



**alzheimer's**  
QUEENSLAND

# **EMERGENCY PROCEDURE MANUAL**

**WINDSOR AGED CARE  
SERVICES**

**26 Palmer Street  
Windsor QLD 4030**



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## 1.0 INTRODUCTION

### 1.1 Purpose of the Manual

This manual contains procedures for handling internal and external emergencies and for the evacuation of sites that constitutes the Emergency Plan for Windsor Residential Aged Care Service. The procedures within this manual are developed in accordance with Australian Standards AS 3745 – 2010 Planning for Emergencies in Facilities, AS 4083 - 2010 Planning for Emergencies – Health Care Facilities and the Queensland Disaster Management Act 2003.

### 1.2 Scope of the Manual

#### Residential

This manual has been developed for Windsor Residential Aged Care Service, 26 Palmer Street, Windsor Qld 4030. Windsor Residential Aged Care Service is an aged care residential facility which has 61 allocated beds. This site includes Houses 2 and 4 at the front of the property.

#### Community Care/Consumer Directed Care

This facility includes two (2) houses onsite at No. 2 & 4 Palmer Street, Windsor. House No. 2 & 4 - The Upper Levels are operated by Gordon Park Multi Service Centre, from Monday to Friday between 9:00am and 4:00pm.

### 1.3 Revision

This manual will be reviewed annually by the Emergency Planning Committee (EPC) who will ensure that revisions are logged with the Quality department 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 TELEPHONE NUMBERS

Choose line 1, 2 or 3 before dialing

### 2.1 EMERGENCY TELEPHONE NUMBER

Service	Assistance Required/Email	Phone Number
Police		000
Stafford Police Station	Open Mon – Fri 8.00am – 4.00pm	3364 1800
Ambulance		000
QFES (Fire Brigade)	<a href="http://www.qfes.qld.gov.au">www.qfes.qld.gov.au</a>	000
Electricity Emergencies	Life Threatening Situation	13 19 62
Electricity Loss of Supply	Non-LifeThreatening Situation	13 62 62
Gas Leaks and Supply Issues	Contact supplier or gasfitter / plumber	
Gas Fire / Explosion / Uncontrolled Leak		000
Urban Utilities	Water supply damaged or interrupted	13 23 64
State Emergency Service	Emergency assistance Storm/Flood Damage <a href="http://www.emergency.qld.gov.au">www.emergency.qld.gov.au</a> Head Quarters	13 25 00
	Other than Storm or Flood Events	13 74 68
State Emergency Service		3635 1890
Weather Warning	<a href="http://www.bom.gov.au">www.bom.gov.au</a>	1300 659 212 1300 659 219
Aged Care Quality and Safety Commission		1800 951 822
Queensland Poisons Helpline		13 11 26
Welfare Hotline Number	Missing persons in a disaster	As advised by the media

### 2.2 AFTER HOURS CONTACT

Contact	Position	Phone Number
Zanny Mitchell	Director of Care	0439 349 486
Amy Prasad	Home Care and Disability Manager	
Stephen McNally	Chief Executive Officer	0417 766 027
Simone Watson	Human Resource Manager	0412 149 273
Dementia Helpline -- assist with extra personnel or contact with CEO	24hours/7days per week	1800 639 331
Peter Sutch	Maintenance Officer	0448 141 397

**2.3 EXTERNAL SERVICE PROVIDERS**

<b>Service</b>	<b>Service Provider</b>	<b>Phone Number</b>
Chemicals	Ecolab	0425 330 124
Fire, Security & Emergency Lighting	FireVac Services	1300 387 387
Fire Education	Fire Safety Compliance Services - Adam Birgan	0411 023 099
Residential Alarm Monitoring – Technical Support	AARM (behalf of QFES) FCA Number – 51632-01	1800 289 785
Electrician	NLE	3326 4444
Gas Works & Plumbing	Peter Ritchie Plumbing	3359 0311
Generator Service	Total Generators	0438 138 975 1800 064 532
Hot Water Heaters	Peter Ritchie Plumbing	3359 0311
Liquid Waste Removal - Grease Trap	Suez	13 13 35
Locks & Security Doors – House 2 and 4	Amalgamated Locksmiths	3252 7872
Security Keys and Locks	John Barnes – Locksmiths	3275 8888
Medical Gas Change	BOC Emergencies	13 12 62 1800 653 572
Pharmacy	Pharmasave Newmarket Compounding Pharmacy	3356 3964
Pest Control	Rentokil Australia	3809 5360
Plumbing	Peter Ritchie Plumbing	3359 0311
Lift (Passenger Emergency Phone No. 3861 1044)	Forte Lifts	5437 8323 0408 927 528

### 3.0 DEFINITIONS

#### Emergency

An event that arises from internal or external sources which may adversely affect people 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.

#### Emergency Codes

This manual contains work instructions for dealing with the following emergencies:

<b>CODE RED – FIRE AND SMOKE</b>
When fire or smoke is detected
<b>CODE ORANGE – EVACUATION</b>
Refers to movement of clients, staff, and visitors from the facility in a rapid and safe manner
<b>CODE PURPLE – BOMB THREAT</b>
Refers to a written threat, telephone threat, suspect object or suspect mail
<b>CODE BLACK – PERSONAL THREAT</b>
Armed or unarmed Confrontation where: <ul style="list-style-type: none"> <li>• person is suspected to be carrying a weapon/ dangerous article;</li> <li>• unarmed person threatens someone with violence;</li> <li>• a person threatens suicide; and/or</li> <li>• a demand is made for drugs</li> </ul>
<b>CODE YELLOW – INTERNAL EMERGENCY</b>
Refer to a failure of vital internal services: gas, electricity and communications, water shortage or contamination of water supply
<b>CODE BROWN – EXTERNAL EMERGENCY</b>
Refer to an emergency occurring outside the facility - caused by aircraft or helicopter crash, major road accident, bridge collapse, civil unrest, bush fires, cyclones, earth quakes, severe storms, heatwave, floods and/or explosions etc
<b>CODE BLUE – MEDICAL EMERGENCY</b>
For all medical/first aid related incidents or emergencies, in the event of a suspected cardiac arrest or the need for urgent medical assistance
<b>OTHER – MISSING PERSON</b>
Emergency occurring on discovery that a client has gone missing from the care provided within the AQ Multi-Service Centre, or missing from the care provided by AQ staff during an activity organised by AQ staff outside the AQ Multi-Service Centre.



## **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 Windsor Residential Aged Care Service and is appointed by and responsible to Emergency Planning Committee. The Chief Warden is responsible for initiating/managing the emergency response.

## **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 FIP in the Administration Building at Windsor Residential Aged Care Service.

## **Fire Detection and Alarm System**

This comprises thermal and smoke detectors, manual call points and the Fire Indicator Panel (FIP).

## **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 and CO<sub>2</sub> (Carbon Dioxide)
- Fire Blankets
- Fire Hose Reels
- Sprinklers
- Hydrants

## **Persons with Disabilities**

Persons having physical, intellectual, visual or auditory disabilities or impairments, either temporary or permanent this 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 Windsor Residential Aged Care Service Emergency Procedures Manual is located in each Nurse's Stations (Level 1) of the hostel, nursing home, Administration Office and House 2 (Ground Level) and the Director of Care's office. A total of 5 manuals are held onsite.

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

This document is quality controlled by the Quality Coordinator with Manuals accessible via the AQ intranet.

See Appendix A, Emergency Control Organisation Register

<b>Date of Revision</b>	<b>Revision undertaken by</b>	<b>Signature</b>
03/01/2012	Margaret Haffenden	<i>Margaret Haffenden</i>
02/04/2013	Margaret Haffenden	<i>Margaret Haffenden</i>
12/08/2015	Tracey Deans	<i>Tracey Deans</i>
02/08/2016	Fiona Thomas	
04/08/2016	Tracey Deans	<i>Tracey Deans</i>
06/09/2017	Tracey Deans and Fiona Thomas	<i>Tracey Deans</i>
26/10/2017	Tracey Deans and Samara Quirke	<i>Tracey Deans</i>
28/11/2017	Tracey Deans	<i>Tracey Deans</i>
11/05/2018	Tracey Deans	<i>Tracey Deans</i>
04/11/2019	Raeleigh Farley	
06/10/2020	Dale Hewardine and Cintia Papp	<i>Papp Cintia</i>
25/01/2021	Cintia Papp	<i>Papp Cintia</i>

## 5.0 EMERGENCY SYSTEMS

### 5.1 Alarm Systems

On activation of a smoke detector or thermal detector a signal will be sent to the (FIP) Fire Indicator Panel and Queensland Fire and Rescue Service State Alarm Management Command.

### 5.2 Detection Systems

Smoke Detectors are located throughout the buildings, in ceilings (concealed) 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 FIP and at Queensland Fire and Rescue Service State Alarm Management Command.

Thermal Detectors are located in the kitchen and laundry 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 or Break Glass Alarms are manually operated detection systems and are used to activate the emergency alarm when fire or smoke is detected. They may not automatically alert the Queensland Fire Services and therefore a follow up call to 000 is necessary to confirm alert.

### 5.3 Suppression Systems

**Refer to Emergency Evacuation Plans for location of Fire Fighting Equipment, See Appendix B.**

**Fire Extinguishers** are located in each building at Windsor Residential Aged Care Service and they are Dry Chemical Powder and CO<sub>2</sub> (Carbon Dioxide) 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. CO<sub>2</sub> extinguishers are red in colour with a black band. The location of the extinguishers is nominated on the Emergency Evacuation Plans located throughout Windsor Residential Aged Care Service.

**Fire Blankets** are located in the kitchen, hostel servery and hostel BBQ area.

**Fire hose reels** are located in the hostel near exit doors. 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

Albacmats are located in the hostel at Windsor Residential Aged Care Service only. This device is used to evacuate non ambulant residents from buildings. For evacuation methods using the Albac Mat, *refer to Appendix C Evacuation Methods*.



## 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; and
- What type of extinguisher is suitable for the fire.

Fire class and best extinguishing methods are summarised below.

Class & Type of Fire	Colours	A	B	C	D	(E)	F
Type of Extinguisher		Wood, Paper, Plastic	Flammable & Combustible Liquids	Flammable Gases	Combustible Metals	Electrically Energised Equipment	Cooking Oils and Fats
Water		✓	✗	✗	✗	✗	✗
Carbon Dioxide (CO <sub>2</sub> )		LIMITED	LIMITED	✗	✗	✓	✗
Dry Chemical Powder (ABE/BE)		✓ AB(E)	✓	✓	✗	✓	✗ AB(E)
		✗ B(E)					✓ B(E)
Foam		✓	✓	✗	✗	✗	LIMITED
Wet Chemical		✓	✗	✗	✗	✗	✓

## 7.0 EVACUATION ASSEMBLY AREAS

Windsor Residential Aged Care Service has two (2) evacuation assembly areas which are Palmer Street and the premises car park. The location of the evacuation assembly area is shown on the emergency evacuation diagram. Refer to Appendix B.

## 8.0 EMERGENCY CONTROL CENTRE (ECC)

Emergency Control Centre is located in the administration building near the FIP under the instruction of the Chief Fire Warden.

## 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; and
- Determine who will implement emergency procedures.

In the event of 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 where applicable)

The Emergency Planning Committee for Windsor Residential Aged Care Service, Alzheimer's Association of Queensland consists of:

- Director of Care Windsor Residential Aged Care Service
- Maintenance Officer
- Chief Warden (RN)
- Area Warden/s

**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/s – Staff member/s of Windsor Residential Aged Care Services and appointed by Chief Warden
- Dedicated Communication Officer – Windsor Residential Aged Care Service - 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/s** - Follows instructions given by the Chief Warden. Area Warden/s 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:

- Availability—they should be persons who spend most of their time at, or near, their workstations;
- Ability to organize others in an emergency; and
- 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 DIAGRAMS

Located in each building of the Windsor Residential Aged Care Service. Examples of emergency evacuation plans is enclosed in Appendix B.

## 12.0 PERSONS WITH DISABILITIES

Persons having physical, intellectual, visual or auditory disabilities or impairments, either temporary or permanent reduce 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 Windsor Residential Aged Care Service Resident Evacuation List (printed from local 'Sarah' system) 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:

- 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
- Heatwave
- Flooding within Windsor Residential Aged Care Service
- 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 Windsor Residential Aged Care Service. The disasters are a result of but not confined to:

- Bush Fires
- Cyclones
- Earth Quakes
- Severe Storms
- Floods
- Airline/Helicopter Crashes
- Explosions
- Landslides
- Major road accident
- Bridge Collapse
- Civil Disorder
- Heatwave

### ACCOMMODATION FOR RESIDENTS IN THE EVENT OF AN EVACUATION

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 will be established with local aged care facilities for transport to and accommodation of residents in the event of an internal or external emergency.

## 15.0 RELOCATION OF RESIDENTS AND STAFF

Emergency Services will be notified about the Windsor Residential Aged Care Service 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 Windsor Residential Aged Care Service 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 Windsor Residential Aged Care Service 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 Direction 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 keep them informed and 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).



## 18.0 PROCEDURES FOR EMERGENCIES

### 18.1 CODE RED – FIRE AND SMOKE

#### ECO Members are:

- **Chief Warden** - Registered Nurse
- **Area Warden** - Staff member of Windsor Residential Aged Care Service appointed by Chief Warden
- **Dedicated Communication Officer** – Windsor Residential Aged Care Service staff member or Chief Fire Warden

#### 18.1.1 DUTIES OF ALL STAFF

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 FIP and wait for instructions from the Chief Warden.

#### IF A FIRE OR SMOKE IS FOUND IN YOUR IMMEDIATE AREA

Remain calm & remember <b>R A C E</b> The order in which RACE actions are performed will depend upon the particular code red event presented to the staff	
<b>R</b>	<b>Remove</b> people from immediate danger – if safe to do so.
<b>A</b>	<b>Activate</b> Alarm <ul style="list-style-type: none"> <li>• Activate Manual Call Point or Break Glass Alarm to raise alarm.</li> <li>• Notify staff in the immediate area of the fire. Maintain Communication with staff members when systematically checking rooms.</li> <li>• Notify the Chief Warden at the FIP of the type, size and location of the fire.</li> <li>• If instructed by the Chief Warden notify the Queensland Fire and Rescue Service - Call 0 the 000 stating address, number of staff working and total number of residents and number of non-ambulant residents.</li> </ul>
<b>C</b>	<b>Contain</b> fire & smoke <ul style="list-style-type: none"> <li>• Close all doors and windows</li> <li>• Maintain communication with staff members when systematically checking rooms.</li> <li>• Place pillow outside room to denote room has been checked.</li> <li>• Turn off gas if safe to do so and leave lights on.</li> </ul>
<b>E</b>	<b>Evacuate and Extinguish</b> fire if safe to do so. <ul style="list-style-type: none"> <li>• If instructed by the Chief Warden co-ordinate the evacuation from Stage One to Stage Three               <ol style="list-style-type: none"> <li>1. ambulant residents</li> <li>2. semi-ambulant residents</li> <li>3. wheelchair non-ambulant residents using an Albacmat or an alternate method</li> </ol> </li> </ul>



**18.1.2 DUTIES OF CHIEF WARDEN****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 Evacuation List, Visitors Register, Staff Roster, Keys and Torch (if required).
- Take charge of the situation, establish the Emergency Control Organisation (ECO) at the Emergency Control Centre / FIP located at the nurses station (Hostel) / main entrance (Nursing Home and Houses), don the a **white hat and high visibility vest**.
- Determine at the FIP where the alarm is sensing (the location of the fire) announce location via the FIP Personal Announcement System (PA) system and give instructions. To identify zone locations, *refer to Appendix D, FIP Indicator Diagrams*.
- Direct a staff member to meet QFES on the street and instruct where fire is located;
- Chief Warden to return to nurse's station, after instructing a staff member (office) to wait at FIP for the QLD Fire and Rescue Service;
- Instruct all staff to assemble at the Nurses Station by announcing the emergency code either verbally or using the PA, *'this is the Chief Warden, Code Red repeat Code Red, (in the identified zone) all staff to assemble at FIP.'*
- Instruct staff and to proceed to the area affected by the fire/smoke to begin a systematic search of each room for the presence of smoke or fire.
- Instruct the Communication Officer to contact the Emergency Services (000) 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

If **Fire/smoke not found** → it is a false alarm → **DO NOT EVACUATE** the Centre.

- Inform all staff at the Nurses Station

### If **Fire/smoke is found** - Initiate Evacuation Response

- Instruct Area Warden to evacuate the building invaded by fire/smoke.
- Warden instructions per building, please refer to Appendix E.1 and E.2:  
**Appendix E.1- Instructions for Fire Alarm and evacuation – Nursing Home and House 2 and 4**  
**Appendix E.2- Instructions for Fire Alarm and Evacuation Hostel**
- Instruct Area Warden/s verbally or via PA system at the FIP to conduct roll call at Assembly Area.
- Brief the emergency services personnel upon arrival on type, size and location of the emergency and the status of the evacuation and, thereafter, act on the instructions of the Chief Fire Officer QFES.
- When an emergency has been controlled and on advice from the appropriate emergency service, the Chief Warden can announce the '**Code Red All Clear**' over the PA system at the FIP.
- Proceed to the Assembly Area with Evacuation List, Staff Roster, and Visitor 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 as appropriate.
- Chief Warden 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.

If the fire is extinguished prior to the arrival of the QFES, 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.

**18.1.3 DUTIES OF AREA WARDEN****If fire/smoke is not found in immediate area**

- Proceed to the Fire Indicator Panel (FIP) and proceed to the nurses station and wait for instructions from the Chief Warden.
- At the nurses station the Chief Warden will designate the role of Area Warden.
- 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 Nurses Station 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 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. Areas checked are marked with a pillow placed outside the door; doors are closed when 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 – location, 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.
- 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 Albac Mat (Hostel only) 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.
- The Chief Warden will bring to the Assembly Area, the Evacuation List, Roster and Visitors Register.

### 18.1.4 DUTIES OF COMMUNICATIONS OFFICER

#### If fire/smoke is not found in immediate area

- Proceed to the Nurses Station and wait for instructions from the Chief Warden.
- At the Nurses Station the Chief Warden will designate the role of Communications Officer.
- The Communications Officer instructed by the Chief Warden will contact the Emergency Services on 000 to confirm the receipt of the alarm.
- The Communications Officer will tell the QFES the following information;
  - The address of Windsor Residential Aged Care Service: 26 Palmer Street, Windsor
  - Number of staff on duty
  - The approximate number of ambulant and 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 before opening. DO NOT attempt to open any door that feels HOT to the touch or if smoke is exiting from under the door. Mark areas checked with a pillow outside the door and close door. **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 Chief Warden:**
  5. Fire/ smoke – found Yes / No
  6. If No – False Alarm
  7. If Yes – location, size and intensity of fire found
  8. Can the fire/smoke be contained or extinguished – Yes / No
- Assist Area Warden to evacuate the area when the evacuation sequence is initiated.

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

**18.1.5 DUTIES OF KITCHEN / LAUNDRY STAFF****When Fire Alarm sounds**

- Visually check your immediate area for presence of fire/smoke report your findings to the Chief Warden.
- Turn off the gas if safe to do so.
- **If fire/smoke is found** in your immediate area:

Remain calm & remember <b>R A C E</b>	
<b>R</b>	<b>Remove</b> people from immediate danger – if safe to do so.
<b>A</b>	<b>Activate</b> Alarm <ul style="list-style-type: none"> <li>• Notify the Chief Warden of the type, size and location of the fire.</li> <li>• Notify staff in the immediate area of the fire. Maintain Communication with staff members when systematically checking rooms.</li> <li>• <b>Alert the Fire Brigade - Call 0 (if applicable) then 000</b></li> <li>• Stating address, number of staff working and total number of clients and number of non-ambulant clients</li> </ul>
<b>C</b>	<b>Contain</b> fire & smoke Close all doors and windows, turn off gas and extinguish if safe to do so.
<b>E</b>	<b>Evacuate</b> Evacuate the premises via the nearest safe exit to an external assembly point. Co-ordinate evacuation from Stage One to Stage Three if instructed by the Chief Warden.

- **If fire/smoke is NOT found** in your immediate area report to the Nurses Station await further instructions from the Chief Warden
  - Wait for instructions by the Chief Warden at the Nurses Station
  - 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.

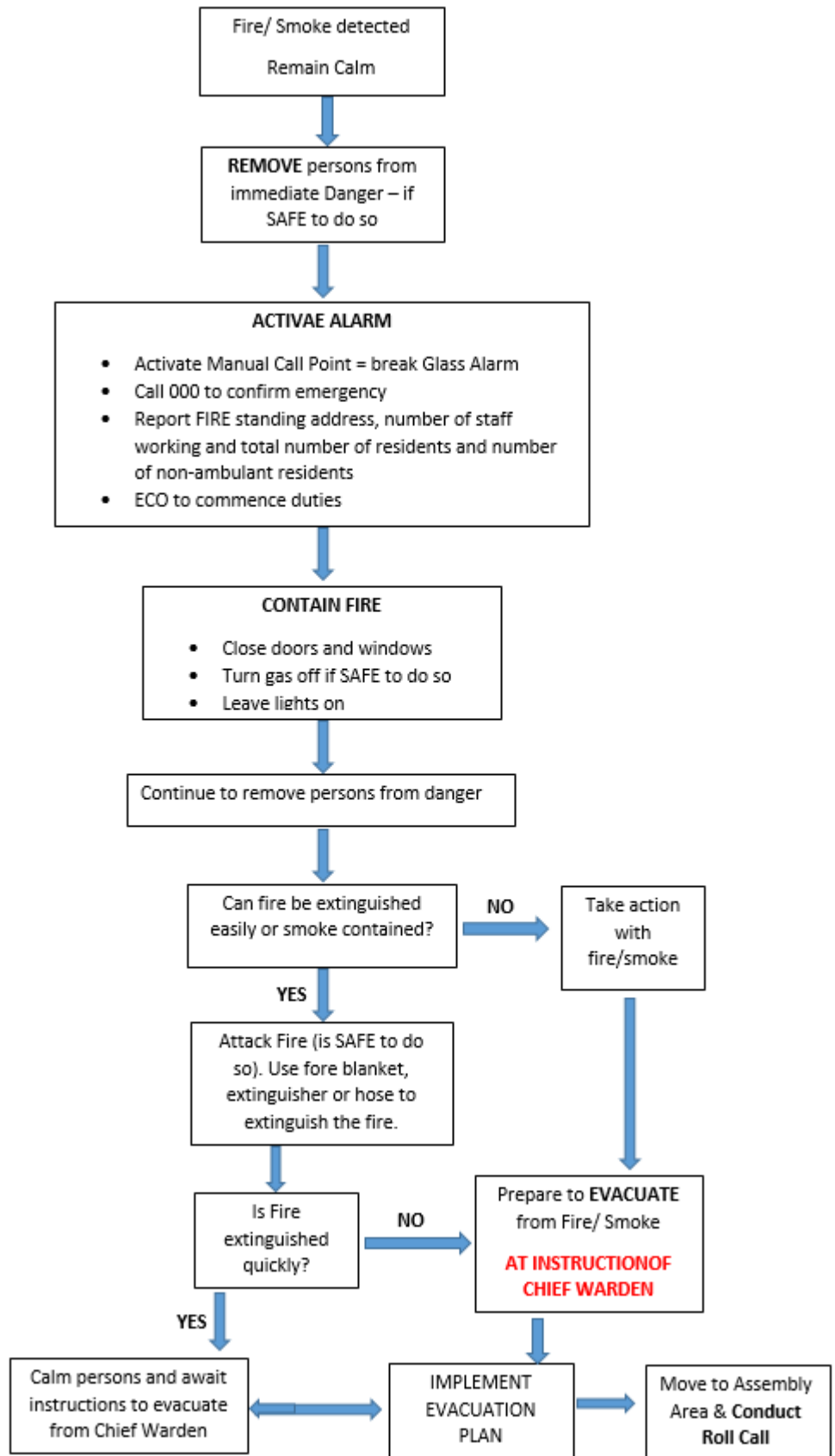
18.1.6 EMERGENCY RESPONSE FLOWCHART

**R**escue

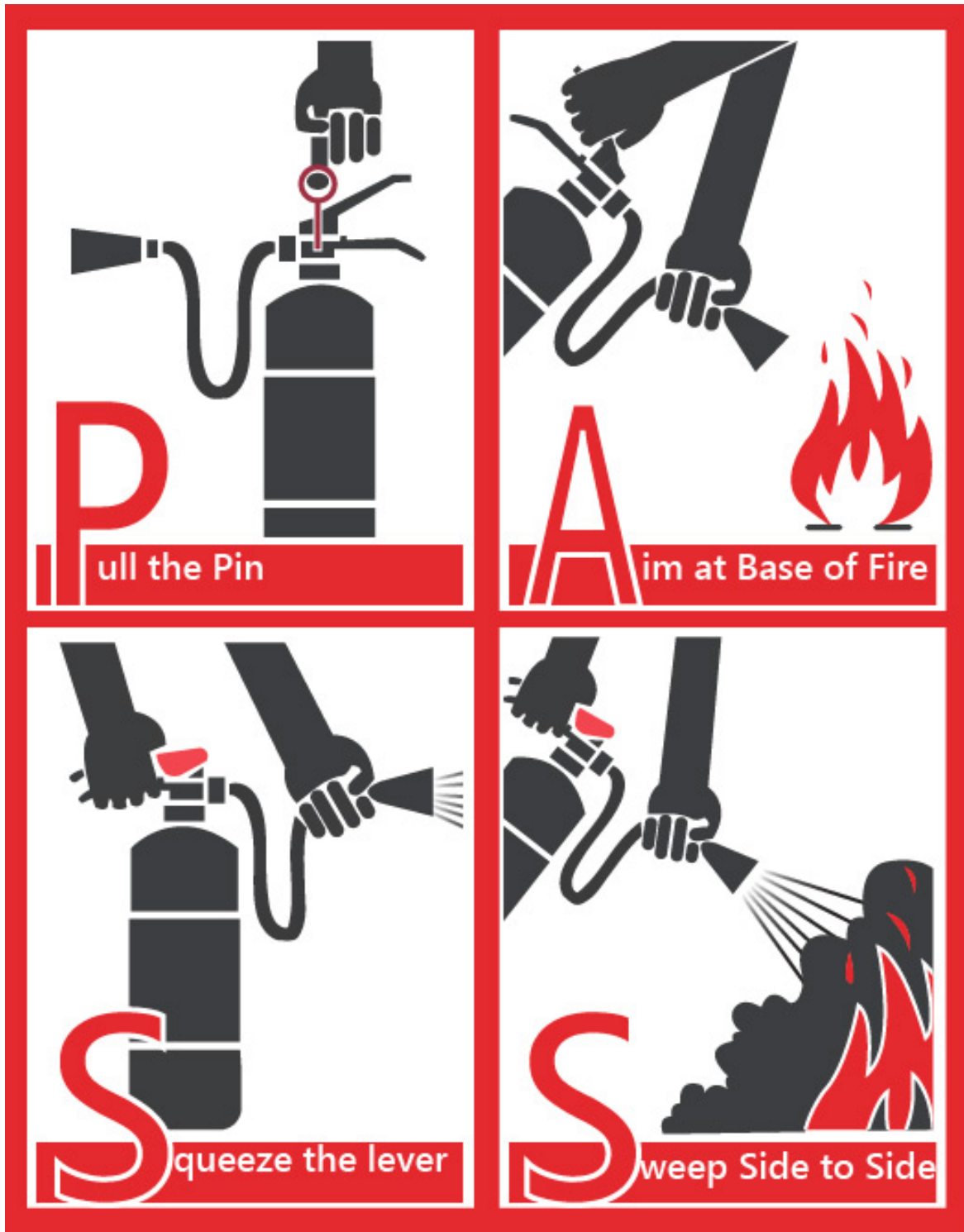
**A**larm

**C**ontain

**E**xtinguish



18.1.7 INSTRUCTIONS FOR USING FIRE EXTINGUISHER



## 18.2 CODE ORANGE - EVACUATION

### ECO Members are:

- **Chief Warden** - Registered Nurse
- **Area Warden** - Staff member of Windsor Residential Aged Care Service appointed by Chief Warden
- **Dedicated Communication Officer** – Windsor Residential Aged Care Service staff member or Chief Fire Warden

### 18.2.1 DUTIES OF ALL STAFF

#### EVACUATION TECHNIQUES (Refer to Appendix C)

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 <b>ambulant persons first</b> , persons requiring verbal instruction and minor assistance followed by
Priority 2	<b>Semi-ambulant persons</b> who require physical support or must be carried followed by
Priority 3	<b>Priority 3 Non-ambulant persons</b> 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, mark with a pillow to indicate that the area is clear.
- Notify the Chief Warden that the area has been searched and evacuated.
- Refer to page 28 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. 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 3 times
- Report the location of the person to the Area Warden, who will notify the Chief Warden. The Chief Warden will refer this information onto Fire Rescue
- 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.



## 18.2.2 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 Nurse's Station.
- If not previously set up, establish an Emergency Control Organisation (ECO) at the Nurses Station. Instruct all staff members at the Nurses Station as to the action they are to take.
- Ensure that appropriate emergency services have been notified
- **Initiate Evacuation Response** by announcing, **CODE ORANGE** and location of emergency over FIP (PA) system. Stating "this is the Chief Warden this is a **Code Orange repeat Code Orange Evacuate, Evacuate, Evacuate**".
- Ensure the progress of the evacuation and any action taken is recorded. Write down information as actions unfold then complete an incident report as appropriate.
- Ensure the evacuation procedure is carried out to the level required and relevant equipment is taken to the Assembly Area e.g. first aid kit, blankets, torches, rain coats etc.
- Maintain communication with Area Warden for update and facilitate any additional action.
- Re-deploy staff to give assistance as required.
- Instruct Area Warden verbally to conduct a preliminary roll call at Assembly Area.
- Brief the emergency services personnel upon arrival on type, size and location of the emergency and the status of the evacuation and act on the Emergency Services senior officer's instructions.
- Proceed to the Assembly Area with the Residents Evacuation List 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 "Code Orange 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.
- Delegate a staff member to ensure computer hard drive is backed up if time to do so OR remove previous day's hard drive.

### 18.2.3 DUTIES OF AREA WARDEN

#### AT THE DIRECTION OF THE CHIEF WARDEN COMMENCE THE EVACUATION

- 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.
- Communicate with the Chief Warden and report the status of the evacuation, the action taken and if additional assistance is required.
- Complete the Evacuation of the Building. Move residents, staff, volunteers, and members of the public to an ASSEMBLY AREA in the following sequence;

<b>Priority 1</b>	<b>Ambulant</b> (walking)
<b>Priority 2</b>	<b>Semi ambulant</b> (needs assistance)
<b>Priority 3</b>	<b>Non ambulant</b> (bed fast)

- 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.
- Unlock and open gates at Palmer Street access (key held by RN).
- 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.

### 18.2.4 STAGES OF EVACUATION

There are two Assembly Areas at Windsor Residential Aged Care Service. They are located in the car park and outside the main entrance in Palmer Street.

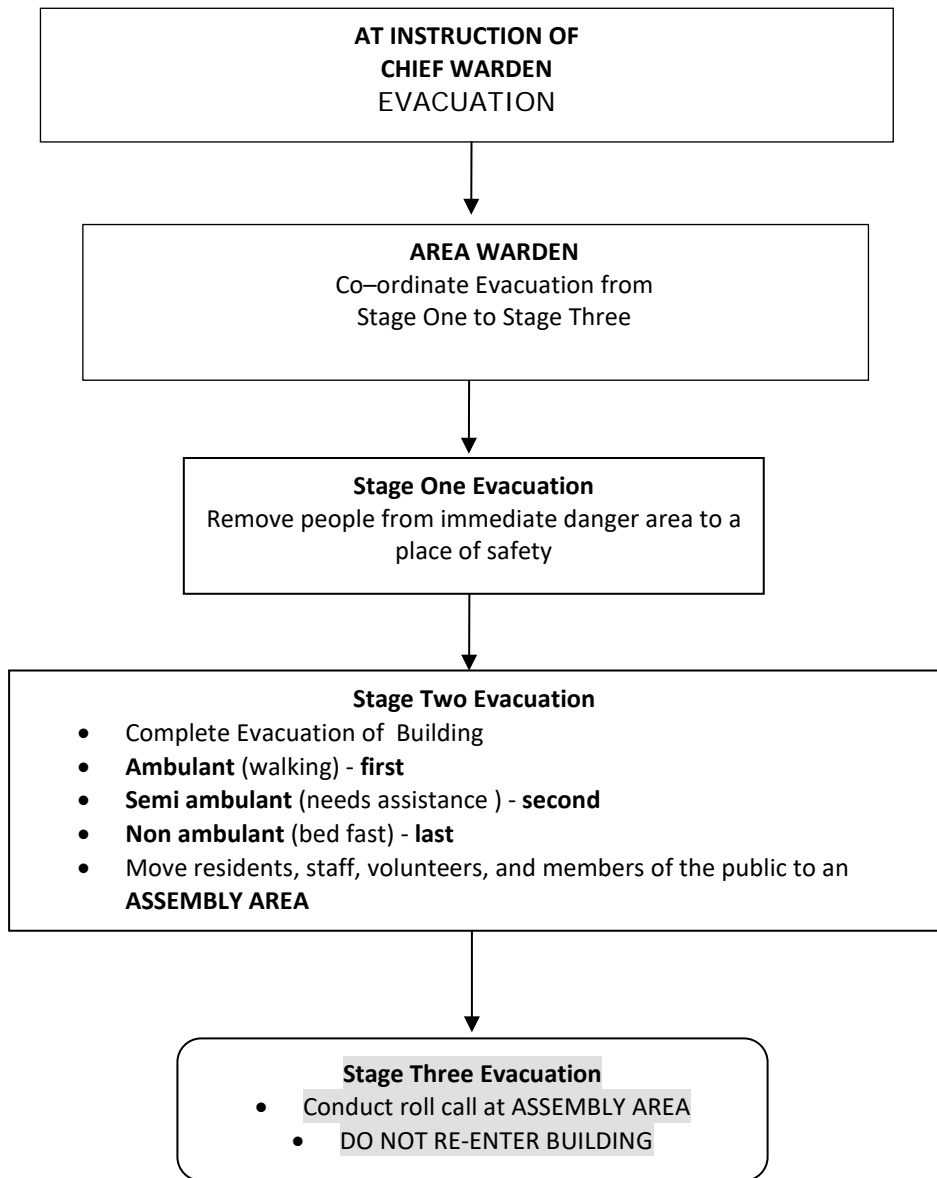
Prior to evacuation the following circumstances should be considered before determining the most appropriate evacuation point:

- 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:

<b>STAGE 1</b>	<b>Removal of people from the immediate danger area</b>
For example, removing people from a room which is on fire or has the presence of smoke, or is alleged to have a bomb in it	
<b>STAGE 2</b>	<b>Complete evacuation of a building to the most appropriate Assembly Area</b>
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.	
<b>STAGE 3</b>	<b>Conduct Roll Call at the Assembly Area</b>
Do not return to the building until the senior Emergency Services Officer gives permission to do so and the all clear has been sounded.	

**18.2.5 EVACUATION FLOW CHART**



## Assembly Areas

Hostel – evacuate to local court area then in to Nursing Home via main car part at the front for safe housing.

Nursing Home – evacuate to Palmer Street

House 2 & 4 – evacuate to Palmer Street

### 18.2.6 EVACUATION TECHNIQUES

**Correct lifting techniques should be observed at all times.**

Ensure corridors, 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	1 or 2
Unconscious	N/A	Rescuer's Drag	1
Conscious	Non-ambulant	Bed or evacuation sheet	1 or 2
Conscious	Non-ambulant	Blanket Removal	1
Conscious	Semi-ambulant	One-person human crutch	1
Conscious	Semi-ambulant	Wheel Chair	1

**NOTE:** Evacuation Methods with correct manual handling techniques, refer to Appendix C

## 18.3 CODE BLACK – PERSONAL THREAT

**DO NOT PANIC, SHOUT OR RUN.**

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

The following basic principles that should always be addressed during an unarmed or an 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; and
  - 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.

### 18.3.1 DUTIES OF ALL STAFF

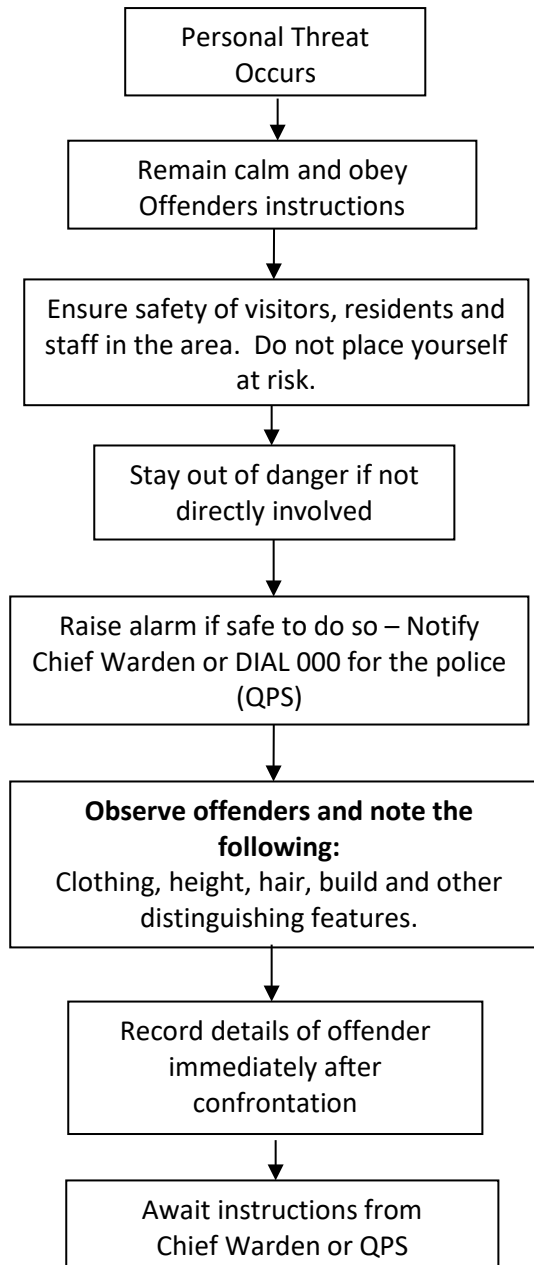
In the event of an armed or unarmed threat to staff, the responsibility of the coordinating staff member (Chief Warden) not to in any way infringe upon the existing responsibilities of the attending Queensland Police Service (QPS).

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; and
  - 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 *Personal Offender Threat Checklist* (See 18.3.4 in this manual).

- 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 as appropriate.
- Exclude all members of the media from the facility. Invoke AAQ-P-15 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.



### 18.3.2 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 Personal Offender Threat;
- Checklist (Refer to 18.3.4 in this manual), report as appropriate are completed and handed to QPS; and
- An incident report as appropriate is completed and submitted to the Director of Care
- Organise Incident Debriefing if necessary.

### 18.3.3 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 and no information is provided



**18.3.4 CHECKLIST FOR DESCRIPTION OF OFFENDER(S)**

<b>DESCRIPTION OF OFFENDER</b>						
Separate Forms are required for each offender. This form is to be complied immediately after the incident by each staff member witnessing the event and also by bystanders.						
<b>Name of Witness:</b>						
<b>Occupation:</b>						
<b>Facility:</b>						
<b>Signature:</b>					<b>Date:</b>	
<b>Number of Offenders:</b>			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnic Origin</b>	<input type="checkbox"/> Caucasian		<input type="checkbox"/> Asian		<input type="checkbox"/> European	
	<input type="checkbox"/> Indian		<input type="checkbox"/> Negro		<input type="checkbox"/> Polynesian	
<b>Approximate Age:</b>		<b>Height (cm):</b>			<b>Weight (kg):</b>	
<b>Build:</b>	<input type="checkbox"/> Thin	<input type="checkbox"/> Slim	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<input type="checkbox"/> Stout	<input type="checkbox"/> Muscular <input type="checkbox"/> Fat
<b>Posture:</b>	<input type="checkbox"/> Erect		<input type="checkbox"/> Stooped		<input type="checkbox"/> Slouchy	
<b>Complexion</b>	<input type="checkbox"/> Fair		<input type="checkbox"/> Olive		<input type="checkbox"/> Acne	
	<input type="checkbox"/> Dark		<input type="checkbox"/> Ruddy		<input type="checkbox"/> Freckled	
	<input type="checkbox"/> Pale		<input type="checkbox"/> Tanned		<input type="checkbox"/> Scarred	
	<input type="checkbox"/> Medium		<input type="checkbox"/> Black		<input type="checkbox"/> Fresh	
<b>Hair:</b>	Colour:			Length:		
	<input type="checkbox"/> Straight	<input type="checkbox"/> Wavy	<input type="checkbox"/> Bald	<input type="checkbox"/> Curly	<input type="checkbox"/> Thick	
<b>Eyes:</b>	Colour:			Size:		
<b>Nose:</b>	Size:			Shape:		
<b>Lips:</b>	Size:			Shape:		
<b>Teeth:</b>	<input type="checkbox"/> Good		<input type="checkbox"/> Spaced		<input type="checkbox"/> Bad	
	<input type="checkbox"/> Uneven		<input type="checkbox"/> Missing		<input type="checkbox"/> Protruding	
<b>Facial Hair:</b>	<input type="checkbox"/> Moustache		<input type="checkbox"/> Stubble		<input type="checkbox"/> Goatee	
	<input type="checkbox"/> Beard		<input type="checkbox"/> Sideburns		<input type="checkbox"/> Full beard	
	Colour:					
<b>Hands:</b>	<input type="checkbox"/> Calloused	<input type="checkbox"/> Soft	<input type="checkbox"/> Hairy	<input type="checkbox"/> Nails / Fingers missing / deformed:		
	<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	<input type="checkbox"/> Other:		
<b>Glasses:</b>	<input type="checkbox"/> Prescription		<input type="checkbox"/> Tinted Lens		<input type="checkbox"/> Rimless	
	<input type="checkbox"/> Sunglasses		<input type="checkbox"/> Thick Lens		<input type="checkbox"/> Wire Frame	
	<input type="checkbox"/> Plastic	Colour and description of frame:				
<b>Accent:</b>	<input type="checkbox"/> American		<input type="checkbox"/> English		<input type="checkbox"/> European	
	<input type="checkbox"/> Asian		<input type="checkbox"/> Australian		<input type="checkbox"/> Arabic	
	<input type="checkbox"/> Other:					
<b>Voice:</b>	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Other:			

<b>Impediment</b>	<input type="checkbox"/> Lisp	<input type="checkbox"/> Stutter	<input type="checkbox"/> Other:		
<b>Speech Manner</b>	<input type="checkbox"/> Calm	<input type="checkbox"/> Emotional	<input type="checkbox"/> Other:		
What did the offender do, say, touch, carry etc:					
<b>Scars / marks or jewellery</b>	<input type="checkbox"/> Tattoos	<input type="checkbox"/> Scars	<input type="checkbox"/> Describe location and features:		
	<input type="checkbox"/> Discolouration				
<b>DISGUISES:</b>					
<b>Clothing:</b>	<input type="checkbox"/> Hat	<input type="checkbox"/> Coat	<input type="checkbox"/> Skirt		
	<input type="checkbox"/> Beanie	<input type="checkbox"/> Trousers	<input type="checkbox"/> Sweater		
	<input type="checkbox"/> Balaclava	<input type="checkbox"/> Jeans	<input type="checkbox"/> Shoes		
	<input type="checkbox"/> Shirt	<input type="checkbox"/> Dress	<input type="checkbox"/> Other		
	Type:				
	Colour:			Specific:	
<b>Face</b>	<input type="checkbox"/> Make up	<input type="checkbox"/> Mask	<input type="checkbox"/> Sunglasses		
	<input type="checkbox"/> Stocking	<input type="checkbox"/> Balaclava	<input type="checkbox"/> Handkerchief		
	Type:				
	Colour:			Specific:	
<b>Gloves:</b>	Colour:			Specific:	
<b>WEAPON TYPE:</b>					
<b>Handgun</b>	<input type="checkbox"/> Long / short barrel	<input type="checkbox"/> Revolver / automatic	Specific details:		
<b>Rifle:</b>	<input type="checkbox"/> Barrel – sawn-off	<input type="checkbox"/> Barrel - Full-length	<input type="checkbox"/> Magazine	<input type="checkbox"/> Bolt / auto . pump lever action	
	<input type="checkbox"/> Telescopic sight	Specific details:			
<b>Shotgun:</b>	<input type="checkbox"/> Automatic	<input type="checkbox"/> Pump	<input type="checkbox"/> Double	<input type="checkbox"/> Single	
	<input type="checkbox"/> Barrel – sawn-off	<input type="checkbox"/> Barrel - Full-length	Specific details:		
<b>Wood / knife / metal bar / other:</b>	Specific details:				
<b>Method and direction to escape:</b>					
<b>Make of Car:</b>		<b>Model of Car:</b>		<b>Registration:</b>	
<b>Colour:</b>		<b>No. of vehicles used:</b>		<b>Other details:</b>	

## 18.4 CODE PURPLE – BOMB THREAT

Bomb threats may be in one of the following forms:

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, endeavor to engage the caller in conversation and <u>should not disconnect the call and as soon as possible, should complete the information required on a bomb threat checklist, Bomb/Extortion Threat Checklist, (Refer to 18.4.8 in this manual).</u>
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.
Suspect mail	Be wary of odd shaped articles which may: <ul style="list-style-type: none"> <li>• Tick or have protruding wires or tape</li> <li>• Noises within an envelope or parcel</li> </ul>
Verbal threat	

### ECO Members are:

- **Chief Warden** - Registered Nurse
- **Area Warden** - Staff member of Windsor Residential Aged Care Service appointed by Chief Warden
- **Dedicated Communication Officer** – Windsor Residential Aged Care Service staff member or Chief Fire Warden

### 18.4.1 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 0 then 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 phone as these may trigger any detonating device.

#### 18.4.2 DUTIES OF CHIEF WARDEN

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; and
- Announce **CODE PURPLE** over the PA system located at the FIP (FIP).

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

- Search without evacuation
- Evacuate and search
- 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; and
- 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** to evacuation;
- Determine an assembly point out of line of sight of the facility;
- 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; and
- Outside areas and evacuation paths must be deemed to be safe before use by evacuees

### 18.4.3 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

### 18.4.4 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.

### 18.4.5 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 behavior, 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 Windsor Residential Aged Care Service Evacuation List for each resident.
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.

### 18.4.6 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.

## 18.4.7 PHONE THREAT CHECKLIST

Exact word of threat:

<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Did you recognise the voice?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Was the caller familiar with the building / area?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Questions to ask:**

When is the bomb going to explode?  
 Where did you put the bomb?  
 When did you put it there?  
 What will make the bomb explode?  
 Why did you place the bomb?  
 What is your name?

**Threat Language**

Well spoken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Incoherent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Taped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Message read by caller	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------	------------------------------	-----------------------------

Abusive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------	------------------------------	-----------------------------

 Other:
**Accent:**

<input type="checkbox"/> Asian	<input type="checkbox"/> American	<input type="checkbox"/> English	<input type="checkbox"/> Australian
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<input type="checkbox"/> European	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other:
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**Voice:**

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Other:
-------------------------------	-------------------------------	---------------------------------

**Speech:**

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Other:
-------------------------------	-------------------------------	---------------------------------

**Impediment:**

<input type="checkbox"/> Lisp	<input type="checkbox"/> Stutter	<input type="checkbox"/> Other:
-------------------------------	----------------------------------	---------------------------------

**Manner:**

<input type="checkbox"/> Calm	<input type="checkbox"/> Emotional	<input type="checkbox"/> Other:
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**Background Noises:**

<input type="checkbox"/> Local call	<input type="checkbox"/> STD call	<input type="checkbox"/> Music	<input type="checkbox"/> Voices
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<input type="checkbox"/> Street noises	<input type="checkbox"/> Aircraft	<input type="checkbox"/> House noises	<input type="checkbox"/> Machinery
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 Other / additional information:
**Call Taken**

Time:	Date:	Duration:
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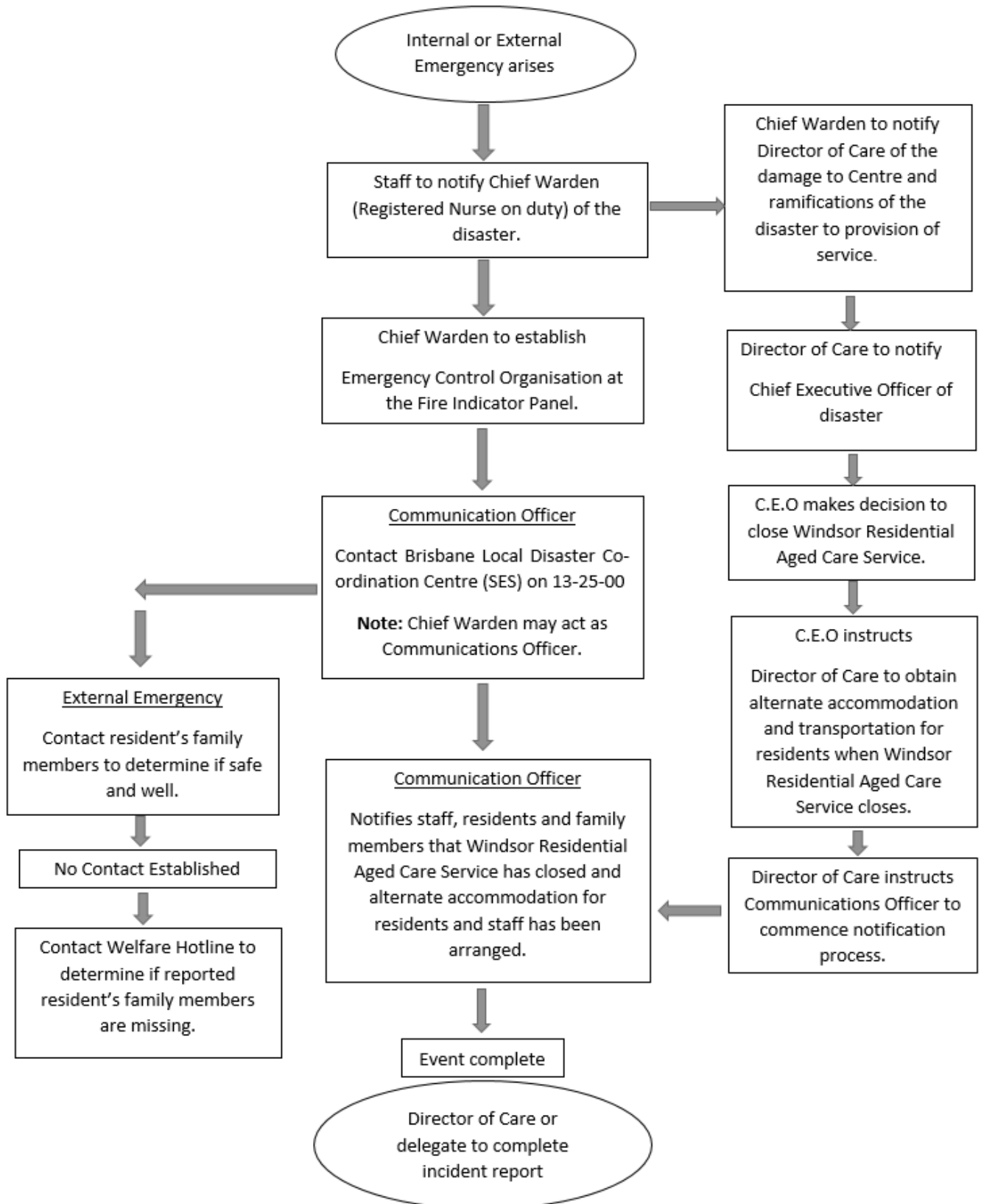
Number called:

**Threat relating to chemical, biological or radiation**

What kind of substance is it?  
 How much is in it?  
 How will the substance be released?  
 In what form is the substance (liquid, gas or powder?)

**Call Recipient****Name:****Phone number:****Signature**

18.5 COMMUNICATION PROCESS FOR INTERNAL AND EXTERNAL EMERGENCIES





## 18.6 CODE YELLOW – INTERNAL EMERGENCY

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 compromised and/or endanger the lives of the occupants of the buildings. Internal disasters are a result of;

- Flooding within Windsor Residential Aged Care Service
- 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
- Heat Wave
- Hazardous Material Spill
- Sewage disruption
- Leak of a Toxic Substance
- Illegal Occupancy

In the event of an internal emergency staff within the Windsor Hostel, are to activate the alarm in the 'white' break glass box located at the Hostel entrance. Alternatively, an announcement can also be made using the 'red' phones located on the walls at each end of the Hostel.

To announce an internal emergency in the Windsor Nursing Home, staff press a resident's emergency call button twice. These are located in each bedroom.

### 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** at the FIP once all staff have gathered on being alarmed of the internal Emergency
- Stating the exact location of the Internal Emergency
- Stating the type of Emergency

### Area Warden

Act on instructions given by Chief Warden

**18.6.1 FAILURE OF VITAL INTERNAL SERVICES**

<b>SERVICE CONTACT TELEPHONE NUMBERS</b>		
<b>SERVICE</b>	<b>PHONE NO.</b>	<b>ASSISTANCE</b>
<b>ELECTRICITY SUPPLIES</b> (Energex)	13 19 62	Call for electricity emergencies - life threatening situation
	13 62 62	Loss of electricity Reporting non-life-threatening electrical incidents
<b>GAS SUPPLIES</b> (Peter Ritchie Plumbing)	000	Call for gas emergencies – life threatening situation
	3359 0311	Loss of gas Reporting non-life threatening gas incidents
<b>WATER AUTHORITY</b> (Urban Utilities)	13 23 64	For faults and emergencies with water and sewerage
<b>POLICE, FIRE, AMBULANCE</b>	000	Request for Assistance
<b>STATE EMERGENCY SERVICE</b>	13 25 00	Flood and Storm emergencies

**18.6.2 HAZARDOUS MATERIAL SPILL OR LEAK OF A TOXIC SUBSTANCE**

These could include any of the following:

- Flammable /Combustible liquids,
- Acids,
- Flammable /Combustible liquids,
- Acids,

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
- 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

**18.6.3 LOSS OF COMMUNICATION**

In the event of failure of Windsor Residential Aged Care Service 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 as appropriate following the management of the internal emergency.**

### 18.6.4 HEATWAVE

Heat wave is considered to be about of unseasonal warm weather and can occur at any time throughout the year. All our residents are at high risk during heatwaves.

If unseasonably hot or humid weather is forecast the following considerations are to be directed by the Registered Nurse on duty and all staff are to be in the implementation.

#### **Clothing:**

- Natural fibres;
- Loose fitting; and
- Light coloured.

#### **Environment**

- Seek cool areas with air flow;
- Open windows and doors if not in direct sunlight;
- Use fans both ceiling and upright to ensure air flow;
- Seek shade;
- Use air conditioning; and
- Ensure hats and sunscreen are utilized.

#### **Lifestyle Program**

- Consider curtailing outside activities;
- If going out take fluids with you;
- Ensure outing destinations have appropriate shade and shelter;
- No activities with strenuous exercise; and
- Consider ceasing walking program.

#### **Medications (high risk use during heatwave)**

- Diuretics;
- Anti-psychotics;
- Anti-hypertensive and some cardiac medications.

#### **Fluids**

- Extra fluid rounds;
- Ice cream or ice blocks;
- Look for signs of distress – shortness of breath, fatigue, nausea, headache , increased confusion;
- Consider fluid intake chart; and
- Monitor urine output.

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

## 18.7 CODE BROWN – EXTERNAL EMERGENCY

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 Windsor Residential Aged Care Service.

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.

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

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;

Follow Communication Process for **Internal and External Emergencies** see **Section 18.5**.

Requirements and Process in the Event of an Evacuation

Annually before cyclone/flood season DOC to check:

- Gas cylinders are full for BBQ
- Emergency supply boxes are full
- Oxygen cylinders and mask
- Check local emergency phone numbers in EM are correct (SES, staff emergency numbers, RBH, Tropical Cyclone/Flood Warning)

Emergency supply boxes are kept in the store room (Refer to Appendix F.1 & F.2)

### 18.7.1 CYCLONE AND FLOODS

#### Upon Cyclone/Flood Watch:

- Ensure building safety and security – check outside buildings, secure outdoor furniture, close/lock windows and doors
- Prepare emergency equipment – recharge batteries, gather emergency supplies, place batteries, torch and radio in treatment rooms, fill required amount of water bottles and leave in treatment rooms, check oxygen cylinders and leave in treatment rooms, load medication trolley for next round, check for extra medication in drug room and document on handover sheets.
- Document Security – place progress notes, care plans, communication books and handover sheets in treatment rooms. Place medication charts in boxes in treatment rooms.
- Staff and Resident Readiness – prepare resident checklist showing those items which travel with resident, ie oxygen, no resident leave permitted at this time without Doctor's approval, contact residents on leave with regard to movements at this time, check staff roster for availability
- Refer Bureau of Meteorology ([www.bom.gov.au](http://www.bom.gov.au)) for cyclone movement updates or listen to radio, staff to fill cars with fuel.

**Expectation of staff** – that they make themselves available provided that their family and home are secure. That they would extend their normal shift if necessary, remain calm and carry out their normal duties. That they would be prepared to do other than nursing duties and be prepared to follow SES instructions in the event of an evacuation.

**Families of residents/staff and pets are not permitted to shelter in the complex without permission from CEO/DOC.**

**RN carries key for Drug trolley, drug room and DD keys**

### **Upon Cyclone/Flood Warning**

- Safe Housing of Residents – move residents to a safe building or site as arranged. If time permits take beds/mattresses sufficient for 2 per bedroom, hallways, lounges/dining rooms. Pack a small linen trolley and place in hallway of safe house.
- Resident Identification – remove armbands from emergency box, using a permanent marker write resident's name and DOB on corresponding band.
- Resident Personal Items – collect the following for each resident's room and place at the foot of each bed:
  - Personal bowl
  - Clothing – 2 x nightwear, 2 x daywear, 2 x underwear, 1 x footwear, glasses, hearing aids, etc.
  - Toiletry basket
  - Continence pads and allocation chart
- Assembly of Emergency Equipment in Treatment Room – 1 x standing hoist, 1 x full hoist, oxygen trolley, unopened continence pads and allocation chart, medication charts, spare hoist batteries and charging units.

### **When Cyclone/Flood Imminent**

Request residents to remain in bed and keep away from windows. Keep up fluids and liaise with hospitality staff around meal times including staff.

### **During Cyclone/Flood**

In the event of building break-up, cover residents with blankets and mattresses.

### **After the Cyclone/Flood**

- Check building
- Don't go outside until advised officially
- Relocate residents if building undamaged
- Relocate equipment
- Don't leave duty until relief staff take over
- If travelling, use recommended route

### **On Notification of Evacuation by SES staff must adhere strictly to SES instructions.**

- Notify CEO, DOC, all site staff.
- SES will confer with DOC regarding what suitable transport is to be used for the various residents.
- Compile lists of residents to mode of transport.
- Remaining staff to assist with loading of ambulances.
- Collect relevant evacuation boxes (See Appendix F.1 & F.2)

**Contact ACQSC on 1800 951 822** to advise of emergency evacuation, relocation address or to seek assistance with alternative accommodation.

**Return to site will be at the direction of SES only**

**Prior to occupancy:**

- Maintenance staff to have buildings checked for safe occupancy ensuring electrical, water supplies and sewerage systems are operational
- Mess left after the disaster to be cleaned away
- Windows and doors to be checked for cracked or broken glass.
- Damage to be reported to CEO/DOC/HR Manager for action
- DOC/CEO to organize a de-briefing or series of de-briefing sessions within one (1) month of cessation of the emergency to obtain feedback on this plan and where necessary revise and amend.

**Residents Sent Home with Doctor's Approval Need:**

- 2 Changes of clothes
- Medication list with administration details
- Continence and mobility aids
- Provide family/carer with DOC emergency contact numbers
- Enter resident's leave in to leave register/Sarah/iCare

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

## 18.7.2 CIVIL DISTURBANCES

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

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 Nurses Station
- 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.

**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.

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 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.








## 18.8 CODE BLUE – MEDICAL EMERGENCY

### 18.8.1 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 commence First Aid as appropriate and call an Ambulance on 000.

**Note: "Patient" refers to client, staff member or visitor**

**DRSABCD Action Plan:**

<b>D</b>	<b>DANGER</b>	Use all senses to check for dangers to yourself, others and the patient. Ensure the area is safe. Move the patient only if the danger cannot be eliminated.	
<b>R</b>	<b>RESPONSE</b>	Check for a normal response by talking to the patient, asking them their name and squeezing their shoulders <b>DO NOT move the patient if the injury is the result of a fall</b>	
<b>S</b>	<b>SEND FOR HELP</b>	Send a bystander to call for help and an Ambulance as soon as possible <b>DIAL 000</b> and ask for Ambulance attendance.	
<b>A</b>	<b>AIRWAY</b>	Open mouth and check for foreign objects. If objects are present place in recovery position and clear airway with fingers. <b>DO NOT move patient if the injury is the result of a fall.</b>	
<b>B</b>	<b>BREATHING</b>	Check breathing. <b>Look</b> for rise and fall of chest. <b>Listen</b> for breathing sounds. <b>Feel</b> for breaths on the cheek and for ribcage movement. If breathing is present keep the patient in the recovery position and monitor.	
<b>C</b>	<b>CPR</b>	If no breathing is present commence CPR. Give <b>30 Chest Compressions to every 2 Breaths</b> @ 100 Compressions/minute.	
<b>D</b>	<b>DEFIBRILLATION</b>	Apply defibrillator (if available) and follow the voice prompts or instruction on the device. AED - Automated External Defibrillator	

**Continue CPR until responsiveness or normal breathing returns**



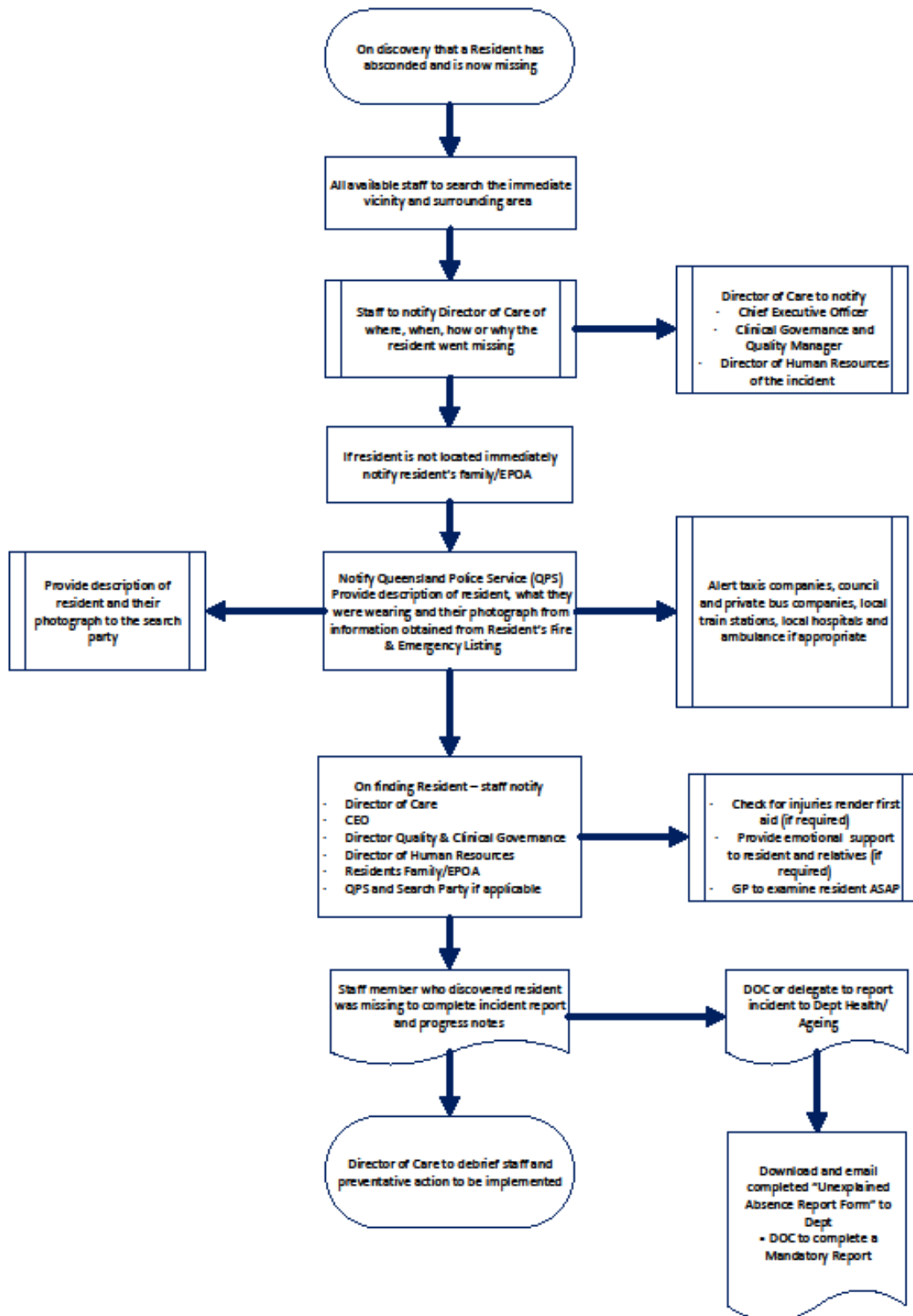
## 18.9 OTHER - MISSING PERSON

A missing resident, is defined as a resident who is absent without explanation from a residential aged care service (ACQSC – Aged Care Quality and Safety Commission).

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, Clinical Governance and Quality Manager and Director of Human Resources;
- **Note:** Registered Nurse on duty is not to leave the facility;
- If resident is not immediately located notify family/EPOA;
- If resident is not located in preliminary research, DOC to approve to 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 Sarah.
- Within 24 hours, DOC to go to website of Aged Care Quality and Safety Commission: <https://www.agedcarequality.gov.au/providers/compulsory-reporting-approved-providers-residential-aged-care-services>
  - Download Unexplained Absence Form: <https://www.agedcarequality.gov.au/media/87213>
  - Complete and email form to [compulsoryreports@agedcarequality.gov.au](mailto:compulsoryreports@agedcarequality.gov.au)
- Complete Compulsory Reporting Incident Report - AAQ Form 77 and send to CEO, Clinical Governance and Quality Manager and Director of Human Resources;
- Alert taxis, council and private bus lines, local train stations, local hospitals and ambulance if appropriate;
- When resident is found notify Director of Care, resident's family or EPOA, QPS and Search Party if applicable;
- DOC to notify CEO, Clinical Governance and Quality Manager and Director of Human Resources;
- 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 Sarah; and
- DOC to debrief staff and implement preventative action.

18.9.1 MISSING PERSONS FLOWCHART



## 20.0 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.

## 21.0 FIRE INVESTIGATIONS

Service (QFES) will usually be the lead investigative agency after a fire incident. Generally the QPS and QFES 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 QFES will concentrate on accidental fires determining:

- Unsafe appliances
- Unsafe work practices
- Unsafe building practices

Note: As soon as the QFES 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 QFES, 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 QFES 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**

AAQ Form 77 Compulsory Reporting Incident Form

AAQ- P- 41 Risk Management for Emergency Events

AAQ-P-15 Media and Publications

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

AS 3745 - 2010 Planning for Emergencies in Facilities

AS 4083 - 2010 Planning for Emergencies – Health Care Facilities

Brisbane City Council Disaster Management Plan 2013

Building Identification – See Appendix G, G.1.1, G.1.2, G.1.3, G.1.4,

Emergency Action Plan *St John Ambulance Australia*

Emergency Management Queensland - <http://www.emergency.qld.gov.au/emq>

Evacuation Impairment Assessment Form – See Appendix G.2

Eversafe Extinguishers Australia Pty Ltd, Dry Chemical Powder Extinguishers

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

Queensland Disaster Management Act 2003

Reportable Assault & Unexplained Absence Report Form –  
<https://www.agedcarequality.gov.au/media/87213>

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

**APPENDIX A: EMERGENCY CONTROL ORGANISATION REGISTER**

Document controlled on the AQ intranet by Quality Coordinator or delegated representative

<b>Date Amended</b>	<b>Amendment No.</b>	<b>Amended by</b>	<b>Signature</b>	<b>Location</b>
12/08/2015	7	Tracey Deans		AQ Intranet
08/08/2016	8	Imogen Patterson		AQ Intranet
26/10/2017	9	Elaine Bray		AQ Intranet
11/05/2018	10	Celeste Murray		AQ Intranet
2019	12	Raeleigh Farley		AQ Intranet
2020	11	Samanthar McGuffin		AQ Intranet
2021	12	Samanthar McGuffin		AQ Intranet

APPENDIX B: EVACUATION PLANS & ASSEMBLY AREAS

Hostel – Ground Floor & First Floor


First Response Training Group  
22 Mathews Street Bethania  
Ph.: 1800 64 02 64

# EVACUATION SIGN - Hostel (Ground Floor)

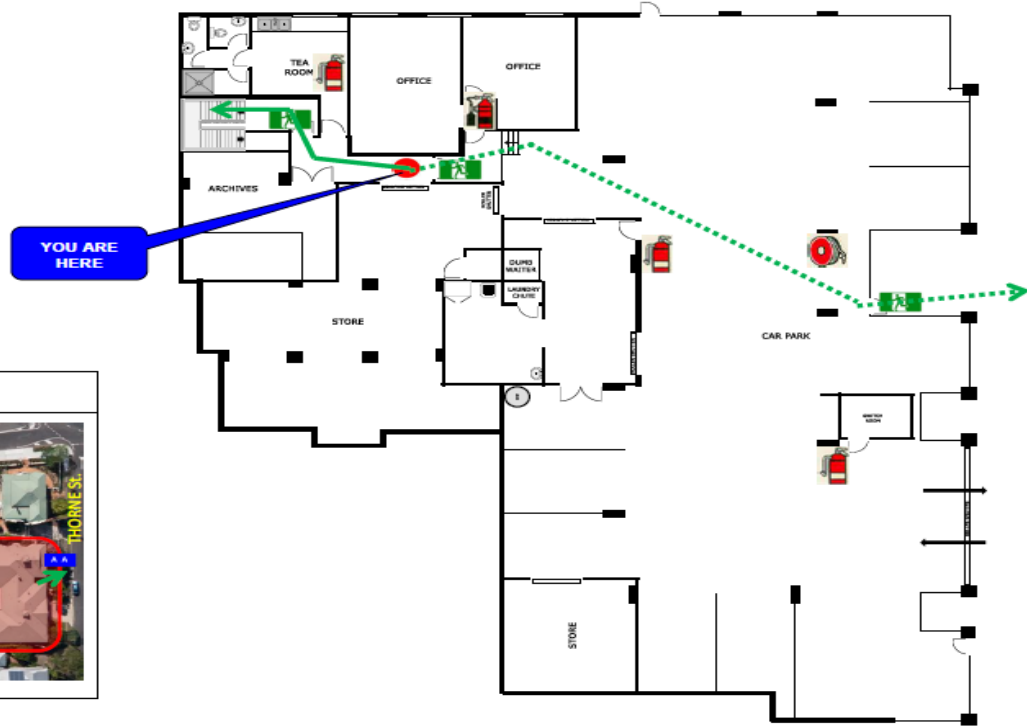
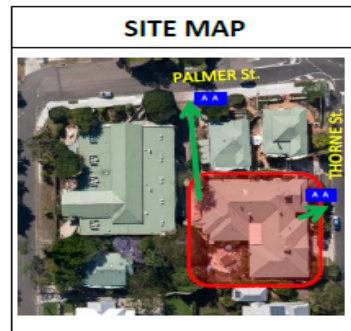
Windsor Aged Care Services - 26 Palmer Street, Windsor Qld 4030



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



- ### IN CASE OF FIRE
- R REMOVE PEOPLE**
    - From Immediate danger
  - A ALERT THE FIRE SERVICES**
    - Break manual call point
    - Call 000
  - C CONFINE FIRE & SMOKE**
    - Close windows & windows (If safe to do so)
  - E EVACUATE**
    - To the ASSEMBLY AREA



EXIT		LEGEND										YOU ARE HERE					
EXIT		ASSEMBLY POINT		PATH OF EXIT		ALTERNATE PATH		FIRE HOSE REEL		FIRE EXTINGUISHER (DCP)		FIRE EXTINGUISHER (CO2)		MANUAL CALL POINT		FIRE Blanket	

Date Issued: 01 February 2016


# EVACUATION SIGN - HOSTEL (1<sup>st</sup> FLOOR)

Windsor Aged Care Services - 26 Palmer Street, Windsor Qld 4030

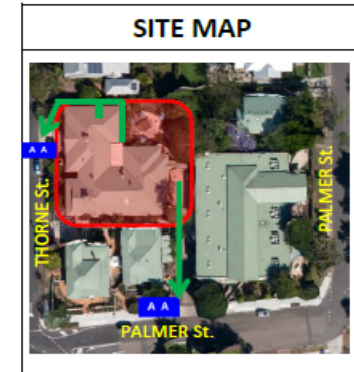
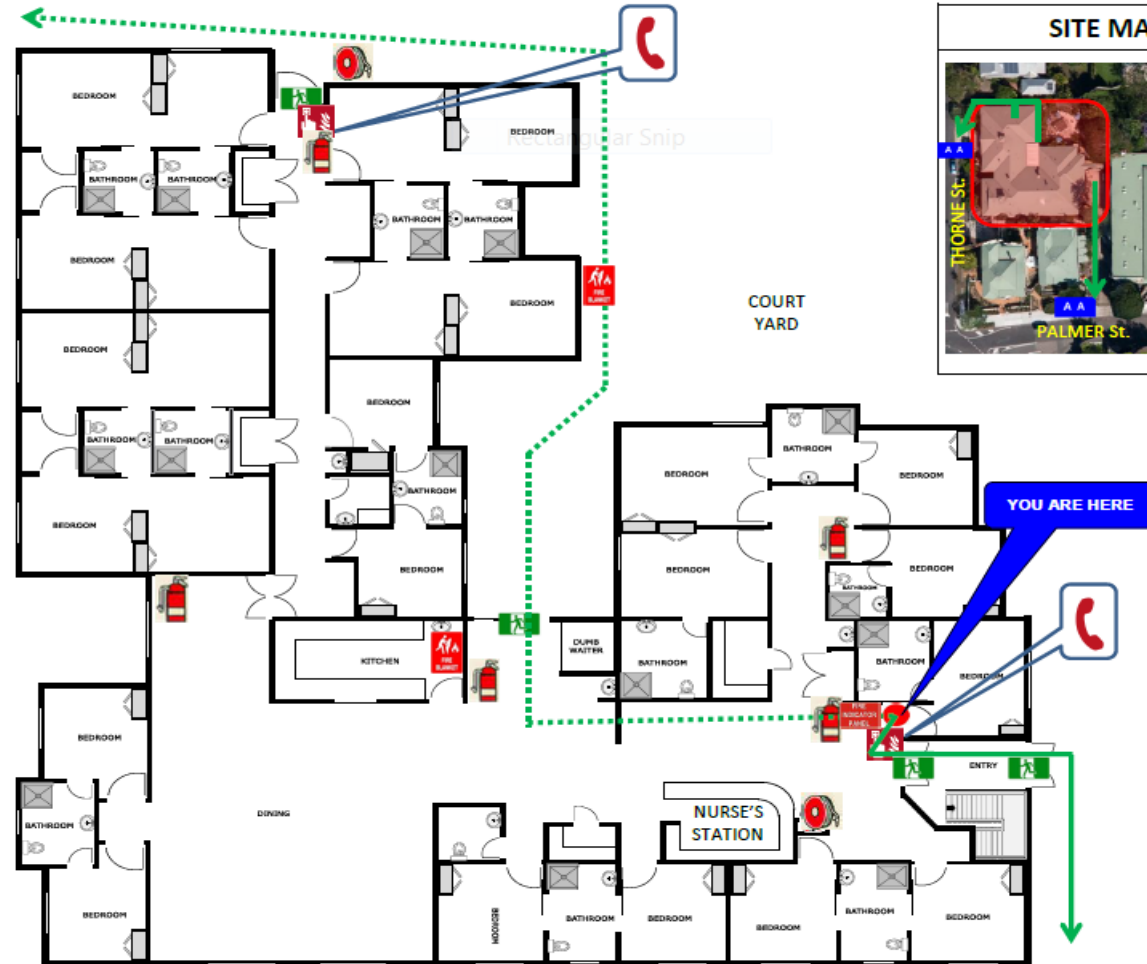
Prepared By:  
First Response Training Group  
22 Mathews street Bethania  
Ph.: 1800 64 02 64



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



- ### IN CASE OF FIRE
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    - From Immediate danger
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    - Break manual call point
    - Call 000
  - C CONFINE FIRE & SMOKE**
    - Close windows & windows (if safe to do so)
  - E EVACUATE**
    - To the ASSEMBLY AREA



		LEGEND													
EXIT		WIP		ALTERNATE PATH		FIRE HOSE REEL		FIRE EXTINGUISHER (DCP)		FIRE EXTINGUISHER (CO2)		FIRE BLANKET		YOU ARE HERE	
ASSEMBLY POINT		PATH OF EXIT										MANUAL CALL POINT		FIRE Alarm Panel	

Date issued:  
01 February 2016




Nursing Home – Ground Floor & First Floor

First Response Training Group  
Ph.: 1800 63 02 64



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



**IN CASE OF FIRE**

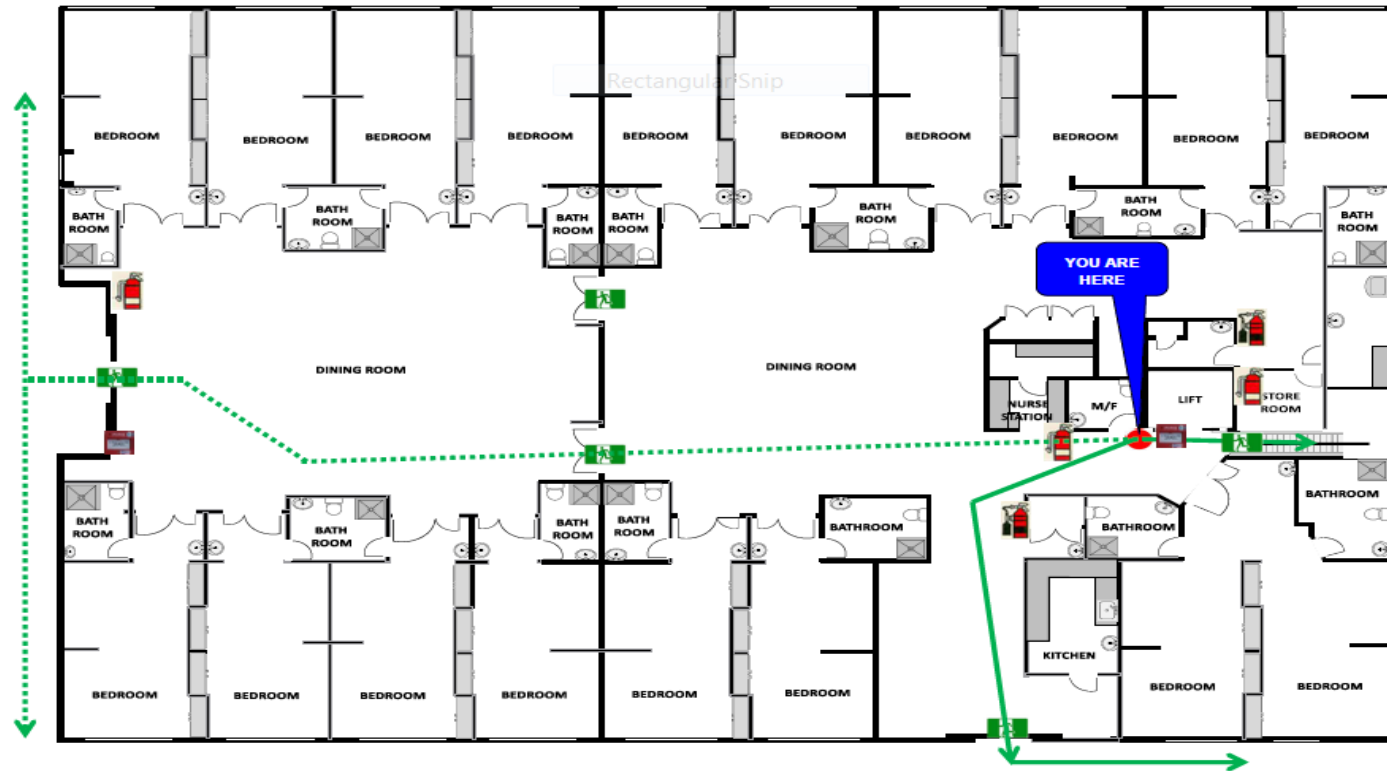
- R REMOVE PEOPLE**
- From Immediate danger
- A ALERT THE FIRE SERVICES**
- Break manual call point
  - Call 000
- C CONFINE FIRE & SMOKE**
- Close windows & windows (if safe to do so)
- E EVACUATE**
- To the ASSEMBLY AREA

**SITE MAP**



**EVACUATION SIGN - Nursing Home (1<sup>st</sup> Floor)**

Windsor Aged Care Services - 26 Palmer Street, Windsor Qld 4030



EXIT		LEGEND																	
EXIT		ASSEMBLY POINT		PATH OF EXIT		ALTERNATE PATH		FIRE HOSE REEL		FIRE EXTINGUISHER (DCP)		FIRE EXTINGUISHER (CO2)		MANUAL CALL POINT		YOU ARE HERE		FIRE ALARM PANEL	


Date Issued: 01 February 2016

# EVACUATION SIGN - Nursing Home (Ground Floor)

Windsor Aged Care Services - 26 Palmer Street, Windsor Qld 4030

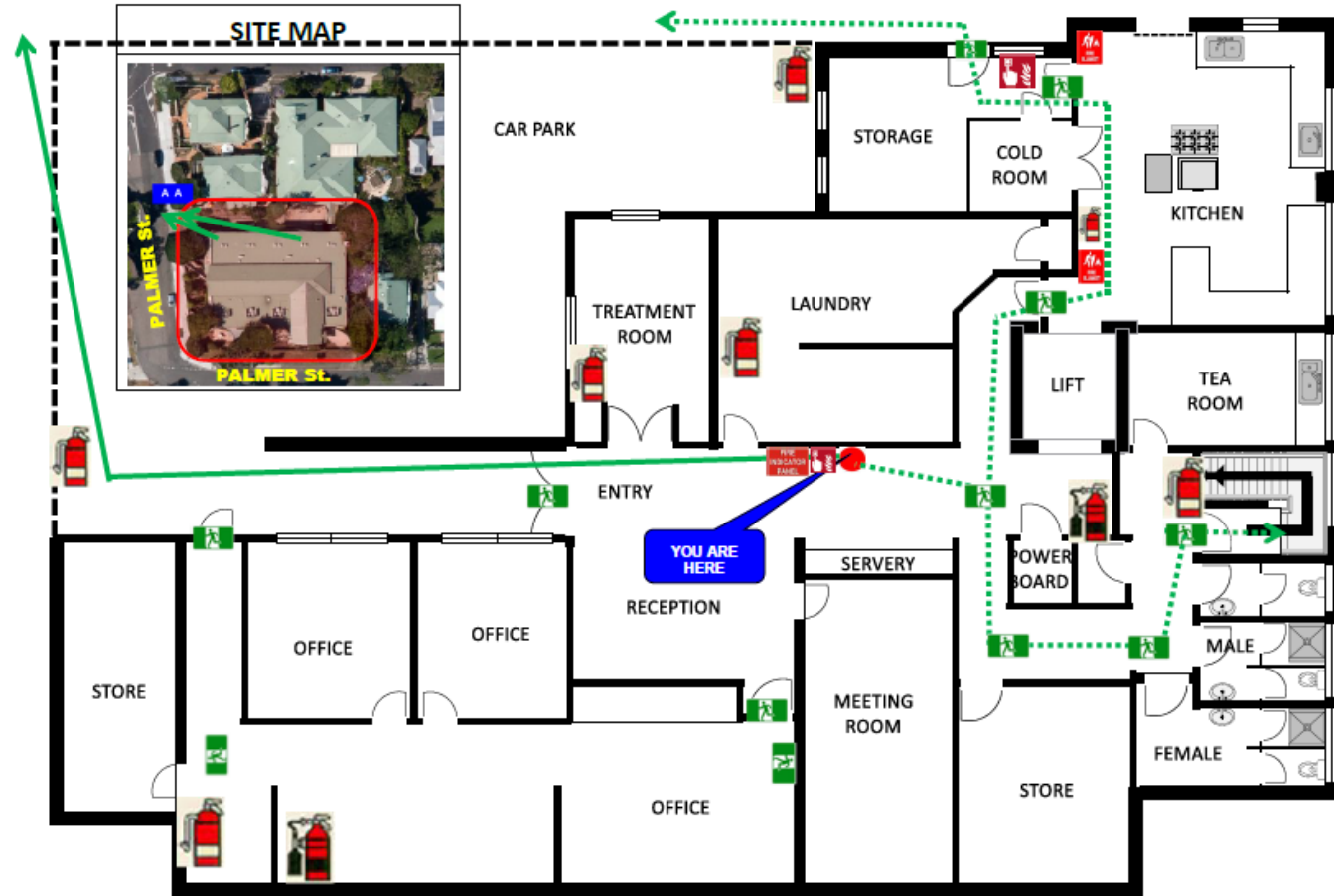


Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person



## IN CASE OF FIRE

- R REMOVE PEOPLE**
  - From Immediate danger
- A ALERT THE FIRE SERVICES**
  - Break manual call point
  - Call 000
- C CONFINE FIRE & SMOKE**
  - Close windows & windows (if safe to do so)
- E EVACUATE**
  - To the ASSEMBLY AREA



EXIT		LEGEND										YOU ARE HERE					
EXIT		ASSEMBLY POINT		PATH OF EXIT		ALTERNATE PATH		FIRE BLANKET		FIRE EXTINGUISHER (DCP)		FIRE EXTINGUISHER (CO2)		MANUAL CALL POINT		FIRE Alarm Panel	

First Response Training Group 22 Mathews street Bethania Ph.: 1300 64 02 64

Date issued: 21 December 2016

House No. 2 Palmer Street – Ground Floor and First Floor

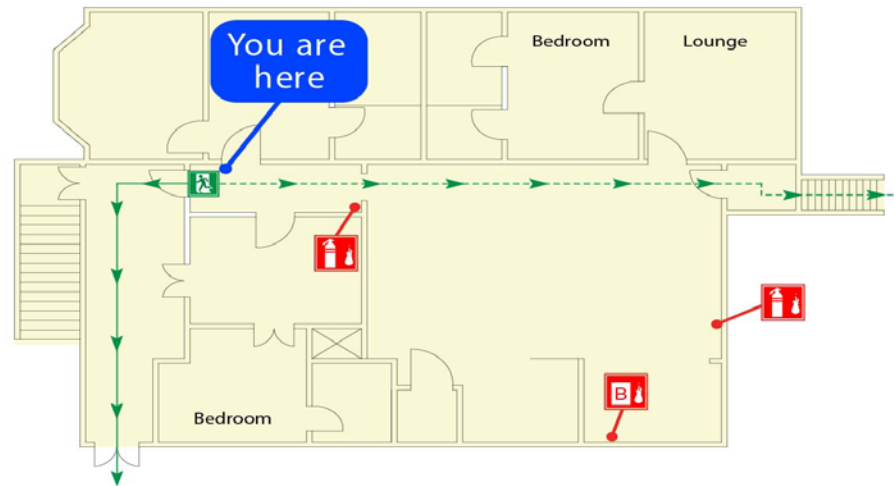
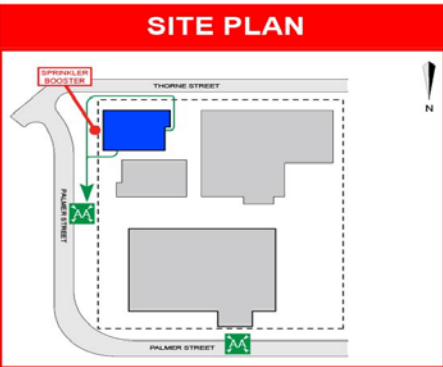
# EVACUATION SIGN & DIAGRAM

ALZHEIMERS WINDSOR  
2 PALMER STREET, QUEENSLAND  
LEVEL - 1



IN AN EMERGENCY CALL  
**000**

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



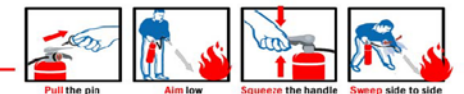
## EVACUATION PROCEDURES

- 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** REMOVE PEOPLE from immediate danger    **A** ALERT 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 WINDSOR  
2 PALMER STREET, QUEENSLAND  
GROUND FLOOR



IN AN EMERGENCY CALL

**000**



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

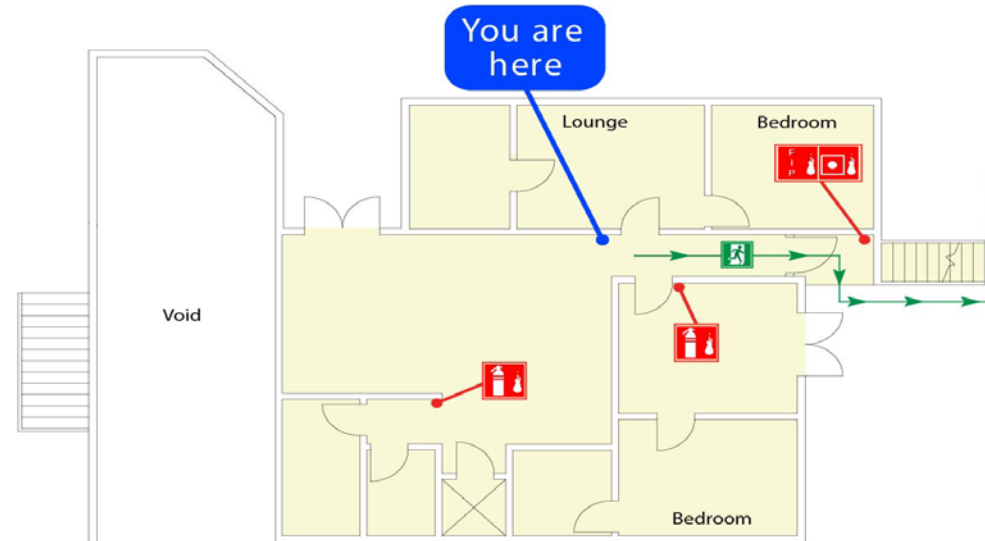
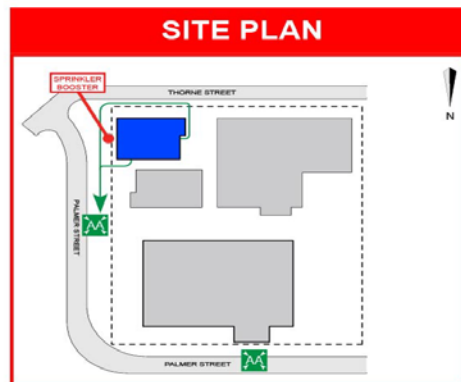
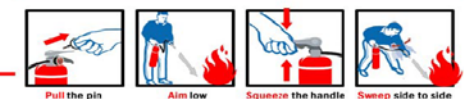
## EVACUATION PROCEDURES

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- Notify the Evacuation Coordinator / Warden of any injuries.

## FIRE HOSE OPERATION



## EXTINGUISHER OPERATION



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

Produced by Fire Safety Compliance Services Pty Ltd

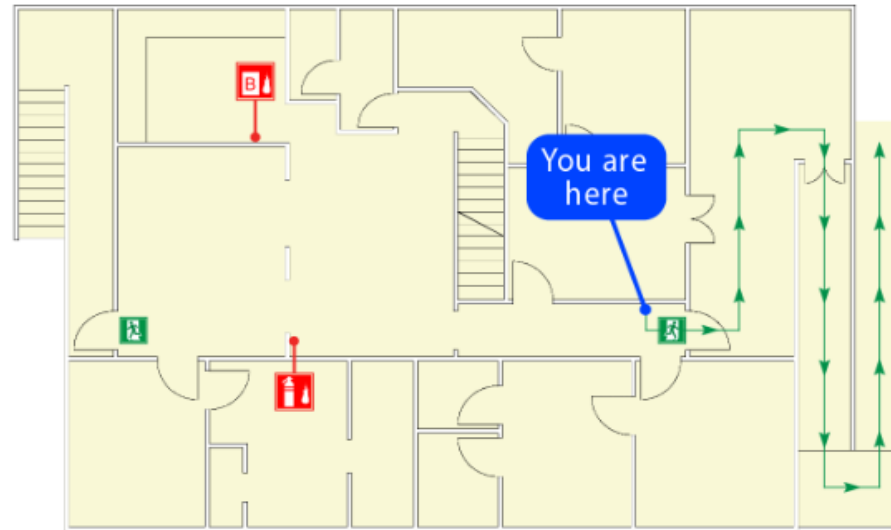
Effective from: June 2016

House No. 4 Palmer Street – Ground Floor and First Floor

# EVACUATION SIGN & DIAGRAM



WINDSOR  
4 PALMER STREET, QUEENSLAND  
LEVEL 1



IN AN EMERGENCY CALL

## 000



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

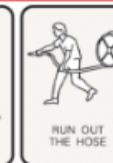
### EVACUATION PROCEDURES

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- 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



TURN ON STOP VALVE TO RELEASE NOZZLE



RUN OUT THE HOSE



TURN ON WATER AT NOZZLE AND DIRECT THE STREAM AT THE BASE OF FIRE

### EXTINGUISHER OPERATION



Pull the pin



Aim low



Squeeze the handle



Sweep side to side



**S**AFETY CONSIDERATIONS - **R**EMOVE PEOPLE from immediate danger    **A**LERT THE FIRE SERVICE • call 000    **C**ONFINED FIRE & SMOKE • close doors and windows (if safe)    **E**VACUATE to the Assembly Area

Produced by Fire Safety Compliance Services Pty Ltd

Effective from: August 2017



# EVACUATION SIGN & DIAGRAM



WINDSOR  
4 PALMER STREET, QUEENSLAND  
GROUND FLOOR

IN AN EMERGENCY CALL

**000**



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

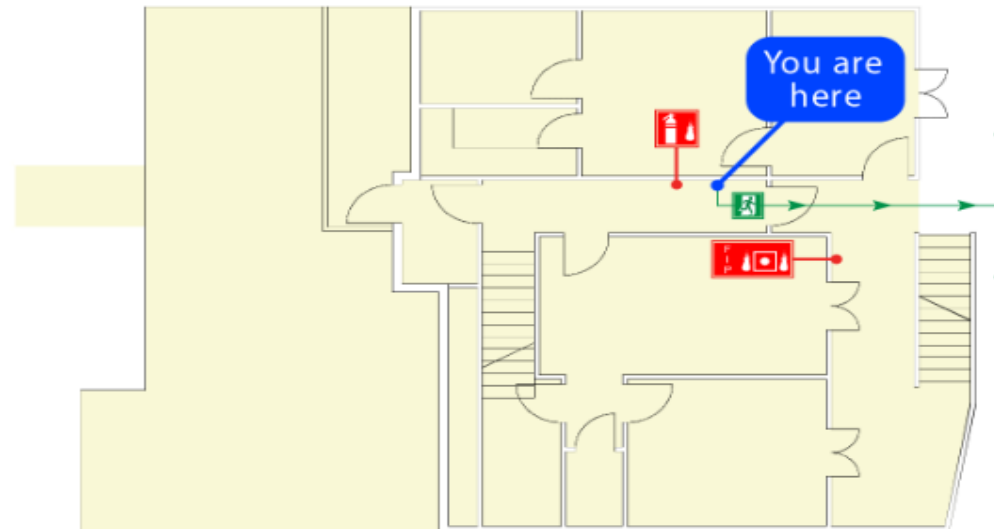
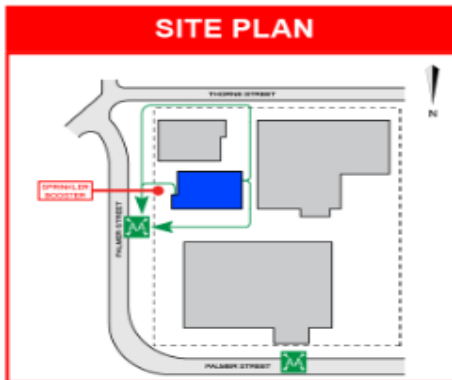
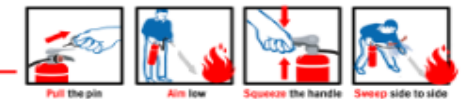
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## FIRE HOSE OPERATION



## EXTINGUISHER OPERATION



**S**AFETY CONSIDERATIONS - **R**EMOVE PEOPLE from immediate danger **A**LERT THE FIRE SERVICE • call 000 **C**ONFINED FIRE & SMOKE • close doors and windows (if safe) **E**VACUATE to the Assembly Area

Produced by Fire Safety Compliance Services Pty Ltd

Effective from: August 2017

## APPENDIX C: EVACUATION METHODS

### About the Mat

To use the AlbacMat™ hold the AlbacMat™ by the top handle in front of you with the logo facing outwards. Stand at the foot end of the bed and 'throw out' the AlbacMat™ to unravel it (keep hold of the handle) beside the bed. Once unravelled, ensure the client is lying on their side and position the mat close to the length of the client.

With the client on their side, roll the client back once more so that they are now on the AlbacMat™.

### Evacuation

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

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

An additional method is to undo the mat and place near the feet of the client. Move to the shoulders of the client 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 client on the floor and lower the resident from the bed directly onto the AlbacMat™.

### Two Person Rescue

This method may be required with a large or difficult to handle clients.

The process is the same, just with two people working either side of the client. They each have a free hand to assist another person at the same time, such as opening doors should it be required.

### 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. List the recommended procedures for each method below.

Going up stairs can be achieved with one or two people. Individual rescuers abilities, length of stairs and client weight and co-cooperativeness will determine people required.

*There is only one method and that is to go straight up! Use the handles at the head end and try to have clients torso raised. This will assist both the rescuers and client's comfort. Caution will need to be exercised as the bottom of the client may fall into each step – although if torso is raised – this is minimised.*

### Single Person Stair Manoeuvre

It is recommended that the side handles be used for maximum control. The rescuer has brought the client 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 client will travel backwards down the stairs.

Be aware that the clients' 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



Unrolling the AlbacMat™ for use



Lowering the client from the bed to the floor



Two people can evacuate a client with ease.

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 client and they can turn them as necessary to negotiate each flight of stairs.

### Two Person Stair Manoeuvre

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 client is on the mat, the better weight transference and the easier it will slide down the stairs.

The evacuation involving stairs can be performed a lot quicker with two people. 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 client. This person then guides the resident until their feet/body are resting on top of 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 client) but it does require two people, which in some cases may not be available.



### Blanket Removal

1. Spread a blanket (from the bed) on the floor beside and slightly (300mm) under the bed
2. Position the resident close to the edge of the bed on the side on which the blanket is spread
3. Kneel on the blanket, in line with the resident's head
4. Adopt a stable position, with the knee nearest the bed head raised (to protect the resident's head while being lowered to the floor)
5. Place one arm under the resident's shoulders; pass the other arm across the resident's chest, gripping the resident's clothing at the hip
6. Gently roll the resident toward you
7. Break the resident's fall by cradling the resident against your body
8. Support the resident's head with your raised knee
9. Gently lower the resident to the blanket
10. Fold the resident's arms across his/her chest
11. Move to the end of the blanket supporting the resident's head
12. Face the resident
13. Place each hand a comfortable distance either side of the resident's head and grasp the edge of the blanket
14. Raise the resident's head from the floor and drag the resident, head first, to safety



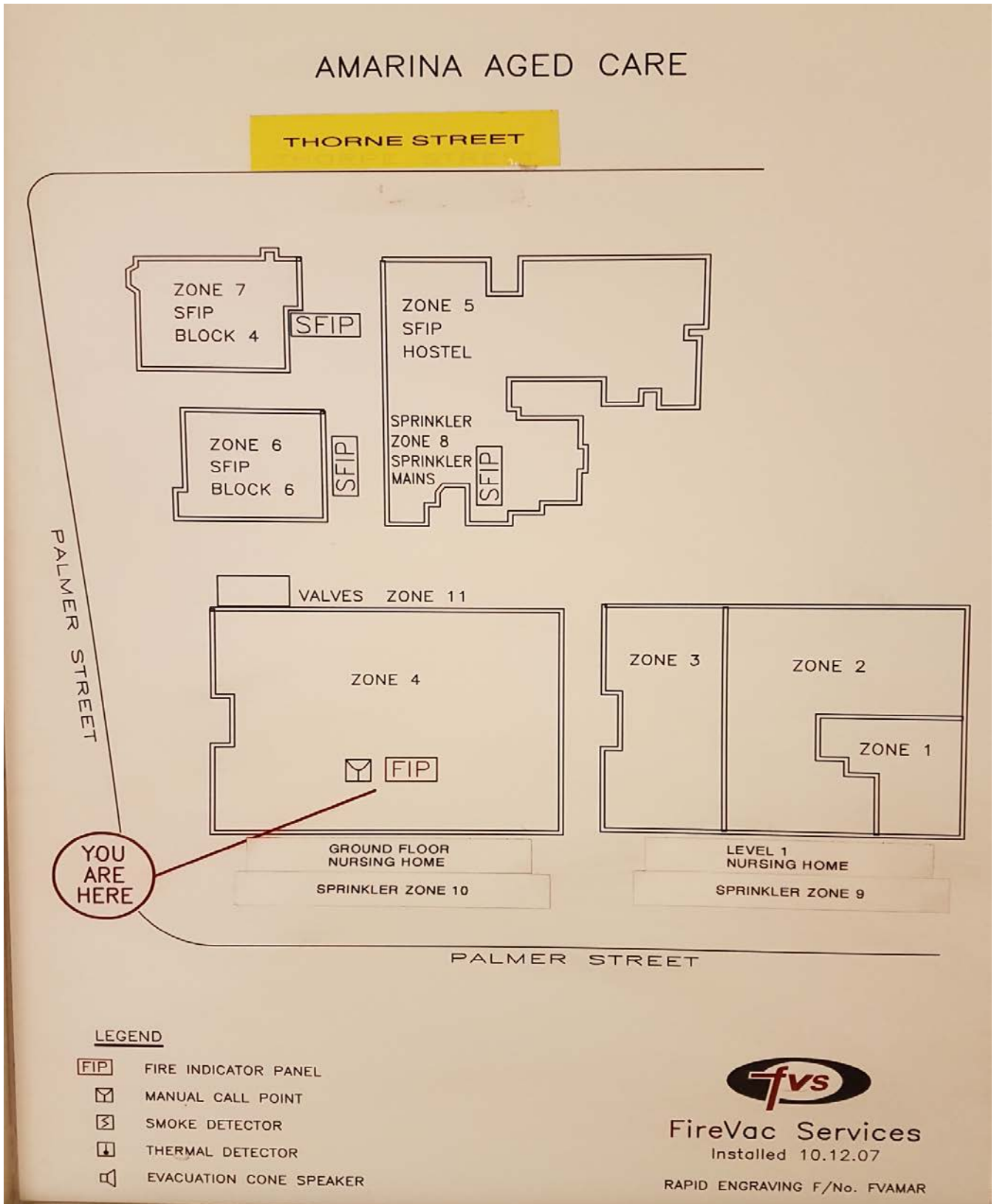


**One-Person Human Crutch**

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.

1. The rescuer stands on the injured side of the resident
2. The resident places arm nearest the rescuer around the rescuer's shoulders
3. The rescuer grasps the wrist of the resident with one hand
4. 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

APPENDIX D: FIRE INDICATOR PANEL ZONE DIAGRAM – ZONES 1 - 8



**APPENDIX E.1: INSTRUCTIONS FOR FIRE ALARM AND EVACUATION – NURSING HOME****SPECIAL INSTRUCTIONS:**

- Retrieve hat and Resident **Fire List from Nurses Station and proceed to FIP.**
- All staff are to report to the nurses' station immediately on hearing the alarm

**PROCEDURE**

1. The Chief Fire Warden (the Registered Nurse on duty) put hat on head when alarm is activated
2. Go to Fire Indicator Panel (FIP)
3. Check if light on in Zone 1,2,3,4,5 and under ALM
4. Once you have the alarmed zone number, match with zone area (see Appendix D), – use PA to inform staff. Switch to isolate or manual to make announcement. Press PA press button on side of Public Address Microphone. **"ATTENTION, ATTENTION" CODE ...**
5. Return to nurses' station upstairs and collect resident **fire list from fire panel-Hostel or Nurse Station nursing home, staff rosters and visitors' book from Reception.** Commence evacuation if necessary. **Only attempt to put out fire if safe to do so.**
6. Investigate alarmed zone by checking smoke/thermal ceiling indicators for a small red light or for smoke-fire etc
7. If emergency, ring "000" state location of fire etc.
8. Greet Fire Brigade and give report

**SPECIAL CONSIDERATIONS**

If there is no indication of an emergency, e.g. burnt toast sent off alarm, return to FIP cabinet, retrieve key from under cabinet, open door and switch Evac. Control to OFF then close the door.

If evacuation required, direct all staff, residents and visitors to an Assembly Area.

- Out the front door to the left of driveway on footpath.
- Out wing doors, gate following path around to the left to birdcage area.
- Out wing doors, gate onto footpath and up to left on street corner.

Do a roll call of Resident's Fire List, Roster and Visitors' Book.

After emergency, use Public Address (PA) System, located in bottom of FIP cabinet, to give "ALL CLEAR".

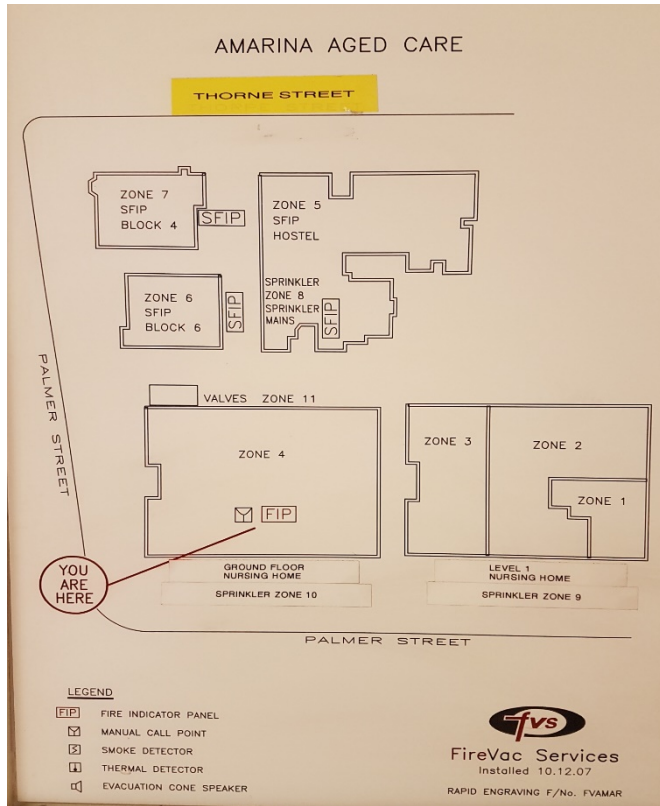
Open Smoke Doors.

Return Fire List, Rosters and Visitors' sign in book and document in Communication book.

Complete an **"internal correspondence"** re incident and notify Director of Care.

**INSTRUCTIONS FOR FIRE ALARM ALERT AND EVACUATION OF HOUSES 2 & 4 SUB/FIP & MAIN FIP**

Home Care and Disability Staff members are to **call nursing home administration or nursing station when arriving onsite and final departure of services each day.**



FIP (Admin/Nursing Home)

- House 2 on corner Palmer and Thorne Street (Zone 7)
- House 4 is house closest to Nursing Home (Zone 6)

**If alarm is activated in these areas an alarm will sound and a light will indicate in/on Nursing Home Fire Indicator Panel (FIP).**

All staff are on stand-by until "All Clear".

The WACS Chief Warden will:

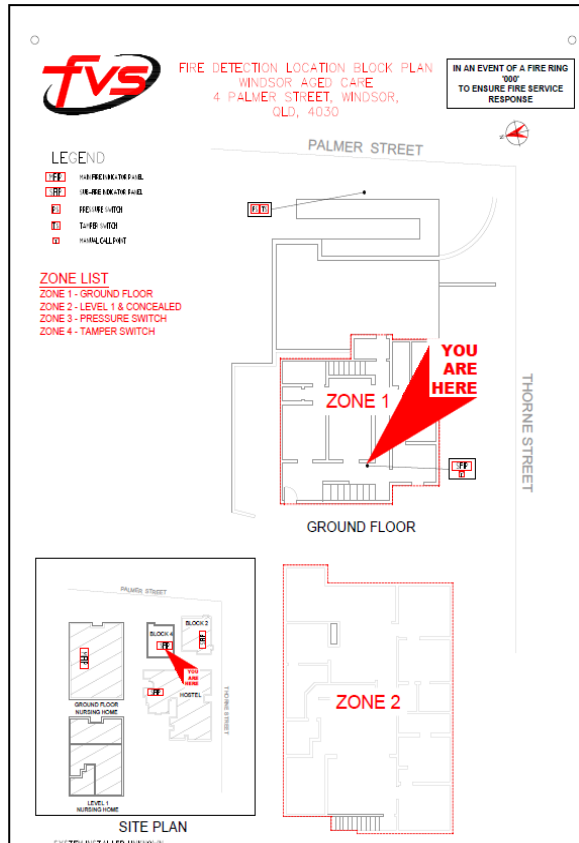
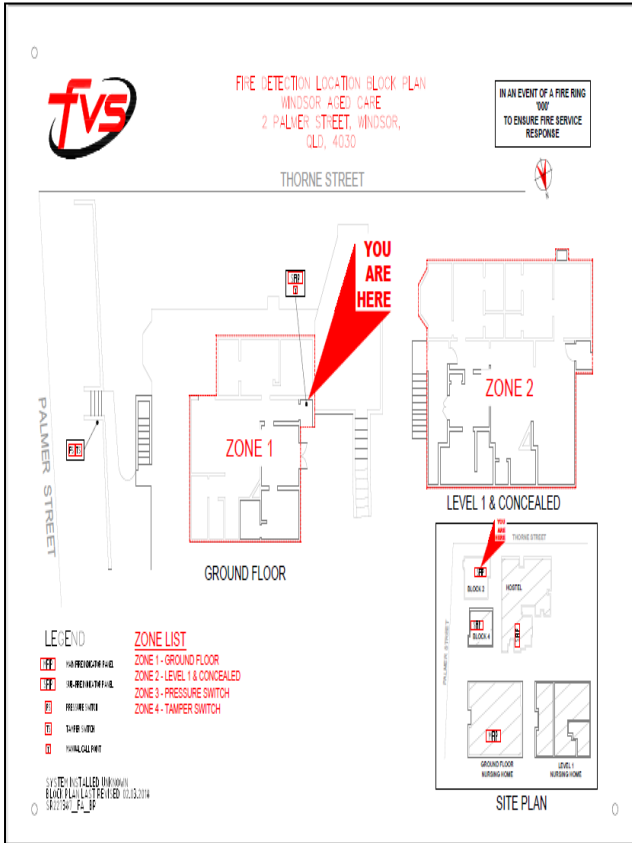
- Put on fire warden hat
- Check FIP in Nursing Home
- Take D.E.C.T. (Mobile) phone
- House access to 2 and 4 with master key located in "KeySafe" at rear door next to SFIP's on both Ground floor and Level 1 (House 2) and Ground Level (House 4). Entry code **291** for all entry doors. Master key for House 2 and 4 is located in Nursing Home administration office.

Registered Nurse to check Sub/FIP on relevant house.

SUB FIP (located on Ground Floor of both houses

near back door facing hostel):

- House 4 (Block 2) -**
  - \* Level 1 (Zone 2)
  - \* Ground Floor (Zone 1)
- House 2 (Block 4) -**
  - \* Level 1 (Zone 2)
  - \* Ground Floor (Zone 1)



House 2

House 4

Phone 000 and phone D.O.C to report findings (E.g. “smoke pouring out of windows, under door etc. alarm light activated in ... area”)

1. Assist with evacuation where necessary.

**Exit doors to be manually unlocked by staff to allow evacuation along egress path to Assembly Area.**

2. Only proceed into building if safe to do so.
3. Wait for Fire Brigade/Report to Fire Brigade
4. Wait for Fire Brigade to give “all clear”.
5. Return to Nursing Home/Report to RN
6. RN to give “all clear”.

**House 2 Community Care Level 1 Area Warden Instruction:**

Evacuate House 2 - (Zone 2 SFIP)

- **Exit doors to be manually unlocked by staff to allow evacuation along egress path to Assembly Area.**
- Level 1 and bring staff visitor book and direct all staff, residents and visitors to assembly areas. Advise Chief Warden when house is all clear.

**House 4 Community Care Level 1 Area Warden Instruction:**

- **Exit doors to be manually unlocked by staff to allow evacuation along egress pass to Assembly Area.**
- Evacuate House 4 – (Zone 2 SFIP) Level 1 and bring staff visitor book and direct all staff, residents and visitors to assembly areas. Advise Chief Warden when house is all clear.

**Assembly Areas**

- Assembly Area for House 2 and 4 is Palmer Street
- Alternate Assembly areas for House 2 and 4 is the Nursing Home car park.

**Only attempt to put out a fire if safe to do so**

RN to complete an incident form in Sarah re: incident and notify Director of Care as soon as practicable.

**Note:**

- Respite (Block 4/House 2 - Zone 7) on Level 1 is occupied Monday to Friday between 9:00am - 5:00pm
- Respite staff and visitors must sign the visitor's book located on Level One of House No.2

**APPENDIX E.2: INSTRUCTIONS FOR FIRE ALARM AND EVACUATION- HOSTEL**

- ALARM ACTIVATED

**PROCEDURE:**

1. The Chief Fire Warden (the Registered Nurse on duty) to put hat on head when alarm goes off.
2. Retrieve key from under Fire Indicator Panel (FIP) cabinet, open door both sections of FIP
3. Check Detector light on in Zone 1, 2, 3, 4 in A.Z.F. (All Zone Function) *See Appendix D.*
4. Investigate alarmed zone.
5. Ensure there is really a fire by checking smoke indicator on ceiling.
6. Return to evacuate Panel.
7. Switch to isolate or manual to make announcement.  
Press PA press button on side of Public Address Microphone. **"ATTENTION, ATTENTION" CODE**  
...
8. Direct where to evacuate – assembly area 1 or 2.
9. TAKE RESIDENT FIRE LIST, STAFF ROSTERS
10. Ring **"000"**, state location of fire etc.
11. Ring Nursing Home, **Extension 107**, and state assistance required and for someone to stand in driveway to direct Fire Brigade to Hostel.
12. Evacuate if necessary
13. Gather Residents and go to Assembly Area (1) Thorne Street and  
Assembly Area (2) Car Park
14. Only attempt to put out fire if safe to do so. FIRE BRIGADE take over.
15. After fire is put out, use P.A. system to give (ALL CLEAR!) as following:
  - Return to FIP (Fire Indicator Panel)
  - Open both sections of cabinet with key from under cabinet
  - Ensure key is switched to manual
  - Pick up microphone and press P.A. to "all zones button" on cabinet.
  - Press button on side of microphone – announce
16. **"ATTENTION, ATTENTION – ALL CLEAR"** Return resident Fire List and Roster
17. Ensure metal gate and garden gate are secured.
18. Check smoke doors and open.
19. Document same in communication book.
20. Write a **"Have your Say Form"** regarding incident, notify Chief Executive Officer and Case Manager.

## APPENDIX F.1: EMERGENCY EVACUATION SUPPLY LIST

Box No.	Items	
1	<input type="checkbox"/> 140 paper plate	<input type="checkbox"/> 200 plastic forks
	<input type="checkbox"/> 150 desert bowl	<input type="checkbox"/> 200 plastic spoons
	<input type="checkbox"/> 250 plastic cups	<input type="checkbox"/> 400 serviettes
	<input type="checkbox"/> 200 plastic knives	
2	<input type="checkbox"/> 3 Kitchen gloves (100 each box)	<input type="checkbox"/> 3 Pens & 3 Tapes
	<input type="checkbox"/> 2 Powder free gloves (100 each box)	<input type="checkbox"/> 1 Gas Lighter
	<input type="checkbox"/> Kitchen bag (100 each)	<input type="checkbox"/> 1 Scissors
	<input type="checkbox"/> 1 box of apron (100 each)	<input type="checkbox"/> 2 packs of garbage bags
	<input type="checkbox"/> 1 box of mask (100 each)	<input type="checkbox"/> 1 Antibacterial gel
	<input type="checkbox"/> 10 Bed Bath	<input type="checkbox"/> 1 Dermaven cream
	<input type="checkbox"/> 5 Shampoo Cap	<input type="checkbox"/> 1 Note book
	<input type="checkbox"/> 6 Batteries	<input type="checkbox"/> 2 Torches
3	<b><u>Dressings:</u></b>	
	<input type="checkbox"/> 500 needles (1mls,3mls,10mls,20mls)	<input type="checkbox"/> 2 oxygen masks
	<input type="checkbox"/> 10 crepe bandages	<input type="checkbox"/> 10 small Interpose & 10 large Interpose
	<input type="checkbox"/> 1 sharp bins	<input type="checkbox"/> 1 Mefix
	<input type="checkbox"/> 1 box of band- aids	<input type="checkbox"/> 1 roll of combine dressing
	<input type="checkbox"/> 1 Solugel (wound gel, burn)	<input type="checkbox"/> 1 box of alcohol wipes
	<input type="checkbox"/> 1 box of Opsite	<input type="checkbox"/> 1 box of Duoderm
	<input type="checkbox"/> 100 yellow identification band	<input type="checkbox"/> 10 mouth swab
	<input type="checkbox"/> 10 Normal Saline solution	<input type="checkbox"/> 30 Iv 3000 dressing
	<input type="checkbox"/> 1 packet of cotton tips	<input type="checkbox"/> 20 Sorbact dressing
	<input type="checkbox"/> 4 dressing tapes (Micropore)	<input type="checkbox"/> 10 Steri – strip
	<input type="checkbox"/> 2 Nebuliser tubing	<input type="checkbox"/> 5 Dressing packs
	<input type="checkbox"/> 2 Nasal Cannula	<input type="checkbox"/> 2 IDC bag
Flat Pack Box	<input type="checkbox"/> Webster Packs – Nursing Home	
	<input type="checkbox"/> P.R.N medication – Nursing Home	
	<input type="checkbox"/> Webster Packs – Secure Hostel	
	<input type="checkbox"/> P.R.N medication – Secure Hostel	
	<input type="checkbox"/> 4 x boxes of gloves (100 in each)	
	<input type="checkbox"/> 24 packets of Comfort Baths (8 wipes per pack)	
	<input type="checkbox"/> Medication Charts	
<input type="checkbox"/> Progress Notes, Care Plans, Communication books and handover sheets		



**APPENDIX F.2: EVACUATION PERSONALS AND EQUIPMENT SUPPLY LIST**

	QUANTITY	ITEMS
<b>Personal Items</b>		
<i>Collect and place at the foot of each resident's bed as delegated by RN</i>		
<input type="checkbox"/>	1	Personal bowl
<input type="checkbox"/>		Toiletry basket
<input type="checkbox"/>		Clothing
<input type="checkbox"/>	2	Nightwear
<input type="checkbox"/>	2	Daywear
<input type="checkbox"/>	2	Underwear
<input type="checkbox"/>	1	Footwear
<input type="checkbox"/>		Glasses
<input type="checkbox"/>		Hearing aids
<input type="checkbox"/>		Basket of continence pads and allocation card
<input type="checkbox"/>		Slide sheet
<b>Emergency Equipment</b>		
<i>Assemble the following items in Storeroom as directed by DOC/RN</i>		
<input type="checkbox"/>		Emergency boxes
<input type="checkbox"/>		Standing hoist
<input type="checkbox"/>	1	Full hoist
<input type="checkbox"/>	1	Oxygen trolley complete with cylinder and suction equipment
<input type="checkbox"/>		Continence pad supplies (unopened)
<input type="checkbox"/>	3 days' supply	Drug trolley (locked), including pill crusher & bags, medication cups, lids, any other medications required
<input type="checkbox"/>	3 days' supply	Medication charts (secure in waterproof box)
<input type="checkbox"/>		Spare hoist batteries and charger (charge where necessary)

**APPENDIX G: BUILDING IDENTIFICATION**

**Note 1:** For the purposes of this document, occupant refers to Residents and vice versa.

**Note 2:** It is to be automatically assumed that all Residents suffer from an Evacuation Impairment due to the conditions under which they are admitted to the Residential Care Facility.

Buildings in the Windsor Aged Care Services complex are High Care Wing (also known as Nursing Home) and Low Care Wing (also known as Hostel or Dementia Wing). Refer to **APPENDIX G.1** 'Building Identification & Fire/Smoke Compartmentalization' to view building names.

**Allowable Occupant Numbers**

- **High Care Wing** – total Occupancy 36 spread over 3 Smoke/fire compartments, housing 16, 16 and 4 occupants with an evacuation impairment respectively.
- **Low Care Wing** – total Occupancy 25 spread over 2 Smoke/fire compartments, housing 11, and 14 occupants with an evacuation impairment respectively.

**Monitoring of Minimum Support Ratio**

The Director of Care, as officer charged with ensuring Windsor Aged Care Services has adequate staff rostered to each shift to provide for the care needs of residents (i.e. Occupants), shall be the responsible officer charged with ensuring the minimum support Ratio required to meet the requirements of Acceptable Solution A1(1)(b) of the Queensland Development Code's MP2.3 (Fire Safety In Existing Residential Care Buildings - Pre 1 June 2007). The minimum staff ratio on site to be maintained is:

- AM – 12 staff
- PM – 8 staff
- ND – 4 staff

**Maintenance Schedule**

The maintenance schedule for the building's prescribed fire safety installations is:

Fire Installation	Testing in accordance with:	Testing Frequency
Fire Detection Systems	AS1851-2012 Section 6 and the Building Fire Safety Regulations	Monthly Six-Monthly Annually
Intercom Systems	AS1851-2012 Section 6 and the Building Fire Safety Regulations Testing	Monthly Six-Monthly Annually
Sound Systems	AS1851-2012 Section 6 and the Building Fire Safety Regulations Testing	Monthly Six-Monthly Annually
Automatic Fire Sprinklers	AS1851-2012 Section 2 and the Building Fire Safety Regulations	Weekly Six-Monthly Annually
Fire Hydrants – Includes Annual Flow test	AS1851-2012 Section 4 and the Building Fire Safety Regulations	Six-Monthly Annually
Fire Smoke Doors - includes all common fire rated, smoke and fire safety doors	AS1851-2012 Section 12 and the Building Fire Safety Regulations Common area doors	Quarterly

Fire Installation	Testing in accordance with:	Testing Frequency
Fire Hose Reels, Extinguishers and Blankets	AS1851-2012 Section 9, and the Building Fire Safety Regulations	Six-Monthly Annually
Emergency Escape Lighting and Exit Signs	AS/NZS 2293.2:1995 and the Building Fire Safety Regulations	Six-Monthly Annually

**Fire Education & Evacuation Drills -**

- The annual Continuous Improvement Plan shall list the arrangements for Fire and Evacuation Drills for Residents and staff members.
- In addition, and as required under the Aged Care Standards & Accreditation Standards Agency's Accreditation Standards, all staff members shall undergo annual mandatory Fire Fighting and Evacuation Procedures training.
- Fire Education to staff is provided by Fire Safety Compliance Services as of 2016.

**Evacuation Impairment Assessment -**

- As all Residents (i.e. Occupants) are considered by the nature of their admission to the Residential Care Facility to have an Evacuation Impairment, Windsor Aged Care Services shall ensure that the following -
  - An Evacuation Impairment Assessment Form as per **APPENDIX G.2** shall be completed by the Admitting Officer upon admittance to the Facility, and this form will be
    - Scanned into the SARAH Care Plan for that Resident;
    - And the original hardcopy held with admission documentation.
  - A Fire List showing the assistance required by Residents in the event of an Evacuation shall be produced at least weekly and held where the Chief Fire Warden shall have ready access at all times.

References:

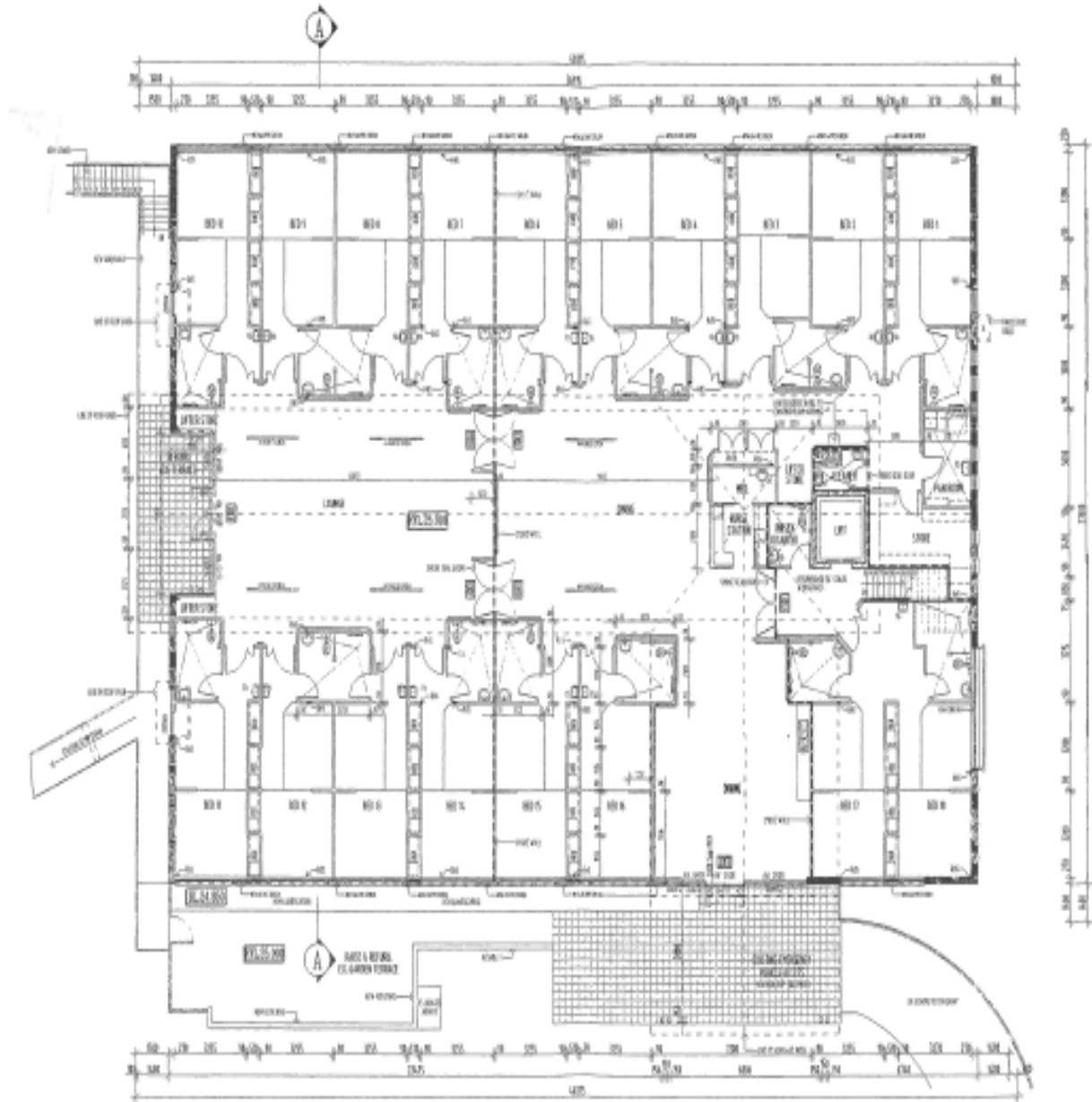
*Aged Care Accreditation Standard 4.06*

*Building Fire Safety Regulations 2008*

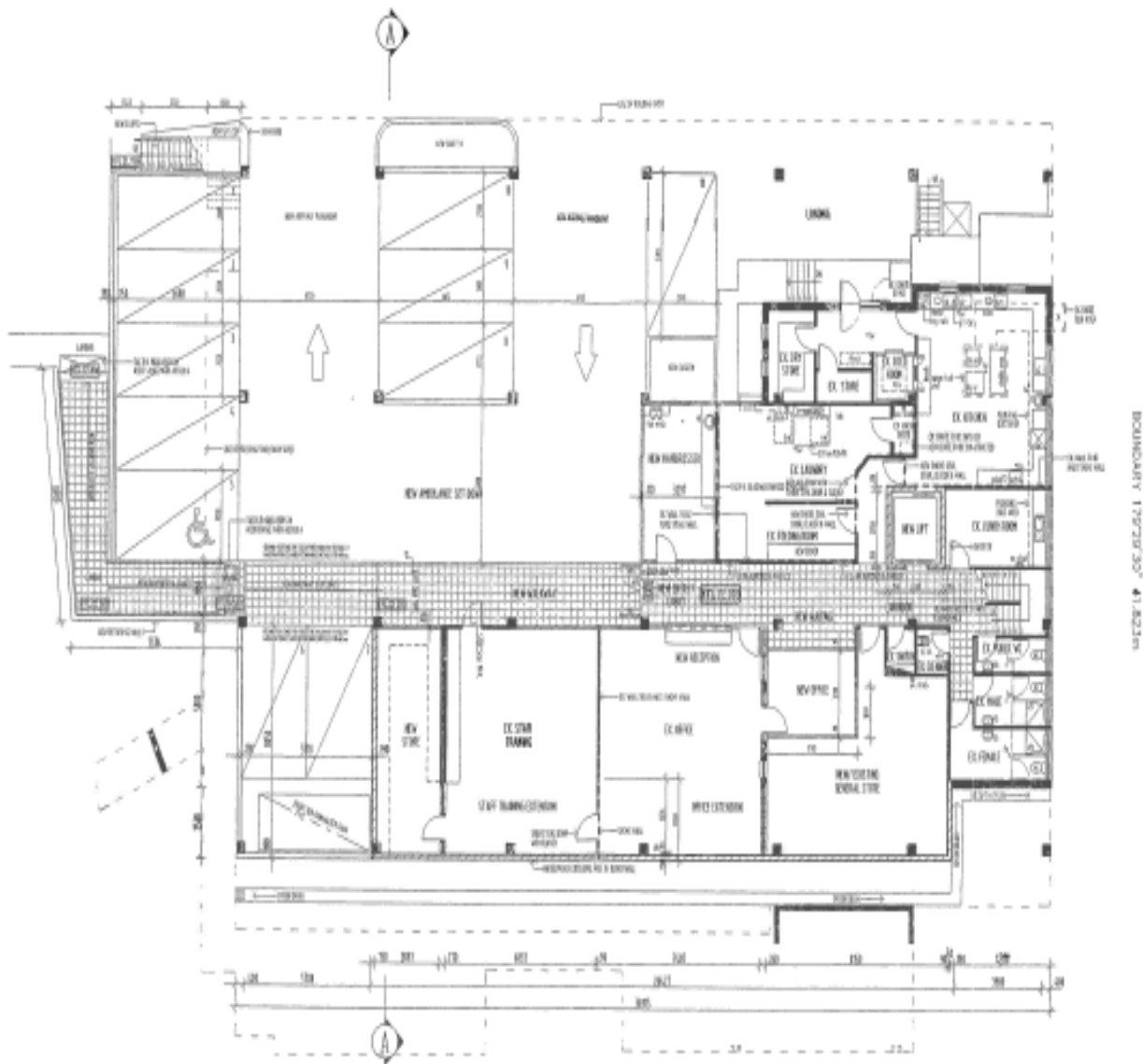
*Queensland Development Code, Mandatory Part 2.3*

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

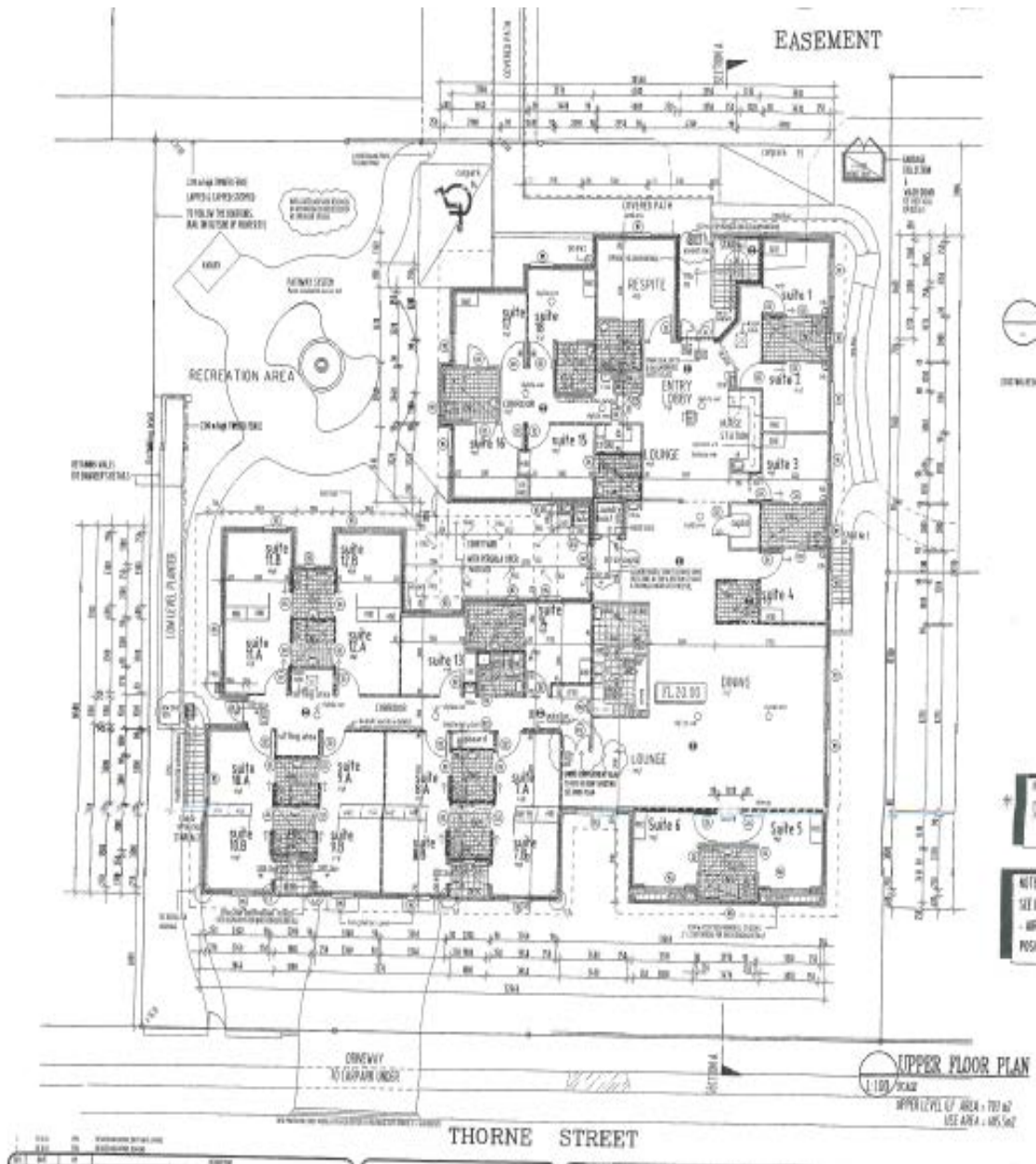
**APPENDIX G.1.1: Building Identification – High Care Wing (Nursing Home) – TOP FLOOR**



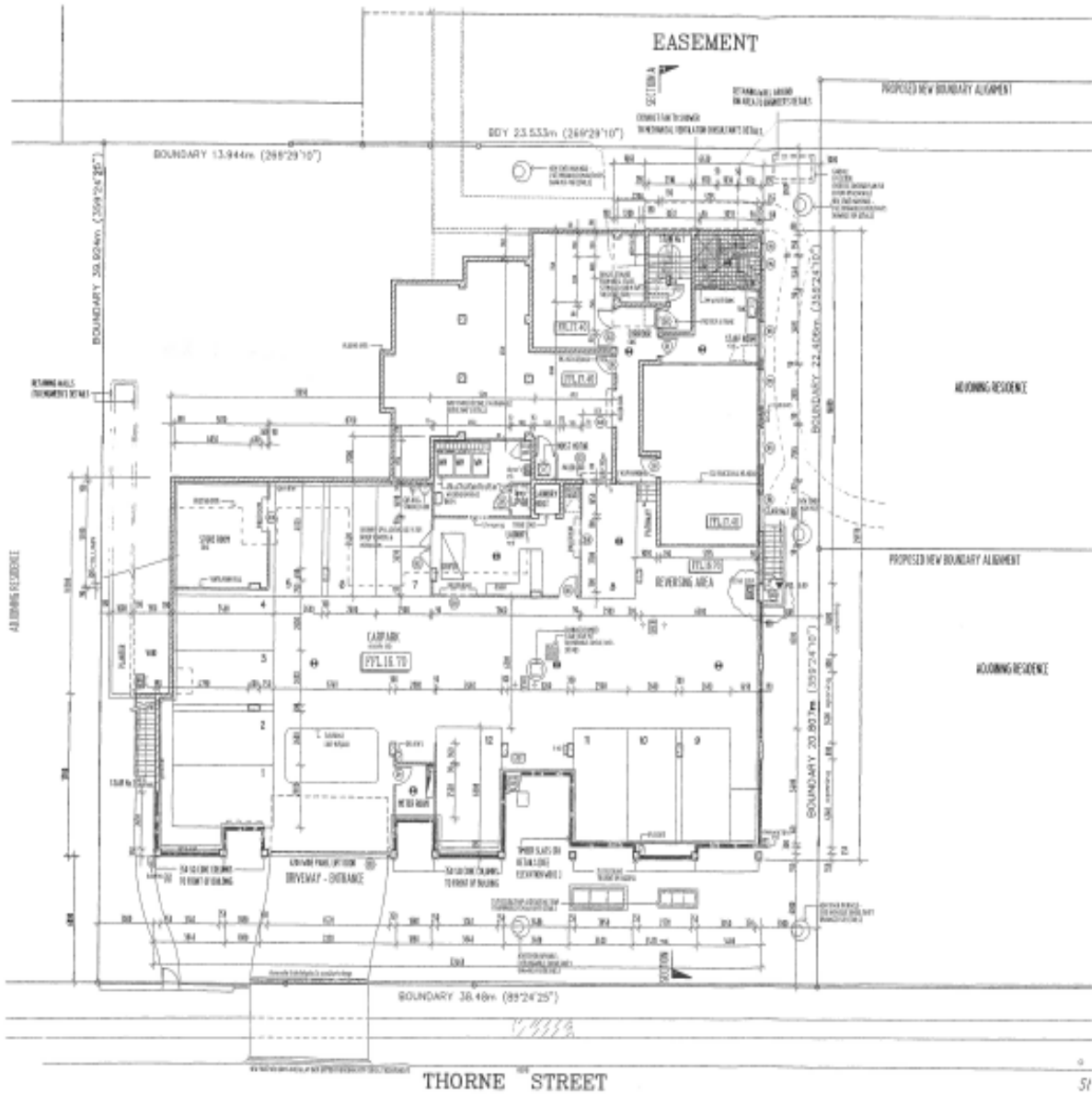
**APPENDIX G.1.2: Building Identification – High Care Wing (Nursing Home) – GROUND FLOOR**



**APPENDIX G.1.3: Building Identification – Low Care Wing (Hostel or Dementia Wing) – TOP FLOOR**



**APPENDIX G.1.4: Building Identification – Low Care Wing (Hostel or Dementia Wing) – GROUND FLOOR**



## APPENDIX G.2 - EVACUATION IMPAIRMENT ASSESSMENT FORM

**Residential care building  
Evacuation impairment assessment form**

This form may be used to assess whether a person who is a resident of the *building* has  
an  
*evacuation impairment*.

Use this form for the purposes of compliance with A1(1)(b) of ODC MP 2.3 Fire safety in  
existing residential care buildings (Pre 1 June 2007) only.

Name of occupant  (affix Label here)	Date of practice: (E g. Assessment)	
	Room number:	
	Building	
Name of building/address of building:	Windsor Aged Care Services, 26 Palmer St, Windsor, Q., 4030	
Name of residential care facility:	Windsor Aged Care Services	
Name of owner or operator of facility:	Alzheimer's Queensland	
Assessed by:	(name)	(signature)

During an evacuation practice, has the resident demonstrated	Yes	No	Comments
1. Hear and recognise the fire evacuation alarms?		✓	All Residents (Occupants) are regarded as having an evacuation impairment – See current <b>Fire List</b> for details of evacuation assistance required.
2. Safely evacuate from the <i>building</i> without the assistance of another person?		✓	
3. Follow the <i>fire and evacuation plan</i> and evacuate to the assembly point identified in the plan?		✓	
4. Observe <i>the fire and evacuation plan</i> in a calm and timely manner in a practice situation?		✓	
5. Understand that he/she must comply with the directions of emergency personnel?		✓	
<i>Result</i>			
Does the occupant have an <i>evacuation impairment</i> ?	✓		

**Note 1:** An occupant does not have an evacuation impairment when ALL answers on the form are ticked with Yes. Do not answer 'Yes' to any question unless the occupant is able to meet the criterion at all times of the day or night.

**Note 2:** If this form is being used to exclude occupants from the need for evacuation support, the excluded person must be reassessed when the person's evacuation ability changes. Evacuation practice should be used to determine the ability of a person to safely evacuate the building in the event of fire and conducted in accordance with the provisions of the Building Fire Safety Regulations 2008.

**Note 3:** If the occupant has an *evacuation impairment*, you MUST include him/her in your *minimum support ratio calculations*. If the occupant does not have an *evacuation impairment*, you do not need to include him/her in your *minimum support ratio calculations*