



Kimberley Non-Hospital / Non-Remote Clinic Sites - Emergency Response Procedures

Effective: 6 August 2018

1. Guiding Principles

Code Black

The WA Country Health Service (WACHS) – Kimberley actively encourages a safe workplace by implementing policies and procedures that support staff to identify and manage aggression in the workplace. Australian Standard 4083:2010 provides standard codes for emergencies.

Compliance with these codes is essential for the successful management of emergencies. This procedure supports staff who may believe that they are at risk of personal threat or actual harm from act of abuse, aggression or physical harm or that patient may be at risk of harm.

The threat may be:

- unarmed – verbal or abusive behaviour, wilful damage to property, physical aggression
- armed – the above but with use of a weapon
- child abduction
- missing person.

Code Blue

Early recognition and prompt response to clinical deterioration can minimise: the occurrence of adverse events such as cardiac arrest, unexpected deaths, unanticipated admissions to hospital and reduced length of stay in hospital if admitted.

Recognising persons (staff and visitors) whose condition is deteriorating and responding to their needs in an appropriate and timely way are essential components of safe and high quality care.

Code Red

A Code Red emergency is declared when FIRE and/or SMOKE is detected. Alerts/Alarms may occur at any time of the day or night and it is essential that the cause is investigated in each case.

Remember at all times to only take actions **if it is safe to do so**.
Injured staff are of no assistance to themselves, other staff or patients.

As most big fires start small, what happens during the first few minutes of a fire usually determines the extent and severity of the damage. Western Australian Country Health Service (WACHS) Kimberley's most valuable asset during those first few minutes of a fire is well-trained and disciplined staff.

The four most dangerous things about a fire are:

- You have little time.
- When confronted by a fire you count the time you have to respond in seconds. Within only a few minutes, the smoke around you could stop you from seeing your hand in front of your face.
- Smoke and fumes cause death more than heat
- In a fire more people are killed by the smoke than by the actual heat from the flames. The main reason smoke from a fire is so lethal is because carbon monoxide can't be seen or smelled, it can also disorientate and confuse you before you even know it is happening. Then it will render you unconscious and kill you. That is why it so important to remove people from immediate danger as quickly as possible.
- You can't see.
- As the smoke spreads the 30 – 50 centimetres above the floor will be the clearest of smoke. But then eventually even that will shrink to only a few centimetres. To escape a fire it's best to get down as low as you can go!
- The heat will stop you.
- The heat from a fire can stop you in your tracks. Every situation is different but the heat in a fire can rise to hundreds of degrees Celsius within a few minutes, easily hot enough to melt metal, and sear your lungs in an instant – impossible to “run through”.

Code Yellow

Code Yellow is a response to an internal emergency, with specific reference to Tropical Cyclone, Flooding, Storm surge, Tsunami, Earthquake and Bushfire.

In any instance irrespective of the event, loss of critical infrastructure such as communications, medical gases, power, water, gas, sewerage, power, continuity of service at is located within Business Continuity Plans.

Code Brown

The provision of emergency health services shall be based on the principle of a graduated response commencing at a local level with a gradual escalation to a district response (WA Country Health Service – Kimberley WACHS-K) and state level (Western Australia) as required with time.

An external emergency is defined as any **“mass casualty event outside the hospital that requires emergency response that exceeds the normal day to day capacity of the hospital.”**

Corporate staff provide administrative and other supports if required on request by the Regional Health Disaster Coordinator.

Code Purple

Bomb threats are designed to disrupt, seek revenge, or seek attention to a cause. Bomb threats may be in one of the following forms:

- Telephone call
- Written threat
- Suspect object.

The need for evacuation in the event of a bomb threat or alert is not as clear-cut as in the case of fire. The Emergency Controller in liaison with the Police and Fire and Rescue must assess the “threat” and determine the action based on assessment.

During all hours the designated Emergency Coordinator (Operations Manager or delegate during office hours and Duty Nurse Manager after hours) will assume responsibility.

In a bomb threat evacuation, personal items such as handbags, brief cases, etc. must be taken when evacuating the building.

To minimise this risk, all health service staff are required to wear clearly visible identification (ID), ensure site security, adhere to safety and evacuation policies and procedures, practice evacuation techniques and recognise and respond to early signs of danger.

2. Procedure

EMERGENCY	RESPONSE	WARNINGS
PERSONAL THREAT Code BLACK	<p>Raise the alarm – when staff, patients or visitors are threatened, activate blue duress or personal alarms or call for assistance.</p> <p>Remain calm – use LASSIE and do <i>only</i> what you're told, don't volunteer anything or jeopardize safety, stay side-on outside the hit-zone, voice low and tone even, some eye contact, open hands, and limit movement.</p> <p>Retreat to safety – as soon as it's safe to do so or use physical barriers while maintaining a clear escape route.</p> <p>Record details – NAB HECTOR details plus accomplices, vehicle, weapon, escape direction/method.</p> <p>Call Police on 000 asap and escalate to the Emergency Coordinator designated for your department / building</p> <p>Complete offender description form (Appendix 1)</p>	<p>LASSIE: Listen to the problem Acknowledge issues Separate from others Seat them Indicate options Encourage alternatives Guide only – each situation will be unique!</p> <p>NAB HECTOR: Name Age Build Height Eyes Complexion Thatch (hair) Oddities Rig (clothing)</p>

EMERGENCY	RESPONSE	WARNINGS
<p>MEDICAL EMERGENCY</p> <p>Code BLUE</p>	<p>Staff in corporate areas are encouraged to complete training in Basic Life-Support (BLS) competency as a first aid level of care until emergency service help arrives.</p> <p>Corporate staff should be familiar with the basic life support actions of DRS ABC (Appendix 1).</p> <p>Call for emergency assistance on 000 and escalate to the Emergency Coordinator designated for your department / building</p> <p>If appropriate, commence DR ABC until help arrives.</p> <p>Follow directions from the most experienced person present.</p>	<p>DR ABC:</p> <p>Danger</p> <p>Response</p> <p>Send for help</p> <p>Airway</p> <p>Breathing</p> <p>Circulation</p>
<p>FIRE</p> <p>Code RED</p>	<p>Remove persons from immediate danger, to next fire zone if necessary.</p> <p>Alert – if alarm has not been automatically activated, use break-glass alarm and dial 000.</p> <p>Contain the fire – close windows/doors, turn off gas valves and electrical apparatus, and move flammable items away. Leave/turn lights on.</p> <p>Extinguish the fire – if safe to do so with correct equipment, and a clear exit is maintained.</p> <p>Call Fire Response on 000 and escalate to the Emergency Coordinator designated for your department / building</p>	<p>Remain calm – do not shout 'fire'</p> <p>Look after other people in your area</p>
<p>EVACUATION</p> <p>Code ORANGE</p>	<p>Evacuations are prompted by an emergency. Sequence: Ambulant people, semi-ambulant patients, then non-ambulant people.</p> <p>Stage 1: Remove those in immediate danger area (R in RACE).</p> <p>Stage 2: Remove all to a safe place through fire/smoke doors or outside.</p> <p>Stage 3: Complete evacuation of buildings to an outside Evacuation Assembly Point**.</p> <p>** Exit route and/or assembly points may be advised by Area or Chief Warden.</p> <p>Ensure all areas are searched, and staff, patients and visitors are accounted for.</p>	<p>Windows and doors:</p> <p>Fire: CLOSE</p> <p>Bomb: OPEN</p> <p>Keep low if smoke present.</p> <p>Save records/ medications where possible.</p>
<p>INTERNAL EMERGENCY</p> <p>Code YELLOW</p>	<p>Employ RACE principles where appropriate.</p> <p>Alert the Emergency Coordinator designated for your department/building and the Regional Facilities Manager</p> <p>Refer to your departments Business Continuity Plan</p>	

EMERGENCY	RESPONSE	WARNINGS
EXTERNAL EMERGENCY Code BROWN	Alert the Emergency Coordinator designated for your department/building to advise name/title, emergency location / type, alert action taken, and assistance required.	
BOMB THREAT Code PURPLE	<ol style="list-style-type: none"> 1. Don't panic – Do not hang up 2. If possible, discretely alert somebody else to contact the police 3. Ask the following questions: <ul style="list-style-type: none"> · When is the bomb going to explode? · Where did you put the bomb · When did you put it there? · What does the bomb look like? · What kind of bomb is it? · What will make the bomb explode? · Did you place the bomb? · Why did you place the bomb? · What is your name? · Where are you? · What is your address? 4. Escalate to the Emergency Coordinator designated for your department / building 5. Await instructions If a bomb threat is received in writing, it is to be kept, including any envelope or container it was found in. Once a message is recognised as a bomb threat, further unnecessary handling is to be avoided. Every possible effort is to be made to retain evidence such as possible fingerprint, handwriting or typewriting, paper and postmarks. Such evidence is to be protected by placing it in a plastic envelope/bag. 	<p>DO NOT HANG UP</p> <p>Turn off mobile phones and 2-way radios.</p> <p>Do NOT place suspicious object in a confined space or water.</p>

3. Roles and Responsibilities

Staff in non-hospital / non-remote clinic areas are required to complete all mandatory emergency on-line training and drills.

Staff in non-hospital / non-remote clinic areas are encouraged to complete training in Basic Life-Support (BLS) competency as a first aid level of care until emergency service help arrives.

The responsibility rests with each staff member to ensure that they:

- know the location of all break glass alarms
- know the location of all exits
- know their role in the event of a fire/emergency described in this plan
- are familiar with and know the location of the firefighting equipment
- know their predetermined assembly area in the event of a fire/emergency.

4. Evaluation

Monitoring of compliance with this document is to be carried out by the Regional Emergency Response Committee, annually using the Emergency Code reports for actual and desktop training events.

5. References

Australian Standard (AS) 4083 - 2010 Planning for emergencies – Health care facilities
Australian Commission on Safety and Quality in Health Care. (2010). [National consensus statement: Essential elements for recognising and responding to clinical deterioration.](#)

6. Related Policy Documents

WACHS [Emergency \(Disaster\) Management Arrangements Policy](#)

7. Related WA Health System Policies

Department of Health [Emergency Management Policy](#)

8. Appendices

Appendix 1 - [Offender Description Form](#)

Appendix 2 - [Basic Life Support Chart](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Regional Manager Infrastructure and Support Services (S.Brawls)		
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Version:	4.00	Date Published:	6 August 2018

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Appendix 1

Offender Description Form

WACHS Kimberley Site :

Name/ Nickname:	
Sex:	Age:
Weight:	Height:
Ethnic Origin:	
Hair: (Thatch)	Colour: Shape: Long, Short, Bald, Thick, Dyed, Wig, Tied Back, Bleached, Other:
Forehead:	High, Wide, Narrow, Receding, Low, Other:
Eyebrows:	Size: Shape:
Eyes:	Colour: Size: Shape: Description:
Nose:	Size: Shape: Comments:
Ears:	Size: Shape:
Lips:	Size: Shape:
Teeth:	Good, Bad, Uneven, Gaps, Protruding, Braces, Discoloured, Missing, Fillings Other:
Chin:	Size: Shape:
Beard:	Colour: Length: Type: Comments:
Moustache:	Colour: Length: Type: Comments:
Complexion:	Fair, Dark , Pale, Fresh, Ruddy, Tanned, Pimply, Make-up, Other:
Hands:	Size: Left / Right Handed Nails: Fingers: Soft, Calloused, Hairy, Gloves:
Voice:	Clear, Slurred, Loud, Slang, Thick, Other:
Accent:	

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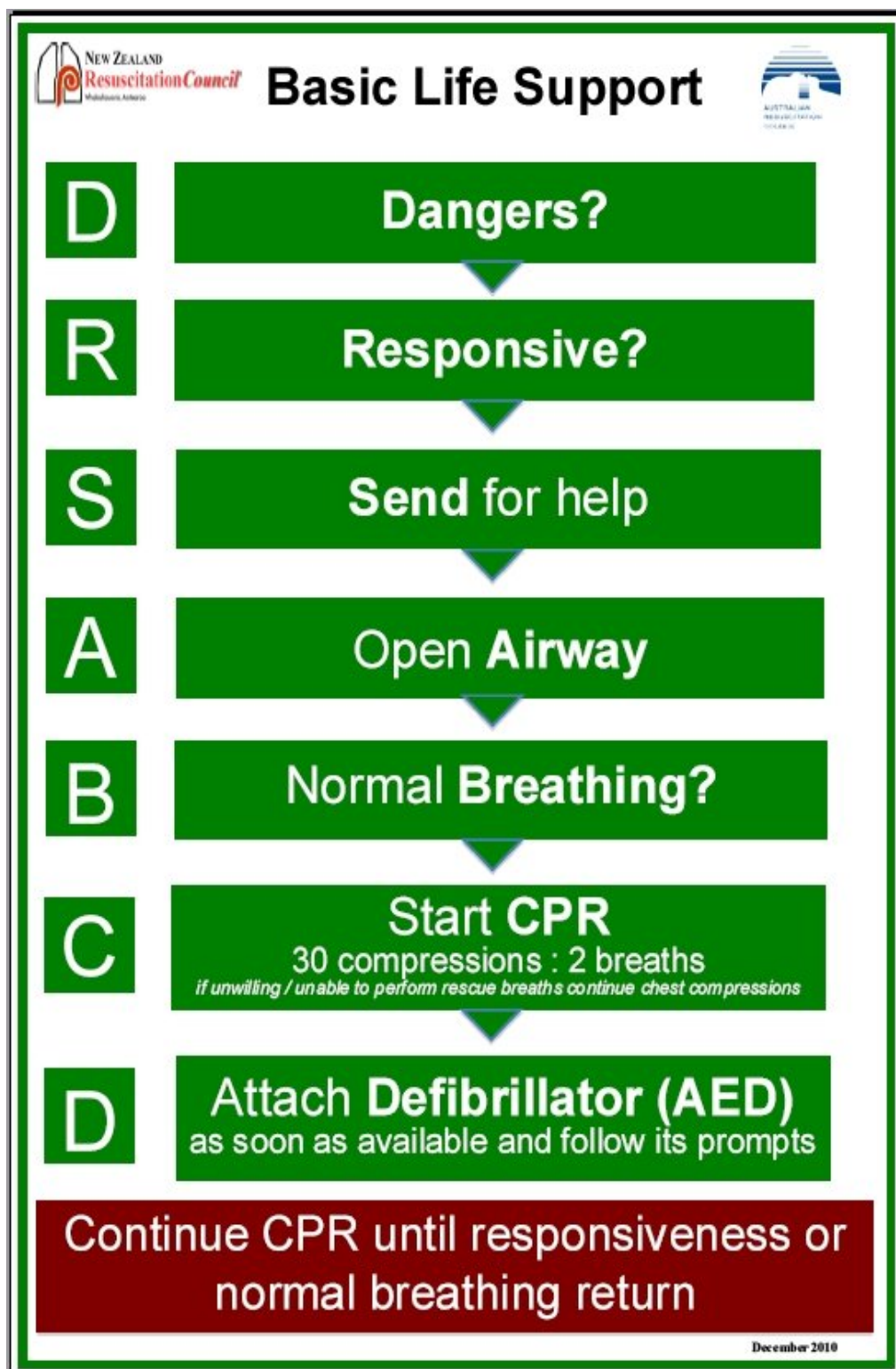
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Posture:	Erect, Stooped, Slouched, Other:
Build:	Thin, Medium , Stout, Stocky, Other:
Mannerisms:	Excited, Polite, Calm, Mean, Other:
Walk:	Quick, Slow, Limp, Springy, Pigeon-toed, Other:
Drugs/Alcohol:	Sober, Drunk, Wired, Jittery, Stoned, Other:
Distinguishing Marks:	Location/Description of Tattoos, Scars, Birthmarks, Wounds:
Clothing (Rig):	
Glasses:	Colour: Shape: Tinted, Reflective, Thick Glass
Jewellery:	
Disguise:	
Weapon:	
Other equipment:	Bag, Backpack, Phone, Tools, Other:
Escape:	Method: Direction: Transport: Accomplices:
Vehicle(s):	Make/Model: Rego: Colour: Condition: Features:
Method of Operation:	What did they do, say, touch, take
Offence Date:	Time:
Location:	
Type:	
Comments:	

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Appendix 2

Basic Life Support – follow the DRS ABCD actions



Source: <http://resus.org.au/guidelines/flowcharts-3/> Accessed July 2016