

GUIDELINE FOR EMERGENCY PREPAREDNESS AND RESPONSE PLAN.

Emergency assessment.

Identify emergency risks from the risk assessment and draw up a plan for each.

Fire

Flood – natural events.

Power outages.

Burst water pipes – water damage.

Machinery running out of control.

Pollution

**ALL EMERGENCY EVACUATION PLANS, ESCAPE ROUTES AND ASSEMBLY AREAS TO BE MARKED AND POSTED.
UPDATED LISTS OF RESIDENTS IN EACH SECTION.**

Basic evacuation plan must be based on staffing at low periods e.g. night duty and weekends.

ALL ACTIONS MUST BE DONE SWIFTLY AND ORDERLY.

Person discovering the incident-

1. Activate the fire alarm immediately by breaking the glass unit and pushing the alarm activation button.
 2. Note the time and circumstances.
 3. Report to person in charge. (FC if after hours)
 4. Don't remove any object or material involved in the incident.
 5. Job cards for nursing personnel –
 - a. **Job card 1** Person in charge of shift.
 - b. Delegate job cards to staff on duty. Check on emergency situation and take necessary action. Take roll call lists and evacuation equipment out of building as required.
 - c. **Job card 2** designated by person in charge (notify emergency services / security.) Security, Manager, Matron and key personnel. **DO NOT BLOCK THE PHONE LINES.** Have all the required telephone contact numbers on the card.
 - d. Contact numbers for emergency services (ON THE CARD)
 - i. Fire brigade
 - ii. Ambulances Private / Municipal
 - iii. SAPS
 - iv. Hospital Private / Government.
- Two-way radios to be charged and available if possible (Security/Manager)
- e. **Job card 3** designated by person in charge to move residents closest to incident first. Electrical equipment and oxygen to be switched off immediately. Close doors behind you when residents all out. Any other processes to be stopped eg laundry / kitchens.

- f. **Job card 4** designated by person in charge
 - g. Staff member to put fire out if possible using fire fighting equipment. This will depend on the extent of the fire at the time. First priority is to get the residents out of the building to a safe assembly area.
 - h. Job cards a/t number of staff on duty (night duty / weekends).
 - i. Extra job cards to be allocated by person in charge a/t need.
6. Village fire marshals to evacuate residents in immediate danger area to assembly areas. (Each resident should have a blanket and a torch handy **BUT DO NOT STOP TO SEARCH – GET OUT**)
 7. Resident to go to designated assembly areas. If more than one area designate areas – A (Alpha), B- (Bravo), C-(Charlie), D –(Delta). Emergency control centre (Papa)
 8. Follow evacuation procedure and route if safe to do so.
 9. Designated person to take ‘emergency box’ from FC.
 10. FC residents to be identified by designated person (especially if residents are confused or evacuated to hospital).
 11. First aider to take the first aid kit. (Have some means of identifying fire marshals and first aiders.)
 12. Evacuate to assembly areas.
 13. Evacuate then if safe fight fire.
 14. Hand over to emergency services co-ordinator when they arrive.
 15. Hand over to manager / matron on arrival.
 16. First aider/s to treat casualties when safe to do so / record treatment in treatment record books and hand over to paramedic on arrival.
 17. IOD forms if staff injured.
 18. Keep on lookers away. Security is vital.

Manager to designate person to run emergency control centre.

Records of residents information, medical aid etc and next of kin to be available (keep copy off site as well).

Records of staff, contact numbers and next of kin and duty lists.

Manager to designate person to contact next of kin / families.

NO STAFF TO SPEAK TO THE PRESS.

Have an emergency stock of refreshments available if necessary – tea, coffee, sugar, powdered milk, kettle / urn, cups.

Emergency box.

Name tags pre written for FC residents (Have extras if required) Name, institution, contact telephone numbers. (This is in case a resident is taken to hospital or wanders off.)

Torches

Blankets.

First aiders.

Trained with valid certificates.
Appointment letters with duties.
Some means of identification e.g. hats / sash/ jacket.

First aid kit.

According to list in OHS regulations.
Must be checked regularly
Treatment record books.

Security.

Designated duties a/t agreement with security company.
If designated to phone emergency services. Emergency numbers to be posted.
To secure property and restrict entrance to emergency services and management **ONLY**.

Assembly points:-

Designated person to keep records (keep times).
Conduct roll call
Report to co-ordinator / Emergency control centre.
All to report to designated co-ordinator.

Manager / designated person/ co-ordinator.**Manager or accountant may be required to guarantee any financial costs if residents / staff admitted to hospital.**

Liaise with emergency services co-ordinator, emergency control centre.
Keep records of incident / emergency control centre.
Give all clear alarm when safe after co-ordinating with emergency services controller.
Report to regional manager / Head office / CEO
Arrange for accommodation / alternate accommodation as indicated.
Notify insurers
Report to DoL if staff injured. (IOD forms)
Report to DSD if residents injured.
Company appointed spokesperson **ONLY** to give any official reports and to speak to the press.
Co-ordinate the investigation afterwards with designated persons.
All used fire and first aid equipment to be checked and restocked or replaced.
Conduct debriefing exercise days following incident.
Complete full report on incident.

NB.

All exit signage must be clear and in place.
Luminous signage required in 24 hrs areas (frail care, mid care areas)
Emergency lighting required in 24 hrs areas. (OHS Act)
Emergency exits must be kept clear and keys must be available.
All staff must be trained in fire fighting.
No lifts to be used in case of fire.

Repetition and evacuation drills are imperative also a/t OPA regulations.

Ekurhuleni do not want keys in glass boxes. I don't know what the alternative is especially for confused residents.