

Summary of Emergency Procedures for VMOs.

This summary has been developed in response to feedback from VMOs through the annual survey that their knowledge of these procedures could be improved.

FIRE

Detection of smoke or heat by detectors triggers the fire alarm and automatically alerts the fire brigade.

Mimic panels are located in each service area which identify the location of the fire. These are checked by person in charge of the area who will then issue instructions based on the vicinity of the fire. Reception is responsible for liaising with the person in charge of the area that has triggered the alarm and advising the rest of the hospital of the source of the fire.

Once the fire alarm has been activated smoke doors will close to create compartments within the building. Do not pass through smoke doors unless advised to do so by the person in charge of your area.

Staff all attend annual compulsory education of the safe management of fires so are well equipped to handle such situations.

The fire alarm will continue to sound until the fire brigade has arrived and reset the main panel at Reception.

EVACUATION

If required there are 3 stages of evacuation;

1. Removal from immediate danger – e.g. out of the room on fire
2. Removal to a safe area e.g. to an adjoining smoke compartment
3. Complete evacuation – assembly area is at the back of the rear car park next to Stanley Road entrance

Evacuation priorities;

1. Ambulant patients requiring only direction
2. Semi ambulant patients requiring some assistance
3. Non-ambulant patients requiring staff to physically move or carry them

Decision for complete evacuation is made by person in charge of the hospital or the appropriate external authority

PATIENT MEDICAL EMERGENCY

When the cardiac arrest buzzer is activated the alert sounds throughout the hospital.

All available nursing staff and the RMO attend immediately to assist. The person in charge of the area coordinates the process. If available, Operating Theatre staff will send an Anaesthetist to assist. After hours, all available nursing staff attend to the patient and 000 is called to request ambulance backup.

BOMB THREAT

If received by phone do not hang up the phone, even if after the call has been disconnected.

Converse with the caller in a friendly manner, do not antagonise them and try to extract as much information as possible. A checklist of questions is incorporated on the purple page of the emergency flip charts.

Attempt to get another person's attention and indicate to them to call 000 and report the call to police,

Additional information on emergency procedures can be found in the Emergency Flip Charts located throughout the hospital and in the Safe Practice and Environment Procedure Manual.