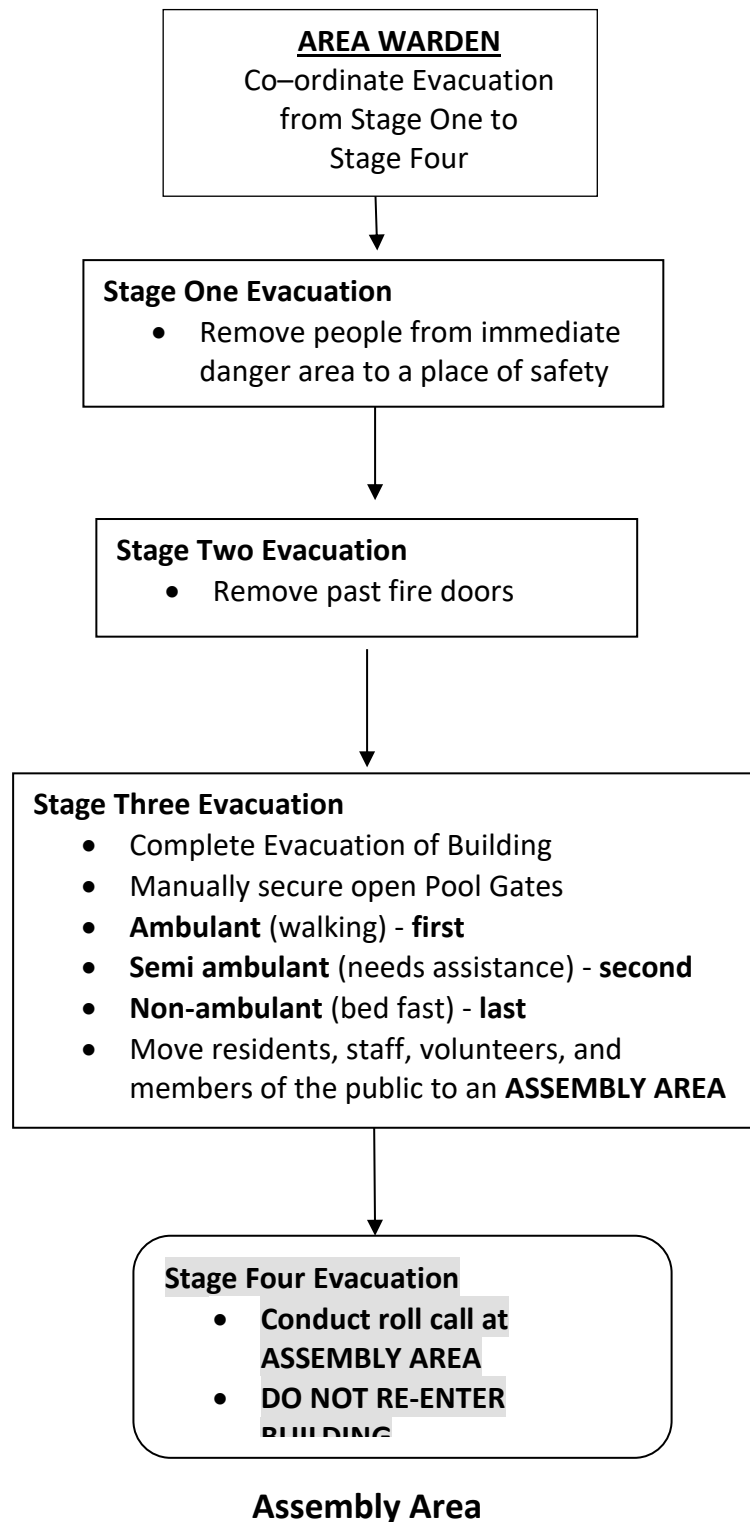
Should the emergency necessitate evacuation of the entire building, the resources of all available staff will be required to assist in the movement of residents and visitors to a safe place. Ambulant residents and visitors should be evacuated first.

Open egress routes where applicable through designated gates manually by unlatching pool gate and to secure open as instructed by Chief Warden to nominated warden.

STAGE 4 Conduct Roll Call at the Assembly Area

DO NOT RETURN TO THE BUILDING UNTIL THE SENIOR EMERGENCY SERVICES OFFICER GIVES PERMISSION TO DO SO AND THE ALL CLEAR HAS BEEN SOUNDED.

EVACUATION – CODE ORANGE



22 Howard Street Service Road at the entrance to the driveway.

EVACUATION – CODE ORANGE EVACUATION TECHNIQUES

Correct lifting techniques should be observed at all times.

Ensure corridors, gates, passageways, doorways or stairs are clear of obstruction. The following factors should be considered:

- The type of the emergency
- The condition and maneuverability of the resident
- The training of the staff in these techniques
- The weight ratio of residents to staff
- The difficulties e.g. bed height, stairs etc.
- The availability of assistance from others

State of Consciousness	Resident's Mobility	Rescue Method	Number of Rescuers
Unconscious		AlbacMat Rescue Mat	1or 2
Conscious	Non-ambulant	AlbacMat Rescue Mat	1or 2
Conscious	Non-ambulant	Blanket Removal	1 or 2
Conscious	Semi-ambulant	One-person human crutch	1
Conscious	Semi-ambulant	Wheel Chair	1

EVACUATION – CODE ORANGE



The innovative rescue device that makes the evacuation of frail or immobile persons from life threatening situations simple and easy.

User's Manual



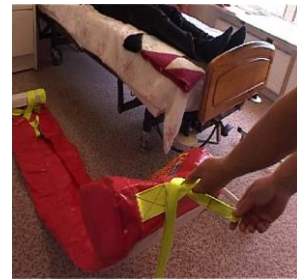
The AlbacMat – your safety necessity

Using the AlbacMat™ Rescue Mat

AlbacMat™ Rescue Mat Location: Corridor outside Director of Cares Office

On the Mat

To use the AlbacMat™ hold the AlbacMat™ by the top handle across your body with the logo away from you. Be standing at the foot end of the bed and 'throw out' the AlbacMat™ to unravel it from within itself (keep hold of the handle) beside the bed. Once unravelled, position the mat beside the patient – either on the floor or on the bed. With the patient on their side, butt the AlbacMat™ to their back and roll the patient onto their back once more so that they are now on the AlbacMat™.



Unrolling the AlbacMat™ for use

Evacuation



Lowering the patient from the bed to the floor

Using the straps down each side, strap the patient in across the chest and the knees. Use the side strap at the head end of the AlbacMat™ to turn the patient and lower them from the bed and pull them to safety. If the patient is on the floor, in a narrow area use the **handle** (not the strap) at the foot end to pull them to an area where you can then use the handles at the head end for your comfort.

Once the patient is at the assembly point, they can be left on the AlbacMat™ while the rescuer returns to evacuate other patients.

An additional method is to undo the mat and place near the feet of the patient. Move to the shoulders of the patient and roll them away from the AlbacMat™ onto their side. Keeping hold of their shoulder, use the other hand to unroll the AlbacMat™ beside their back. Roll them onto their back and continue. Alternately lower the bed, unravel the AlbacMat™ position the AlbacMat™ beside the patient on the floor and lower the resident from the bed directly onto the AlbacMat™

Two-person rescue

May be required with a large or difficult patient.

The process is the same, just with two people working either side of the patient.

They each have a free hand to assist another person at the same time, open doors etc should it be required.



Two people can evacuate a patient with ease

Stairs:

The AlbacMat has been tested using various methods of descending stairs and staircases. While it is preferable to have two 'rescuers' when negotiating stairs, it can also be performed by a single person. The two methods are almost opposite in their application. Listed the recommended procedures for each method below.

Single personnel:

It is recommended that the side handles be used for maximum control. The rescuer has brought the patient to the staircase and may need to adjust their handle usage before beginning the descent. The rescuer walks on a backward angle down the stairs so that the patient will travel backwards down the stairs. Be aware that the patients' bottom and feet will fall into each step this way so some caution will need to be taken. The residents back may rest against the rescuers thigh. This will assist with balance and gravity for the rescuer as they can almost push into this weight as opposed to being pushed down the stairs.

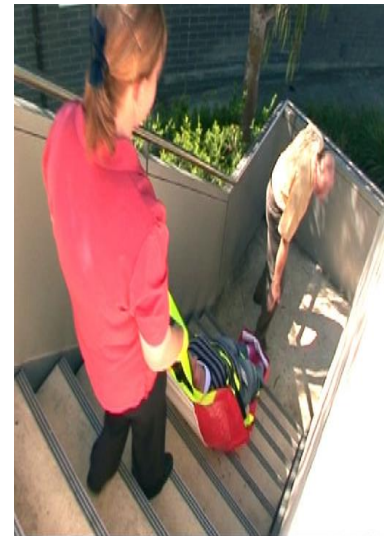
The above method enables the rescuer to have full control of the patient and they can turn them as necessary to negotiate each flight of stairs.

Two personnel:

The evacuation involving stairs can be performed a lot quicker with two personnel. If one person is stationed at the stairs during the evacuation, the staircases will not be a problem.

The rescuer brings the resident on the AlbacMat to the top of the staircase. The resident's feet need to be over the edge of the stairs so the person on the stairs can assist using the handle (not the strap) at the foot pocket in positioning the patient. This person then guides the resident until their feet/body are resting on top of the stairs.

The person at the head end is to guide the residents' weight. The AlbacMat will do the work. They need to walk down the stairs almost normally. One of the longer straps may be useful here. The method is to allow the mat to 'skate' over the top of each step, so the lower the patient is on the mat, the better weight transference and the easier it will slide down the stairs.



The person at the foot end is there as a support and can slow the resident if it gets a little fast. This is done simply by raising the feet, using the handle on the foot pocket. They also turn the resident around the staircase to the next flight. They are also available to 'tug' the mat if required if it stalls on the edge of a step (crease in board may rest upon a step).

This is by far the quicker method (and more comfortable for the patient) but it does require two personnel, which in some cases may not be available.

ALTERNATE EVACUATION METHODS

Blanket Removal

- Spread a blanket under the resident (like a slide sheet). Position the resident close to the edge of the bed
- Fold the resident's arms across his/her chest
- Drag the resident onto the floor using the blanket. Protect the head from hitting the floor.
- Move to the end of the blanket supporting the resident's head
- Place each hand a comfortable distance either side of the resident's head and grasp the edge of the blanket
- Raise the resident's head from the floor and drag the resident, head first, to safety



One-Person Human Crutch

This method is used to support a conscious resident who is able to walk with assistance. Coordinate your steps with the victim to give a broad base of support.

- The rescuer stands on the injured side of the resident
- The resident places arm nearest the rescuer around the rescuer's shoulders
- The rescuer grasps the wrist of the resident with one hand
- With the other hand, the rescuer takes a firm grip of the resident's clothes at the waist on the far side of the body

PERSONAL THREAT – CODE BLACK

The following basic principles that should always be addressed during an Unarmed or Armed Threat.

- **Remove as many people from the danger situation and prevent other people from getting into danger.**
- **Always carry out the demands of the offender exactly - nothing more, nothing less.**
- **If property is demanded it should always be handed over.**
- **Do not attempt heroics.**

This plan deals with the possibility of:

- Staff being threatened with violence, whether purely as an act of aggression or in order to steal from the facility or staff.
- The threatening person may be armed or unarmed.

Unarmed Confrontation

Unarmed confrontations may arise where there is a threat to others by an unarmed person confronting them in a violent or threatening manner, or where a person threatens to commit suicide.

Armed Confrontation

Under no circumstances should staff, residents or visitors place themselves in further jeopardy. Armed confrontation must be managed by a discreet response, following a predetermined plan developed in conjunction with the Queensland Police Service (QPS). Avoid using communication systems which may be heard by the armed person.

PERSONAL THREAT – CODE BLACK DUTIES OF ALL STAFF

DO NOT PANIC, SHOUT OR RUN.

Under no circumstances should staff, residents or visitors place themselves in danger.

In the event of an armed or unarmed threat to staff, the responsibility of the coordinating staff member (Chief Warden) not to in any way infringe upon the existing responsibilities of the attending Queensland Police Service (QPS).

In the event of an armed or unarmed confrontation staff should undertake the following procedures:

- Obey the offender's instructions, but to do only what is told and nothing more, and not to volunteer any information.
- Stay out of danger if not directly involved and leave the building if it is safe to do so, then raise the alarm.
- Phone the QPS emergency number 000 if able to do so without danger and keep the phone line open. Alternatively, attract the attention of another staff member to phone the QPS if it is safe to do so. Provide the following information:
 - Exact location of the threat
 - Nature of the threat
 - Number of persons involved
 - Armed or unarmed threat
- Use a runner to alert other staff members of the situation.
- Carefully observe any vehicle used by the offender(s), taking particular note of its registration number, type and colour, number of occupants and description.
- Preserve the scene until the QPS checked the area for fingerprints or other clues.
- Do not stare at the offender but observe offender(s) as much as possible. Whilst talking to the offender, special observation of the following should be made:
 - Voice (accented, deep, high pitched, etc.)
 - Speech (slurred, lisp, etc.)
 - Manner (aggressive, calm, etc.)
 - Clothing
 - Walk
 - Any distinguishing features, marks, scars or tattoos and details of any weapons used.

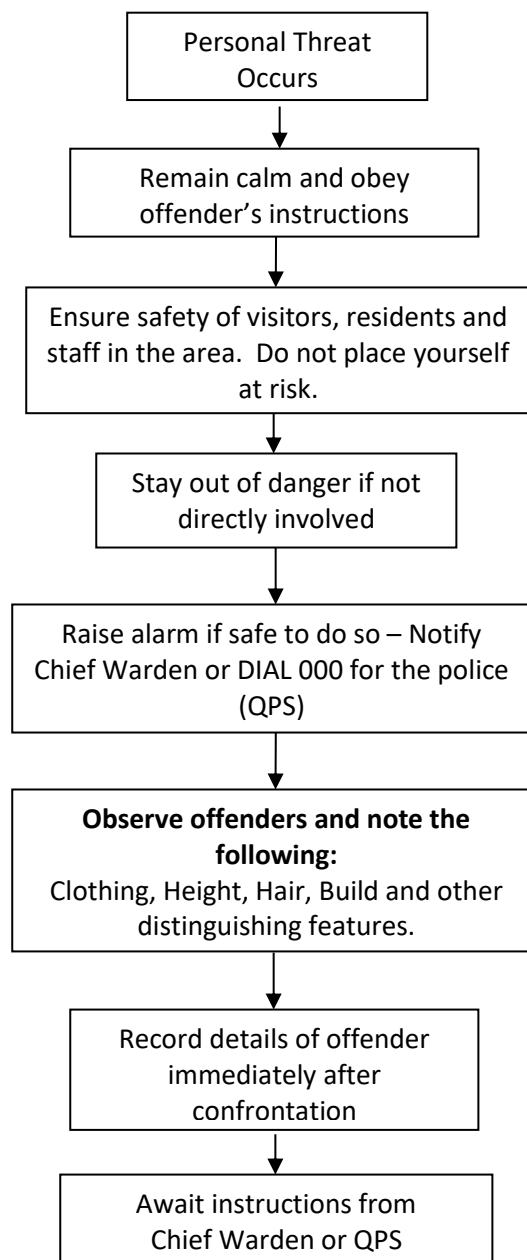
Record these observations in writing as quickly as possible after the confrontation, as the QPS will want individual impressions of what happened, uninfluenced by others. Complete Checklist for Description of Offenders, located on page 47.

- Ask all witnesses to remain until the Police arrive and explain to the witnesses

that their view of what happened. Do not allow witnesses to “confer”. Witness information must remain individualized.

The victim/victims should be isolated as soon as possible at the conclusion of the incident to record all details.

- Complete an incident report.
- Exclude all members of the media from the facility. Invoke AAQ-P-15.0 Media and Publications Procedure, media contact will be coordinated by the Chief Executive Officer of the Association. Requests for interviews or comment by the media will be referred to the Chief Executive Officer. Staff are not authorised to offer a comment to a member of the media no matter how innocent or trivial it may seem.



PERSONAL THREAT – DUTIES OF CHIEF WARDEN

Notify the following:

- Queensland Police Service (QPS)
- Director of Care
- Chief Executive Officer

The **Chief Warden** is to ensure the following:

- The safety of the staff and residents.
- Ensure QPS have been notified when it is safe to do so.
- Follow QPS instructions.
- Meet QPS and delegate staff to assist.
- Organisation of assistance that may be appropriate to the situation.
- Direct Area Warden to assist where necessary.
- Isolation of the area and protection of evidence to prevent removal or tampering until collected by QPS.
- Arrange any support or transport for staff or residents.
- Notify Ambulance service if necessary.
- Ensure check list and incident report are completed and handed to QPS.
- An incident report is completed and submitted to the Director of Care
- Organise Incident Debriefing if necessary.

PERSONAL THREAT – DUTIES OF AREA WARDEN

The **Area Warden** will:

- Ensure residents are not at risk and direct them to safety
- Follow directions of the Police and Chief Warden
- Take mental notes of the offender(s) to complete the checklist
- Ensure media are excluded from the facility

PERSONAL THREAT – CODE BLACK CHECKLIST FOR DESCRIPTION OF OFFENDER(S)

PERSONAL DESCRIPTION FORM OF OFFENDER	NOTES FOR COMPILATION: Separate form required for each person. To be compiled immediately after incident by each staff member, also bystanders, if possible. Place circle as applicable. If answer not known write N/K against heading. DO NOT CONSULT others during compilation. Chief Warden to collect forms and hand to police.
NAME OR NICKNAME USED:	SEX: male female
APPROXIMATE AGE:	ETHNIC ORIGIN:
HEIGHT:	WEIGHT:
COMPLEXION: fair dark pale fresh ruddy suntanned	BUILD: thin stout medium nuggety
ACCENT:	VOICE: clear loud thick slangy
POSTURE: erect stooped slouchy	SPECTACLES: colour shape thick glass tinted
WALK: quick springy slow limp pigeon-toed	MOUSTACHE-BEARD (type):
HAIR: colour straight wavy bald curly thick long crewcut	DISGUISE:
EYES: colour size intense stare squint	HANDS: size calloused soft hairy nails missing or deformed fingers
EARS: size shape	GLOVES: type colour
NOSE: size shape	JEWELLERY (describe):
LIPS: size shape	SCARS OR tattoos, scars, MARKS discolourations
TEETH: good uneven spaced missing bad protruding	Describe location fully
CLOTHING: including hat, tie, shirt, coat, trousers, dress, skirt, sweater and shoes	WEAPON TYPE:
	METHOD AND DIRECTION OF ESCAPE:
METHOD OF OPERATION: What did offender do, say, touch, carry, etc.	MAKE OF CAR:
	MODEL OF CAR:
	REGISTRATION:
	COLOUR:
	NUMBER OF VEHICLES USED:
ANY OTHER INFORMATION:	
NAME OF PERSON COMPLETING FORM:	SIGNATURE:
ADDRESS:	

BOMB THREAT – CODE PURPLE

Bomb threats may be in one of the following forms:

- **Written threat**
- **Telephone threat**
- **Suspect object**
- **Suspect mail**

Written threat

If a bomb threat is received in writing it should be kept, including any envelope or container. Once a message is recognized as a bomb threat, further unnecessary handling should be avoided. Every possible effort should be made to retain evidence such as possible fingerprints, handwriting or typewriting, paper and postmarks. This evidence should be protected by placing it in a plastic bag.

Telephone threat

The person receiving the bomb threat by telephone should remain calm, endeavour to engage the caller in conversation and should not disconnect the call and as soon as possible, should complete the information required on a bomb threat checklist.

Suspect object

On locating a suspect object, search personnel shall not touch or move it. Clear the immediate and surrounding areas. Ensure no other suspect objects are in the vicinity. Continue to search other areas.

Mail object

Be wary of odd shaped articles which may:

- Tick or have protruding wires or tape
- Noises within an envelope or parcel

All threats must be taken seriously

BOMB THREAT – CODE PURPLE

DUTIES OF ALL STAFF

Care should be exercised with mobile phones, radio sets, wireless technology transmission and any other equipment producing electromagnetic radiation in situations where improvised explosive devices are suspected. Such equipment should not be used until clearance is given by the attending bomb technicians.

- ALERT Queensland Police Service (QPS) – DIAL 000
- Follow the offender's instructions
- If the object is found DO NOT TOUCH IT
- Report location of the object immediately to the Chief Warden
Use runners to report location of object to Chief Warden
- Keep area clear
- Keep windows open
- Prepare to evacuate – **CODE ORANGE**
- Evacuate area around suspicious object at the direction of the Chief Warden

DO NOT USE mobile phones as these may trigger any detonating device.

BOMB THREAT – CODE PURPLE

DUTIES OF CHIEF WARDEN

ECO Members are:

Chief Warden – Registered Nurse

Area Warden - Staff member of Rosalie Nursing Care Centre appointed by Chief Warden

Communication Officer – Rosalie Nursing Care Centre staff member or Chief Warden.
Communications Officer will contact emergency services.

Upon notification of a bomb threat, the Chief Warden will carry out the following:

- Set up an Emergency Control Organisation (ECO) at the FIP
- Ensure that the Director of Care and Chief Executive Officer are advised of the status of the incident.
- Ensure the Queensland Police Service (QPS) have been notified and Area Warden is also alerted. Advise of location of the bomb if known.
- It should **not** be assumed that local police will conduct bomb searches.
- Direct the Communications Officer to restrict all incoming/outgoing calls.
- Announce **Code Purple** over the PA system located at the Fire Indicator Panel (FIP).

At the direction of the (QPS) undertake further action:

- A. Search without evacuation
- B. Evacuate and search
- C. Evacuate without search

If the decision is made to **search without evacuation** the Chief Warden will:

- Ensure that QPS and Bomb Squad instructions are carried out
- Instruct Area Warden to supervise and assist in the search for any objects
- Instruct Area Warden to ask persons in the area to identify personal property and equipment
- Continually review any assessment about evacuation, in the light of updated information.
- Ensure that mobile phones and radio transmitters are not used on site during the search.

If the decision is made to **evacuate and search**, the Chief Warden shall:

- Ensure that QPS and Bomb Squad instructions are carried out
- Coordinate and announce the **Code Orange** evacuation
- Determine an assembly point out of line of sight of the facility at 30 Howard Street (left of front entrance)
- Direct the Communications Officer to restrict all incoming/outgoing calls
- Ensure that any unidentified or unattended suspicious objects are not touched or moved and shall be checked by experts.
- Doors and windows should be left open to assist in venting any possible explosion
- Outside areas and evacuation paths must be deemed to be safe before use by evacuees.

BOMB THREAT – CODE PURPLE

DUTIES OF AREA WARDEN

Upon notification of a bomb threat from the Chief Warden the **Area Warden** will carry out the following instructions.

- Evacuate the areas of concern when directed by the Chief Warden.
- Ensure mobile phones in the area are turned off.
- Use runners to communicate with staff.
- Confine all messages to within the search party.
- Assist to search the remainder of the facility when directed by the Chief Warden.
- Always search the entire area including toilets, storerooms, stairs etc.
- Ask people working within an area to identify personal property. This may eliminate some items of suspicion.
- Notify the Chief Warden and QPS when the search is completed or the suspect item has been found.
- If any suspect object is found, ensure that it is not touched or moved and keep the area clear. Notify the Chief Warden immediately.
- At the direction of the Chief Warden the Area Warden shall ensure that egress routes and assembly areas are searched for suspicious objects, prior to complete evacuation of the building.

BOMB THREAT – CODE PURPLE SEARCH PROCEDURES

The most appropriate personnel to carry out a search, in any given area, are the occupants of the building, structure or workplace because they have the knowledge of “what belongs” or “what does not belong” in a location at any given time.

The aim of the search is to identify any object which is not normally found in an area or location or is suspect for any other reason e.g. suspiciously labelled, unusual shape, size and sound, or presence of pieces of tape, wire, string or explosive wrappings.

Unless a particular area has been nominated in the threat, start the initial search in outside areas including evacuation assembly areas, building entrances and exits (particularly exit paths to be used for evacuation) and public areas within buildings.

If any suspect object is found, the Area Warden shall ensure that it is not touched or moved, and that the area is kept clear. The Area Warden shall notify the Chief Warden immediately when suspicious object is found. Remember that more than one object may have been planted therefore a search of other areas should continue to ensure that there are no other suspect objects.

Search Procedures

General priorities for searching should follow the following sequence:

1. Outside areas including evacuation assembly areas.
2. Building entrances and exits, and particularly, paths people will use to evacuate.
3. Public areas within buildings.
4. Other areas – once external and public areas have been declared clear, a search should be conducted beginning at the lowest levels and continuing upwards until every floor, including the roof, has been searched. Once a floor or room has been searched, it should be distinctively marked to avoid duplication of effort. The Emergency Control Organisation personnel, due to their intimate knowledge of the building, should assist the relevant authorities in these procedures.

Law enforcement authorities i.e. QPS, do not normally assist occupants of buildings, structures or workplaces in searching for suspect bombs unless a suspect bomb has been located by the site occupants.

IMMEDIATE AND TOTAL EVACUATION

However, there are significant safety factors associated with a bomb threat that may weight against an immediate evacuation. These are as follows:

- Risk of injury

As a general rule, the easiest area in which to plant an object is in the shrubbery sometimes found outside a building, an adjoining car park or in an area to which the public has the easiest access. Immediate evacuation through these areas may increase the risk of injury.

- Response impairment

Total and prompt evacuation will remove personnel who may be required to make a search.

- Panic

A sudden bomb threat evacuation may cause panic and unpredictable behaviour, leading to unnecessary risk of injury.

- Resident dependency

Some of the residents in an area under bomb threat may be dependent upon building services for survival e.g. breathing apparatus. Refer to RNCC Fire and Emergency Residents Listing.

- Reduction in resident care

Although the evacuation of residents to an assembly area may ensure their safety, repeated threats and evacuations would compromise resident care.

The above factors may make immediate evacuation an undesirable response to the bomb threat.

Note: Immediate and total evacuation, although risky, is the easy decision. After taking the easy way, the hard decision of when to return still has to be made.

PARTIAL EVACUATION

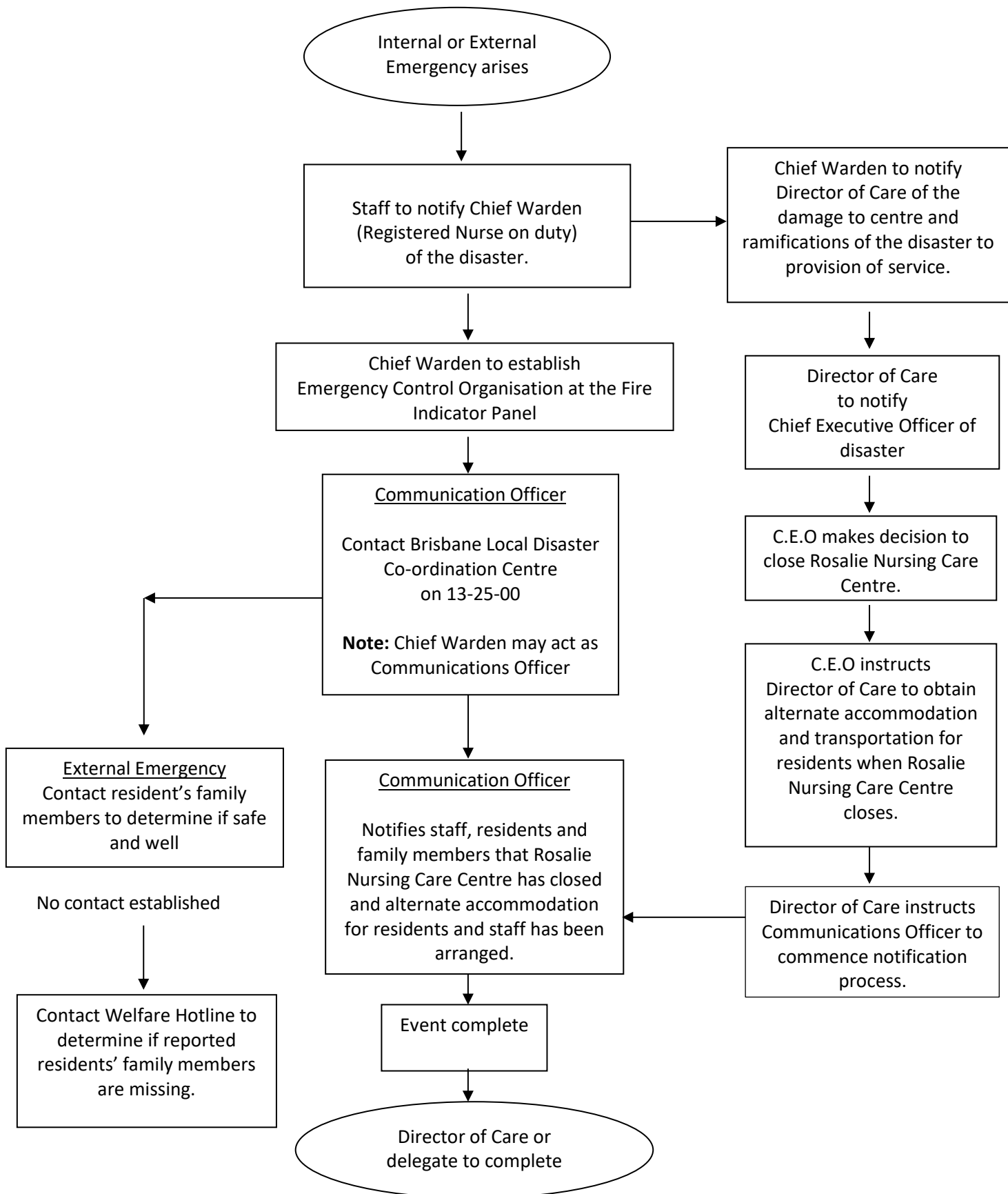
An alternative to total evacuation is a partial evacuation. This response is particularly effective when the threat includes the specific or general location of the placed object or in those instances where a suspicious object has been located without prior warning.

BOMB THREAT – CODE PURPLE

PHONE THREAT CHECK LIST

NAME:	
TELEPHONE NUMBER:	
SIGNATURE:	
<p><u>GENERAL QUESTIONS TO ASK</u></p> <ol style="list-style-type: none"> 1. What is it? 2. When is the bomb going to explode? or When will the substance be released? 3. Where did you put it? 4. What does it look like? 5. When did you put it there? 6. How will the bomb explode? or How will the substance be released? 7. Did you put it there? 8. Why did you place the bomb? 9. What is your name? 10. Where are you? 11. What is your address? <p><u>CHEMICAL/BIOLOGICAL THREAT QUESTIONS</u></p> <ol style="list-style-type: none"> 1. What kind of substance is in it? 2. How much of the substance is there? 3. How will the substance be released? 4. Is the substance a liquid, powder or gas? <p><u>BOMB THREAT QUESTIONS</u></p> <ol style="list-style-type: none"> 1. What type of bomb is it? 2. What is in the bomb? 3. What will make the bomb explode? 	<p><u>CALLER'S VOICE</u></p> <p>Accent (specify): Any impediment (specific): Voice (loud, soft, etc.): Speech (loud, soft, etc.): Diction (clear, muffled): Manner (calm, emotional etc.): Did you recognise the caller? If so, who do you think it was? Was the caller familiar with the area?</p> <hr/> <p><u>THREAT LANGUAGE</u></p> <p>Well spoken: Incoherent: Irrational: Taped: Message read by caller: Abusive: Other</p> <hr/> <p><u>BACKGROUND NOISES</u></p> <p>Street noises: House noises: Aircraft: Voices: Music: Machinery: Other: Local call: STD call:</p> <hr/> <p><u>EXACT WORDING OF THREAT</u></p>

COMMUNICATION PROCESS FOR INTERNAL AND EXTERNAL EMERGENCIES



INTERNAL EMERGENCY – CODE YELLOW

Internal disasters are those disasters which damage facilities and services provided for staff and residents of the Association and may cause the capabilities of the facility to be reduced and/or endanger the lives of the occupants of the buildings. Internal disasters are a result of;

- Flooding within Rosalie Nursing Care Centre
- Fire
- Loss /Damage of Power
- Loss/ Damage to Gas Supply
- Loss of Communication
- Structural Damage to Buildings or instability of Buildings caused by External Disasters
- Blocking of exits & entry points
- Contamination of water supply and water shortage
- Hazardous Material Spill
- Sewage disruption
- Leak of a Toxic Substance
- Illegal Occupancy

Chief Warden

In an internal emergency, the Chief Warden must determine the action to be taken based on the type of emergency.

- Announce “Code Yellow” via the PA at the FIP
- Stating the exact location of the Internal Emergency
- Stating the type of Emergency

Area Warden

Act on instructions given by Chief Warden

FAILURE OF VITAL INTERNAL SERVICES

SERVICE	PHONE NO.	ASSISTANCE
ELECTRICITY AND GAS SUPPLIES (ENERGEX)	13 19 62	Call for electricity and gas emergencies. Life threatening situation.
	13 62 62	Loss of gas Loss of electricity Reporting non-life-threatening electrical or gas incidents
WATER AUTHORITY (Brisbane City Council 24 Hrs)	3403 8888	Call if water supply is damaged or interrupted.
POLICE, FIRE, AMBULANCE	000	Request for Assistance
BRISBANE LOCAL DISASTER CO-ORDINATION CENTRE	13-25-00	Request for Assistance

HAZARDOUS MATERIAL SPILL OR LEAK OF A TOXIC SUBSTANCE

These could include any of the following:

Flammable /Combustible liquids, acids, toxic gas, cleaning substances etc.

Should such an incident occur:

- Evacuate to safe area - remove residents or staff from immediate area
- Notify the Queensland Fire and Rescue Service immediately
- Determine the origin of the leak and isolate if possible
- Isolate the area
- Ensure protective equipment is available
- Material safety data sheets are on hand for reference

LOSS OF COMMUNICATION

In the event of failure of Rosalie Nursing Care Centre communication system, mobile phones can be used until restoration of the land line telecommunication system.

Area Warden

Act on instructions given by Chief Warden

Director of Care or delegate to complete an incident report following the management of the internal emergency.

EXTERNAL EMERGENCY – CODE BROWN

External disasters are defined as disasters that occur from environmental forces and manmade disasters, which occur external to Residential Care Centres operated by the Association. These disasters prevent the continued operation of services provided by Rosalie Nursing Care Centre.

Depending upon the nature of the emergency any health care resource may become involved in an emergency response as an active part of a regional and statewide resource.

The external disasters that this facility may be involved in providing care and attention to victims of an emergency that is the result of but not confined to;

- Bush Fires
- Cyclones
- Earth Quakes
- Severe Storms
- Floods
- Explosions
- Landslides
- Civil Unrest

Follow Communication Process for Internal and External Emergencies *see page 55*

Director of Care or delegate to complete an incident report following the management of the external emergency.

EXTERNAL EMERGENCY – CODE BROWN (Civil Unrest) DUTIES OF CHIEF WARDEN

On receipt of information from the emergency services about a **civil unrest** the Chief Warden or delegate will ensure that the following information is recorded:

- The caller and his/her telephone number and the time of the call
- The type of emergency
- The location of the emergency

In addition the following steps shall be taken:

- Notify Director of Care of the External Emergency
- Establish an Emergency Control Organisation at the Fire Indicator Panel
- Verify the authenticity of the information from the appropriate emergency service
- Announce **Code Brown** over the PA system
- Restrict entry of unauthorized persons
- Provide information to the QPS for release to relatives and media.

During Civil disturbances, such as **protests, blockades and forced entry** to buildings minimize contact of those causing disturbance with residents.

Initiate security lockdown action:

- Restrict contact between the demonstrators and the residents or staff (move residents to safe areas within the building);
- Restrict entrance to the site (do not obstruct emergency exits)
- Restrict /confine presence within the site if entry has occurred
- Ensure cash, critical records, equipment and valuable items are secure
- Remove any objects in accessible locations which could be used as weapons or missiles by aggressive trespassers.

EXTERNAL EMERGENCY – CODE BROWN DUTIES OF AREA WARDEN

On instruction from the Chief Warden the Area Warden will **during an emergency involving civil unrest:**

- Carry out the instructions of the Chief Warden.
- Restrict entry of unauthorized persons.
- Do not make statements to the media.
- Invoke AAQ-P-15.0 Media and Publications Procedure. Media contact will be coordinated by the Chief Executive Officer of the Association. Requests for interviews or comment by the media will be referred to the Chief Executive Officer. Staff are not authorized to offer a comment to a member of the media.
- List information for the Chief Warden to release to QPS.

MEDICAL EMERGENCY – CODE BLUE DUTIES OF ALL STAFF

For all medical/first aid related incidents or emergencies, in the event of a suspected cardiac arrest or the need for urgent medical assistance.

Remain calm	Do not panic
Assess	Assess danger to you & casualty Response of patient Airway – is it clear & unobstructed? Breathing – is their chest rising? Circulation – do they have a pulse?
Raise alarm	Chief Warden or delegate to announce Medical Emergency over the PA system at the FIP and call for assistance Ring 000 Ambulance - advise them of your location, resident's age/sex, symptoms & signs, any prior medical illnesses, medication. Await arrival of ambulance
Commence	Cardio Pulmonary Resuscitation (CPR) or first aid as required Do not undertake CPR if resident's requests on admission NOT TO BE RESUSCITATED

Note:

The person who finds someone collapsed should:

- Never leave the casualty alone
- Never move the casualty unless you are exposed to a life-threatening situation
- Provide support and appropriate assistance until emergency help arrives.

Immediately check for:

Cardiac Arrest

- Check if the casualty is unresponsive
- Pulseless with absent respirations (always check carotid or femoral pulses)
- Cyanosed

Blocked Airway

- Turn casualty on side
- Check if clear and open

MEDICAL EMERGENCY ACTION PLAN

DRSABC is the prime consideration for everyone involved in the care and treatment of medical emergencies. All staff should be aware of the importance of Danger, Response, Send for help, Airway, Breathing and Circulation.

DRSABC ACTION PLAN	
In an emergency call triple zero (000) for an ambulance	
D	<p>DANGER</p> <p>Ensure the area is safe for yourself, others and the patient</p> <p style="text-align: center;">↓</p>
R	<p>RESPONSE Check for Response</p> <p>Is the Casualty Alert</p> <p>C = Can you hear me O = Open your eyes W= What's your name S = Squeeze my hand</p> <p>No Response</p> <ul style="list-style-type: none"> • Send for help <p style="text-align: center;">↓</p> <p>Is the casualty drowsy or confused? Is the casualty unconscious, but reacting? Is the casualty unconscious with no reaction?</p> <p>Response</p> <ul style="list-style-type: none"> • Make comfortable • Check for injuries • Monitor response
S	<p>SEND for help</p> <p>Call Triple Zero (000) for an ambulance or ask another person to make the call</p> <p style="text-align: center;">↓</p>
A	<p>AIRWAY</p> <p>Open Mouth – If foreign material is present:</p> <ul style="list-style-type: none"> • Place in the recovery position • Clear airway with fingers (e.g blood, false teeth) <p>Open Airway by tilting head with chin lift</p> <p style="text-align: center;">↓</p>
B	<p>BREATHING Check for Breathing –</p> <p><u>Look</u> – Is the chest rising? <u>Listen</u> – Sound of breathing <u>Feel</u> – Breath on cheek & hand on diaphragm</p> <p>Not Normal Breathing</p> <ul style="list-style-type: none"> • Start CPR <p style="text-align: center;">↓</p> <p>Normal Breathing</p> <ul style="list-style-type: none"> • Place in recovery position • Monitor breathing • Manage injuries • Treat for shock
C	<p>CPR</p> <p>Start CPR – 30 chest compressions : 2 breaths</p> <p>Continue CPR until help arrives or patient recovers</p> <p>If casualty shows signs of life, place in the recovery position, assess and manage any bleeding & other injuries. Monitor patient recovery until help arrives</p>

Location of First Aid and Oxygen Equipment:

- The oxygen and oxygen suction equipment are located in the treatment room.
- An incident report must be completed for each treatment of first aid given to staff and visitors and reported to the Director of Care.

MEDICAL EMERGENCY ACTION PLAN

Duties of Chief Warden and Area Warden:

The Chief Warden on duty shall:

- Direct any additional staff needed to proceed to the location of the incident to assist via the PA at the FIP.
- Contact the Area Warden (AIN) in whose area the incident has occurred.
- Ensure that the casualty's doctor has been notified.
- Notify relative and complete incident report.
- Notify the Director of Care if not on site.

The Area Warden shall:

- Proceed to the location of the incident and render assistance.

MISSING PERSONS

A missing resident, is defined as a resident who is absent without explanation from a residential aged care service (Department of Health and Aging)

On discovery that a resident is missing, all available staff search immediate vicinity and surrounding area making sure that safety of all remaining residents is not put at risk.

- Notify the Director of Care (DOC) of where, when, how or why resident went missing
- DOC to notify CEO, Dementia Helpline and Resource Centre
- **Registered Nurse on duty is not to leave the facility**
- If resident is not immediately located notify family/EPOA
- Notify Queensland Police Service (QPS) by dialing 000
- Provide description of the clothing resident was wearing and photo to all members of Search Party and Queensland Police Service (QPS). Photo can be obtained from iCare.

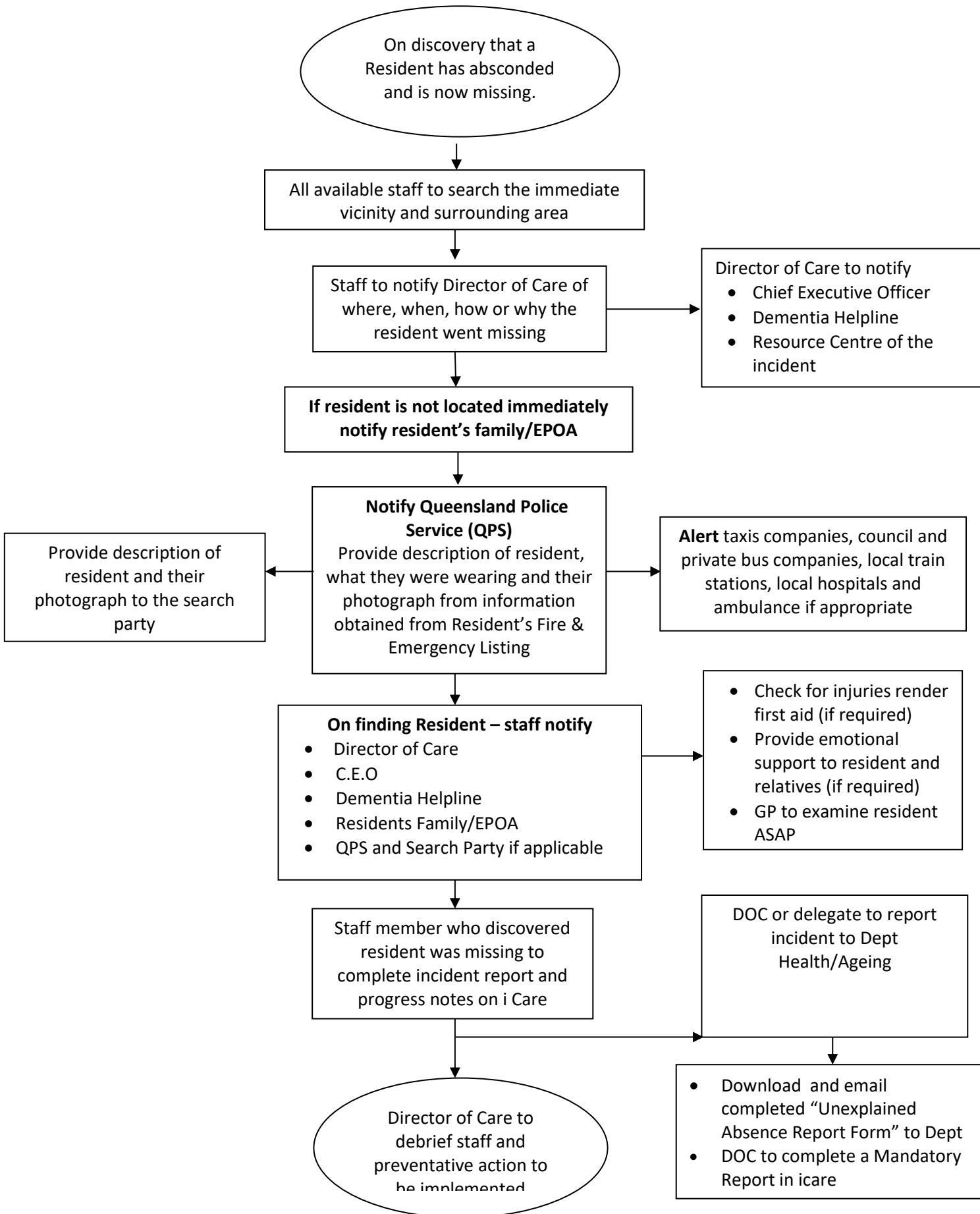
Go to website Department of Health (Ageing & Aged Care)

<https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers>

Download *Unexplained Absence Report Form*. Complete and email to compulsoryreports@health.gov.au

- If required complete Compulsory Reporting Incident Report - AAQ Form 77 and fax this information to 1800 550 552 within 24 hours of the incident occurring.
- Alert taxis, council and private bus lines, local train stations, local hospitals and ambulance if appropriate
- When resident is found notify Director of Care, residents family or EPOA, QPS and Search Party if applicable
- DOC to notify CEO, Dementia Helpline and Resource Centre
- Check resident for injuries and provide first aid if applicable and provide emotional support to resident and relatives if required
- Residents GP to examine resident ASAP
- Staff member discovering resident was missing to complete an incident form & progress notes on icare
- DOC to debrief staff and implement preventative action

MISSING PERSONS FLOWCHART



19.0 FIRE SCENE PRESERVATION

During the aftermath of any fire, there will always be some form of investigation. Every structural fire which results in some kind of structural damage will require a police report that is forwarded to the Coroner's Office.

The fire brigade attending an incident will assume the role of securing the scene until an investigation can be undertaken or until the attendance of the Queensland Police Service (QPS). However if the fire is extinguished prior to the arrival of the fire brigade, it is the Chief Warden's responsibility to ensure the fire scene is secured and that the evidence is not disturbed or contaminated.



Preservation of the scene can be defined as the application or use of measures to prevent accidental or deliberate damage, change, alteration or deterioration to the incident site.

If the scene is not preserved and evidence contaminated, it may result in a totally incorrect conclusion to the investigation. More importantly, it may result in evidence being ruled inadmissible during court proceedings against a person charged with a criminal offence.

In addition, to the contamination of physical evidence, the preservation of the fire scene should be undertaken for the safety and welfare of residents and staff. Parts of the building or suspended ceilings can collapse and the atmosphere in and around the incident will contain toxic gases.

The Chief Warden should ensure that the immediate area is evacuated and all electrical equipment is left in its original position. If a master switch is turned off for the safety of personnel, it is imperative that this is reported to the fire brigade as soon as possible.

PHYSICAL EVIDENCE MUST NOT BE TOUCHED.

If there is a requirement to touch some physical evidence (such as removal of equipment for the rescue of a person), this fact must be reported to the investigators as soon as possible.

20.0 FIRE INVESTIGATIONS

The Queensland Police Service (QPS) or the Queensland Fire and Rescue Service (QFRS) will usually be the lead investigative agency after a fire incident. Generally, the QPS and QFRS will work as a team but the details of the incident will dictate which agency leads the investigation. The QPS will lead investigations on incendiary fires and the fire brigade will lead investigations on accidental fires.

The two basic scenarios where police will investigate fires are:

- Fires where a suspicion of arson exists;
- Fires involving death or serious injury.

The QFRS will concentrate on accidental fires determining:

- Unsafe appliances
- Unsafe work practices
- Unsafe building practices

Note: As soon as the QFRS determines that there is some criminal involvement in the fire, the investigation is passed back immediately to the QPS.

Although the lead investigative agencies will be either QPS or the QFRS, there will be numerous investigations being carried out by other organisations at a major fire in a health facility. These organisations are permitted by law to conduct their own investigation whilst abiding by protocols and procedures of investigations. Investigative organisations additional to the QPS and the QFRS may include:

- Department of Industrial Relations (Electrical and Gas Examiner)
- Department of Health officials
- Workplace Health and Safety Representatives
- Department of Fair Trading (to recall faulty electrical equipment)
- Private legal investigators
- Insurance loss adjusters
- Media
- Coroner (will only attend the scene for major incidents)



21.0 REFERENCES

AS 3745 - 2010 Planning for Emergencies in Facilities

AS 4083 - 2010 Planning for Emergencies – Health Care Facilities

AS 1851 – 2012 Routine Service of Fire Protection Systems and Equipment

Brisbane City Council Disaster Management Plan 2013

Queensland Disaster Management Act 2003

Queensland Development Code (QDC) MP 2.3 *Fire Safety in Existing Residential Care Buildings* (Pre 1 June 2007).

Residential Aged Care Services. Heatwave Ready Resource (2013). State Government of Victoria

Emergency Management Queensland

<http://www.emergency.qld.gov.au/emq/regions/regions.asp>

Reportable Assault & Unexplained Absence Report Form– <https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers>

Emergency Action Plan *St John Ambulance Australia (NSW)*

Eversafe Extinguishers Australia Pty Ltd, Dry Chemical Powder extinguishers

AAQ-P-15 Media and Publications

AAQ- P- 41 Risk Management for Emergency Events

AAQ Form 77 Compulsory Reporting Incident Form

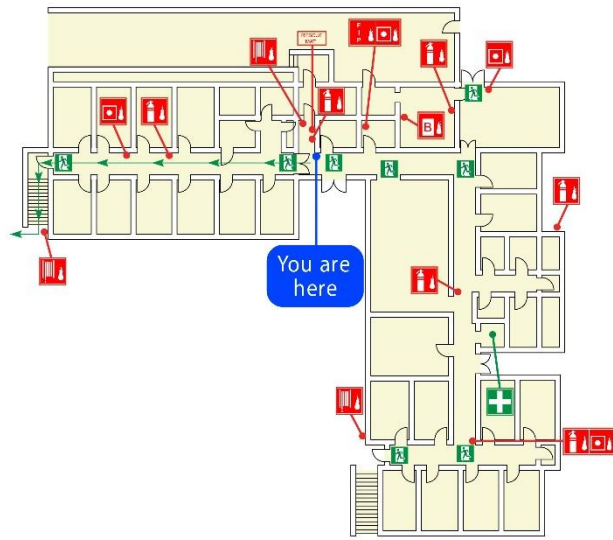
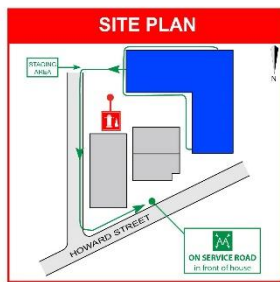
APPENDIX A

EVACUATION DIAGRAMS

18 Howard Street - Nursing Home

EVACUATION SIGN & DIAGRAM

ALZHEIMERS QUEENSLAND
18 HOWARD STREET
ROSALIE
NURSING CARE CENTRE



IN AN EMERGENCY CALL
000

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

EVACUATION PROCEDURES

- Follow all instructions given by the Evacuation Coordinator / Warden(s).
- Leave immediately by the nearest safe exit.
- Move quickly, do not run.
- If possible, close doors and windows behind you.
- Report to your designated Assembly Area.
- Advise the Evacuation Coordinator / Warden immediately if you are aware of people who are still inside the building.
- Do not leave the assembly area until the Evacuation Coordinator / Chief Warden gives the 'All Clear'.
- Notify the Evacuation Coordinator / Warden of any injuries.

FIRE HOSE OPERATION



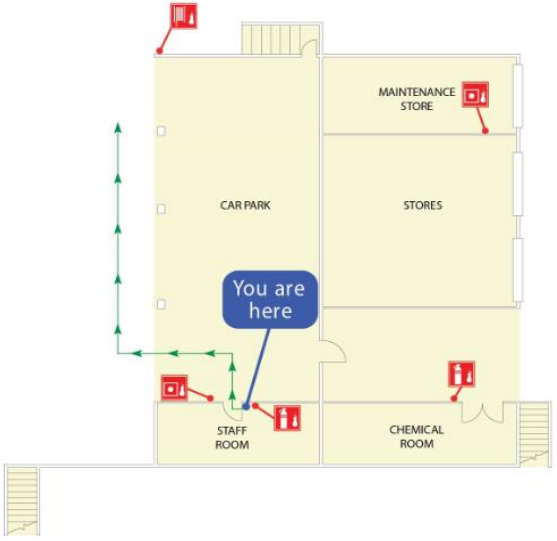
EXTINGUISHER OPERATION



SAFETY CONSIDERATIONS - R MOVE PEOPLE from immediate danger **A** LERT THE FIRE SERVICE + call 000 **C** ONFINE FIRE & SMOKE + close doors and windows (if safe) **E** VACUATE to the Assembly Area

EVACUATION SIGN & DIAGRAM

ALZHEIMERS QUEENSLAND
18 HOWARD STREET
ROSALIE
CAR PARKING



IN AN EMERGENCY CALL
000

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

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FIRE HOSE OPERATION



EXTINGUISHER OPERATION

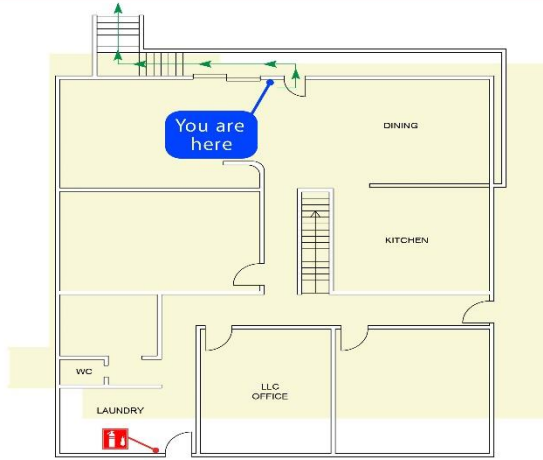
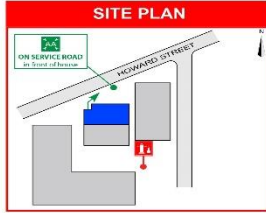


SAFETY CONSIDERATIONS - R MOVE PEOPLE from immediate danger **A** LERT THE FIRE SERVICE + call 000 **C** ONFINE FIRE & SMOKE + close doors and windows (if safe) **E** VACUATE to the Assembly Area

22 Howard Street - House

EVACUATION SIGN & DIAGRAM

ALZHEIMERS QUEENSLAND
22 HOWARD STREET
ROSALIE
FIRST FLOOR - HOUSE



SAFETY CONSIDERATIONS - R REMOVE PEOPLE from immediate danger **A** ALERT THE FIRE SERVICE - call 000 **C** CONFINE FIRE & SMOKE - close doors and windows (if safe) **E** VACUATE to the Assembly Area

Produced by Fire Safety Compliance Services Pty Ltd



IN AN EMERGENCY CALL

000



Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

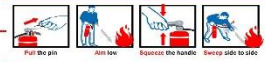
EVACUATION PROCEDURES

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FIRE HOSE OPERATION



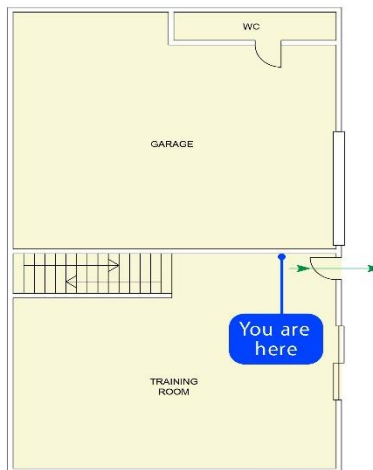
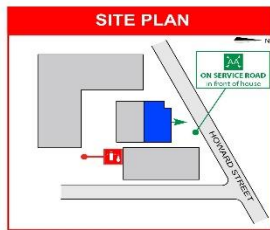
EXTINGUISHER OPERATION



Effective from: April 2016

EVACUATION SIGN & DIAGRAM

ALZHEIMERS QUEENSLAND
22 HOWARD STREET
ROSALIE
GROUND FLOOR - HOUSE



SAFETY CONSIDERATIONS - R REMOVE PEOPLE from immediate danger **A** ALERT THE FIRE SERVICE - call 000 **C** CONFINE FIRE & SMOKE - close doors and windows (if safe) **E** VACUATE to the Assembly Area

Produced by Fire Safety Compliance Services Pty Ltd



IN AN EMERGENCY CALL

000



Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

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- Report to your designated Assembly Area.
- Advise the Evacuation Coordinator / Warden immediately if you are aware of people who are still inside the building.
- Do not leave the assembly area until the Evacuation Coordinator / Chief Warden gives the 'All Clear'.
- Notify the Evacuation Coordinator / Warden of any injuries.

FIRE HOSE OPERATION



EXTINGUISHER OPERATION



Effective from: April 2016

Appendix B Annual Staff Training Records (insert here)