


Module 8

Safety and Emergency Procedures

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- ## Objectives
- Identify situations that call for emergency action
 - Describe what the letters R, A, C, E stand for in reference to fire emergencies
 - Describe the Heimlich maneuver and its purpose

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- ## General Safety
- Be alert to safety concerns for the residents
 - You should be prepared
 - You need to know where to go and how to get there in the event of an emergency
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Potential Safety Hazards

- Errors
- Unsafe, improperly placed, or non-working call lights
- Lack of proper lighting
- Sources of falls
- Unsafe equipment
- Slippery floors or spills
- Improper use of smoking materials
- Cluttered hallways
- Mealtime hazards
- Situations that call for emergency action
 - Power outage
 - Fire
 - Finding a resident on the floor
 - Choking
 - Finding an unresponsive resident
 - Seizures
 - Wandering or lost residents
 - Severe weather

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Power outage

- Open window shades to allow more light inside
- Stay with residents until help arrives
- Know where flashlights and batteries are located throughout the building
- Do not use candles or other types of open flame for lighting
- Do not use elevators



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Power Outage

- If the power is out for less than 2 hours, food in the refrigerator and freezer will be safe
- Keep the doors closed
- If longer than 2 hours
 - Freezer: half full should be okay 24 hours; full 48 hours
 - Refrigerator: pack into a cooler surrounded by ice
- Discard any food that has a temperature of more than 40F

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Power Outage

Safe Drinking Water

- Use bottled water if possible
- To purify tap water:
 - Boil the water vigorously for 1 minute
 - If you cannot boil water, add 6 drops of newly purchased liquid household bleach per gallon of water, stir it well, and let the water stand 30 minutes before you use it
 - Or use water-purifying tablets



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Fire Emergencies

What Causes a Fire?

- Heat
- Fuel
- Oxygen



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Fire Emergencies

Stages of fire

- Ignition
- Smoke
- Flame



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Fire Emergencies

Fire hazards


- Blocking, not marking, or inappropriately locking exits
- Having flammable solids or liquids close to where a resident is having oxygen therapy
- Flammable liquids
- Broken or faulty smoke detectors and fire alarms
- Electrical sources
- Smoking

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Fire Emergencies

How to prepare


- Fire safety training
- Role-playing emergency procedures
- Learn the location of all escape routes
- Know where emergency equipment is located and how to properly operate it
- Have a clear "code word" agreed upon beforehand for the facility to alert other staff in case of fire



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Fire Emergencies

1. Remain calm
2. Move residents in immediate danger to safety
3. Activate the nearest fire alarm
4. Qualified staff members are to use the fire extinguisher
5. Contain the fire and clear the area around the fire
6. Continue to follow the evacuation plan for your facility



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Fire Emergencies

- If you are in a smoke-filled area, stay as close to the floor as possible because it has the most oxygen available during a fire since smoke rises to the top
- If you can crawl to an exit, cover your mouth and stay on your knees, with your head toward the floor
- Before entering a room, touch the door with the back of your hand. If the door is hot to the touch, do not open it.
- If you are trapped in a room and the door is hot to the touch, stay in the room and place wet blankets or towels under the door to keep the smoke out

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Fire Emergencies


- Stop
 - Stop what you are doing
- Drop
 - Drop to the floor carefully
- Roll
 - Roll around to extinguish the flames



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Fire Emergencies

- If you think you smell smoke behind a door, feel the door with the back of your hand first. If the door is too hot to touch, DON'T OPEN IT! Otherwise, open the door slowly.
- Pull the alarm if needed
- Try to confine the fire to keep it from spreading
- Close the fire doors
 - Never prop fire doors open



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Fire Emergencies

Fire safety features

- Doors
- Automatic sprinkler systems
- Escape route
- Smoke alarms
- Fire-Rated Materials



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Fire Emergencies

- All staff members must be knowledgeable about the basics of fire extinguishers and all facilities must develop a written plan for fire drills and evacuation
- Only try to extinguish the fire if it is small and contained



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Fire Emergencies

- Class A fires are fires caused by ordinary materials such as burning paper, lumber, cardboard and plastics
- Class B fires involve flammable or combustible liquids such as grease, gasoline, kerosene, and oil
- Class C fires involve energized electrical equipment such as appliances, switches, panel boxes, power tools, and hot plates to name a few
- Class D fires involve combustible metals that are materials which burn at high temperatures and react violently with water, air, and other chemicals

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Fire Emergencies

How to use a fire extinguisher

- P stands for PULL
- A stands for AIM
- S stands for SQUEEZE
- S stands for SWEEP



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Fire Emergencies

- You usually cannot expect more than 10 full seconds of extinguishing power on a typical fire extinguishing unit
- Fire extinguishers should be inspected once a month
- Practice using an extinguisher before you have to
- Staff members are never required to fight a fire
 - If you're in doubt, don't

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Fire Emergencies

Rescuing residents

- Residents may be drowsy or disoriented because of their medical condition or time of day, especially if the fire is at night
- Residents may need more time to escape from a fire area and may need help
- Rescue residents who can walk on their own or with little help first
- For those with cognitive limitations, give directions firmly and calmly
- Use wheelchairs if needed

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Fire Emergencies

Evacuation

- Do not evacuate until the order has been given
- Evacuate all persons to pre-assigned assembly areas
- Do not re-enter the burning building
- When traveling through smoke
 - Keep low to the floor, crawling if necessary
 - Cover the face from the nose down with a wet cloth

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Fire Emergencies

Before opening any door, do this test procedure:

- Brace a shoulder against the door
- Brace a foot against the base of the door
- Place one hand on the doorknob
- Place one hand along the door opening at head level
- Open the door slowly
- Be sure your face is turned away from the door opening
- If smoke seeps in, close the door immediately and place a wet blanket or other cloth under the door

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Fire Emergencies

Do not touch anything

- Watch for falling wires and other debris
- If all exit ways and stairways are blocked, go to a room that is distant from the danger area until rescue personnel arrive
- Place a wet towel or cloth under the door to seal it

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Fire Emergencies

- One employee should remain in each assembly area to ensure evacuees remain in the area
- Stay in the designated assembly area
- Check everyone for injuries
- Provide emergency first-aid treatment as necessary
- Report any missing persons to the person in charge

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Fire Emergencies

- R – remove residents in immediate danger
- A – alert other staff
- C – confine the fire
- E – extinguish the fire if possible



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Fire Emergencies

- Be prepared
 - Know the location of fire extinguishers closest to your work area
 - Know the location of the fire alarm closest to your work area
 - Know how to use a fire extinguisher
 - Know the quickest route to exit your work area
 - Know the facility's plan for fire emergencies

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Emergency Situations

Finding a Resident on the Floor

- Stay with the resident
- Call for help immediately
- Do not attempt to move the resident



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Emergency Situations

Finding an Unresponsive Resident

- Call the resident by name to determine unresponsiveness
- Call the nurse immediately and stay with the resident
- Assist the nurse as directed

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Seizures

- Seizures are sudden involuntary movement of muscles
 - Stay with the resident
 - Move obstacles out of the way to avoid injury
 - Call for the nurse immediately
- If instructed to do so:
 - Ease the resident to the floor
 - Roll the resident on his or her side
 - Do not restrain the resident's movements



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Wandering or Lost Residents

- Report to the nurse immediately when you discover that a resident is missing
- Follow the nurse's instructions

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Tornado

- A Tornado Watch means that conditions are favorable for a tornado to develop
- A Tornado Warning means that an actual tornado has been spotted by a person on the ground or that a tornado has been visualized by radar
 - TAKE COVER IMMEDIATELY!



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Hurricane

- Learn about your community's emergency plans
- Identify potential hazards and know how to secure or protect them before the hurricane strikes
- Make sure you know the location of the fire extinguisher and how to use it
- Post emergency phone numbers at every phone
- Inform local authorities about any special needs
- Each health care facility should have plans in place that are specific to their needs

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Extreme Heat

- To avoid heat stress
 - Drink a glass of fluid every 15 to 20 minutes
 - Wear light colored clothes, loose fitting clothing
 - When indoors without air conditioning, open windows if outdoors air quality permits and use fans
 - Take frequent cool showers or baths
 - If you feel dizzy, weak or overheated, go to a cool place. Sit or lie down, drink water, and wash your face with cool water.

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Heat Stroke

- Red, hot and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness, nausea, confusion or unconsciousness
- An extremely high body temperature (above 103F)



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Heat Stroke

- Immediately call for medical attention
- Get the person to a cooler area
- Cool the person rapidly
- Monitor body temperature and continue cooling efforts until the body temperature drops to 100-102F
- Do not give the person alcohol to drink




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Hypothermia

- Core body temperature is lower than 35C (95F)
- Acute hypothermia is caused by a rapid loss of body heat
- Sub-acute hypothermia often happens in cool outdoor weather (below 10C or 50F)
- Chronic hypothermia happens from ongoing exposure, to cold indoor temperature (below 16C or 60F)

+ HYPOTHERMIA SYMPTOMS

- Shivering
- Clammy skin
- Slurred speech
- Confusion
- Drowsiness
- Lack of concern about self
- Weak pulse
- Shallow breathing



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Hypothermia Causes

- Cold temperatures
- Improper clothing, shelter, or heating
- Wetness
- Fatigue, exhaustion
- Poor fluid intake (dehydration)
- Poor food intake
- Alcohol intake

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Preventing Hypothermia


- Avoid working alone
- Change into dry clothing
- Adequate food, clothing, shelter and source of heat
- Electric blankets
- Layers of clothing
- Move around



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Hypothermia

- Get medical attention immediately
- Do not rub or massage the skin
- Severe hypothermia must be carefully re-warmed and temperatures must be monitored
- Give warm beverages
- Do not give alcohol or cigarettes




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Bomb Threat

Obtain the following information

- Where the bomb is located
- Description of the bomb
- Identification of the caller
- Notify Administrator or Director of Nursing



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Bomb Threat

- Do not handle or move the bomb
- Notify facility who will then notify Police and Fire Department by calling 911
- If a bomb is outside near the facility, move all residents to a location furthest away from the bomb location
- Follow instructions from the police

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Evacuation

- Supervise and/or assist in clearing hallways along the evacuation routes and departure areas
- Take up positions at elevators and coordinate the movement of residents from floor to floor
- Assist in the transport of residents
- Be available to accompany residents
- Be available to serve in any capacity deemed necessary by the Administrator or executive in charge

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Choking

- Blockage of the upper airway that prevents a person from breathing effectively
- Can be a complete blockage of the airway and lead to death
- Requires a fast, appropriate action

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Choking Anatomy

- Two openings in the back of the mouth
 - Esophagus
 - Trachea
- When swallowing the trachea is covered by a flap that prevents food from entering the lungs
- Any object that enters the trachea will become stuck

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Choking Risks

- Dysphagia
- Poor chewing ability
- Bites that are too large
- Talking/ laughing while eating
- Poor fitting dentures
- Certain illnesses


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Choking Symptoms

- Sudden inability to speak
- Wheezing
- Turning blue
- Resident clutching his throat

SYMPTOMS OF CHOKING

- Inability to speak
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness
- DO NOT DO THE HEIMLICH MANEUVER ON A PERSON WHO CAN SPEAK!



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Choking What to Do

- Stop feeding immediately and seek nursing attention if the patient experiences these conditions:
 - Excessive coughing
 - Gagging/gasping for air/struggling to breathe
 - Grabbing at the throat
 - Turning blue in the lips and face
 - Indicates that something is stuck in his/her throat

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Choking

- STOP feeding
- Call for help
- If a resident is coughing but is able to breathe, do not intervene. If the person is able to cough or breathe, encourage him or her to keep coughing and throw their arms in the air to help dislodge the object.
- You should continue to observe until coughing stops and the resident continues with activity
- Keep the patient in an upright position
- Do not pat the victim on the back. Whatever is causing the choking may lodge permanently in the throat.

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Choking

- Clutching the neck with one or both hands is the universal distress signal or sign for choking
- Ask the resident "Are you choking?"
- If there is a "yes" head nod, begin the procedure for clearing an obstructed airway or immediately call the nearest staff member



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Abdominal Thrust/Heimlich Maneuver

- You may only perform if you have been trained
- Key points include:
 - Hand placement
 - Stance behind the person
 - Never practice on a LIVE person due to injury to the rib, abdominal organs



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Abdominal Thrust/Heimlich Maneuver

- Stand behind resident
- Wrap your arms around the resident's waist
- Make a fist and place the thumb-side of the fist at the midline of the abdomen just above the navel but well below the breastbone and ribcage
- Grab fist with your other hand and press inward with quick upward thrust
- Avoid pressure on the ribs and breastbone

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Heimlich Lying Down

- Ensure resident is flat on his or her back
- While facing the resident, kneel astride the resident's hips
- With one hand on top of the other, place the heel of the bottom of the hand on the resident's abdomen
- Place the bottom hand over the navel and just below the sternum
- Press into the resident's abdomen with a quick upward thrust (toward sternum)

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Your Role in Emergency Procedures

- Explaining the situation to residents and remaining calm
- Offering to help wherever needed at mealtimes
- Checking with the nurse in charge for directions

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General Measures for Emergency Care

- Stay with the resident/victim and call for help
- Do not move the resident/victim unless there is immediate danger
- Remain calm and reassure the resident/victim
- Assist the charge nurse as directed
- Know the facility's procedures and phone numbers for reporting emergencies
