STUDY ON REPORTING OF PREPAREDNESS OF HOSPITAL STAFF IN EMERGENCY CONDITIONS

Internship Training
at
Apollo BSR Hospitals, Bhilai

By
Komal Pandit

Under the guidance of
Col. (Dr.) Ashok Kaushik

MBA Hospital & Health Management
2013–15

Institute of Health Management Research
Jaipur
2015

Internship Training

At

Apollo BSR hospitals, Bhilai

Study on reporting of preparedness of hospital staff in emergency conditions

By
Dr. Komal Pandit

Under the guidance of
Col. Dr. Ashok Kaushik

MBA Hospital and Health Management

Year 2013-2015

Institute of Health Management Research
Jaipur

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Komal Pandit** student of MBA Hospital and Health Management from IIHMR University, Jaipur has undergone internship training at **Apollo BSR Hospital, Bhilai** from **2nd February 2015 to 9th May 2015.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Col. Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Col. Dr. Ashok Kaushik
Professor
IIHMR, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141- 3924738, E-mail: iihmr@iihmr.org, Web.: www.iihmr.org

Apollo BSR Hospitals
BHILAI
touching lives

The certificate is awarded to

Dr. Komal Pandit

In recognition of having successfully completed her
Internship in the department of Quality

And has successfully completed her Project on

Preparedness of the Hospital staff during all emergency conditions

1st Feb to 09th May, 2015

In
Apollo BSR hospitals, Bhilai

She comes across as a committed, sincere & diligent person who has a
Strong drive & zeal for learning

We wish her all the best for future endeavors

CAO

Sanjay Srivastava

Apollo BSR hospitals, Bhilai

Apollo BSR Hospital BHILAI

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Preparedness of Hospital staff in Emergency Conditions** and submitted by **Dr. Komal Pandit** Enrollment No_**2013-15/1453** under the supervision of **Col. Dr. Ashok Kaushik** for award of MBA Hospital and Health Management/ MBA Pharmaceutical Management of the university carried out during the period from **2013 to 2015** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

K Pandit
15/05/2015.

Signature

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141- 3924738, E-mail: iihmr@iihmr.org, Web.: www.iihmr.org

ABSTRACT

In the study it was found that staff had inadequate knowledge regarding all emergency codes. When interviewed it was observed that they were more concerned about the emergency codes associated with their respective departments. There was lack of retainability about the codes and their course of action.

The staffs were enthusiastic to know about the emergency SOP and how to handle them in best possible manner. There was a lot of cooperation from staff side during mock drills but was cumbersome due to lack of knowledge about responsibilities of individuals.

It was also seen that trainings were planned but the attendance was not full due to work stress, lack of communication, and improper scheduling (between peak hours).

Success behind any emergency condition is coordination, cooperation, patience, alertness, awareness, and knowledge regarding the handling of emergency conditions- to protect life, occupational hazards, property.

ACKNOWLEDGEMENT

I extend my sincere gratitude to Mr Sanjay Shrivastav, chief administrative officer for giving me the opportunity to do this study and undergoing the process of learning at Apollo BSR Bhilai. I thank them for all the trust and faith they posed in me and I only hope that I have been able to live up to their expectations. Their guidance and support was helpful in enhancing my work.

I again extend sincere gratitude towards Mr Sanjay Shrivastav, Chief Administrative officer who has been my mentor for the summer internship program & has been instrumental in helping me shape this study in a desirable way.

I would also like to thank Mr. Sanjay Borkar and Ms Deeksha Puri Quality department, for supporting my work all along. I would also like to extend to all staff members Apollo BSR Bhilai for helping me through my study and their kind support and cooperation.

Last but not the least; I would like to thank the entire staff of Apollo BSR hospitalfor their support and guidance.

I would like to express my sincere thanks to Col. Dr. Ashok Kaushik dean Academics and Students my guide and mentor, and all my faculty members for the proper guidance and cooperation extended by them. I am also grateful to my parents, my family and my friends for giving me moral support.

However, I accept the sole responsibility for any possible error of omission and would be extremely grateful to the readers of this project report if they bring such mistakes to my notice.

Date – 15th May, 2015 Dr. Komal Pandit

‘

TABLE OF CONTENTS

List of figures:-

DISSERTATION

Study on reporting of preparedness of hospital staff in emergency conditions

INTRODUCTION

AIM

The aim is to analyze the handling of emergency events (operational) of hospital and improve the awareness and knowledge among the staff.

OBJECTIVE OF STUDY

Primary objective of this study is to assess the current knowledge of the staff and improve their awareness about the emergencies their importance and how to handle them in the best possible manner to avoid damage to life of the patient and the staff and also to property.

To make the staff aware about their importance and responsibilities in handling any emergency.

PROBLEM STATEMENT

Improving the reaction time and handling time of various emergency situations like fire, child abduction, medical emergencies, chemical spillage, natural calamities, security treats, also improving the handling capacity and streamlining the disaster management.

This will also help in saving various lives in the hospital (staff, patient, employees) and also increases the security and safety for all and leads to increase employee and patient satisfaction. Common codes will help in quick reactions and easy management. It will also help in coordination with other nearby hospital and services like police, fire brigade, etc at the time of uncontrollable emergencies.

RESEARCH QUESTION

Access the knowledge among the staff and reduce the delay for handling of emergencies.

Can we improve the awareness and knowledge among staff with the help of continuous training?

OBJECTIVES

- To identify various emergency codes available in the hospital.
- To measure and assess the awareness among the staff (clinical and non-clinical) about different codes and protocols to be followed.
- To evaluate the knowledge of the staff regarding emergency protocols after proper training of the staff.
- To measure the TAT of handling emergencies by performing mock drills (wherever possible.)

LITERATURE REVIEW

- In 2002, a survey of hospital emergency codes illustrated the lack of uniformity existing among hospitals and allied healthcare organizations in Florida. At that time, the Florida

  Hospital Association (FHA) recommended a set of standardized emergency overhead codes for hospital use. Routinely, these recommendations are reviewed and revised.

  The goal of these recommendations is to provide a common color-set of code indicators for different types of internal and external hospital emergencies.

- Beginning in 2013 the FHA Office of Emergency Management Services convened a work group of volunteer, hospital-based, subject matter experts to review the prior recommendations, examine current practices in place within the national hospital community, compare national programs and recommendations for inclusions / exclusion criteria and create an updated set of core recommended standards for adaptation and use.

  Prior recommendations met the following objectives:

  1. Promote a set of emergency overhead codes based on best practice and existing recommendations.

  2. Develop appropriate standards/criteria to increase implementation and use of recommendations.

  3. Reduce variation of emergency codes among Florida hospitals.

4. Increase awareness and knowledge of hospital staff working in multiple facilities.

5. Increase staff, patient and public safety within hospitals, health systems and their campuses.

6. Promotes transparency of safety protocols.

7. Attempts to align standardized codes with neighbouring states

- The 2014 recommendations considered two essential goals:

  1. Promote a revised set of standard, emergency overhead codes, both colour-sets and plain language, based on a national review of best practice programs, activities and guidance aligned with previously released recommendations.

  2. Convey appropriate criteria to increase implementation and use by hospitals in Florida.

METHODOLOGY

SOURCE OF DATA

a) Primary source

Interview of staff was conducted to know their knowledge regarding the emergencies.

b) Secondary source

Training schedule

STUDY TYPE

Cross sectional study

TYPE OF DATA

Quantitative

LOCATION OF STUDY- Apollo BSR Hospital, Bhilai

STUDY AREA – Out Patient Department, in- patient department, supportive areas, and utility areas

SAMPLING METHOD– Purposive Sample was selected on the basis of duty roaster as study demanded pre assessment of knowledge, training and post evaluation of training (long duration). A detailed questionnaire was prepared and test was conducted under the HR and quality supervision. And training was done as class room training and staff was provided with written material.

SAMPLE SIZE –60 hospital staff were interviewed and trained.

STUDY TECHNIQUE – Observation, questionnaire.

DATA COLLECTION TOOL –

- Primary data collection: 1.Informal interviews with staff of the hospital
  2. Post training interviews and test.
  3. Direct observation (via mock drill)

- Secondary data collection: Training schedules and training sheets

DATA ANALYSIS – Done with the help of MS-Excel sheets. The data of post training analysis was done with the help of graphs.

ETHICAL CONSIDERATIONS-

- Privacy
- Confidentiality
- Support
- Explanation

INTRODUCTION TO EMERGENCY CONDITIONS IN HOSPITAL

Hospital Emergency Codes are used in hospitals worldwide to alert staff to various emergencies. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff, while preventing stress and panic among visitors to the hospital. They enable a concise means of ensuring staff receive a common message, signalling the need for an urgent response without unnecessarily alerting or alarming patients, residents, or visitors.

Code red

Refers to a message announced over a hospital's public address system warning the staff of

-A fire occurring in the facility, indicating that emergency measures should be taken

Code blue

Refers to an emergency situation calling for a resuscitation following a cardiac attack. There is a small window of recovery in such situations. Code Blue situation can rise anytime without any prior notice. When such a situation arises, it is important to rustle up a medical team in seconds, to counter the emergency situation. Sometimes this is not possible. And the patient dies.

Code grey

A message announced over a hospital's public address system, indicating the need for an emergency management response to

(1) A combative person with no obvious weapon

(2) Real or perceived act of terrorism from conventional, nuclear, biological or chemical agents, or other security emergency

Code yellow

A message announced over a hospital's public address system alerting the staff and the ne ed to prepare for:

(1) A pending emergency or external disaster—

e.g., multitrauma, major effects of storm, etc.

(2) A severe weather alert

Code brown

A message announced over a hospital's public address system alerting the staff and the ne ed to prepare for

1) Chemical spill

Code pink

A message announced over a hospital's public address system warning the staff of

(1) an infant abduction

DISASTER MANAGEMENT

Hospitals play a critical role in providing communities with essential medical care during all types of disaster. De- pending on their scope and nature, disasters can lead to a rapidly increasing service demand that can overwhelm the functional capacity and safety of hospitals and the health-care system at large. The World Health Organization Regional Office for Europe has developed the *Hospital emergency response checklist* to assist hospital administrators and emergency managers in responding effectively to the most likely disaster scenarios. This tool comprises current hospital-based emergency management principles and best practices and integrates priority action required for rapid, effective response to a critical event based on an all-hazards approach. The tool is structured according to nine key components, each with a list of priority action to support hospital managers and emergency planners in achieving: (1) continuity of essential services; (2) well-coordinated implementation of hospital operations at every level; (3) clear and accurate internal and external communication; (4) swift adaptation to increased demands; (5) the effective use of scarce resources; and (6) a safe environment for health-care workers.

RESULTS AND DISCUSSIONS

1. CODE GREY

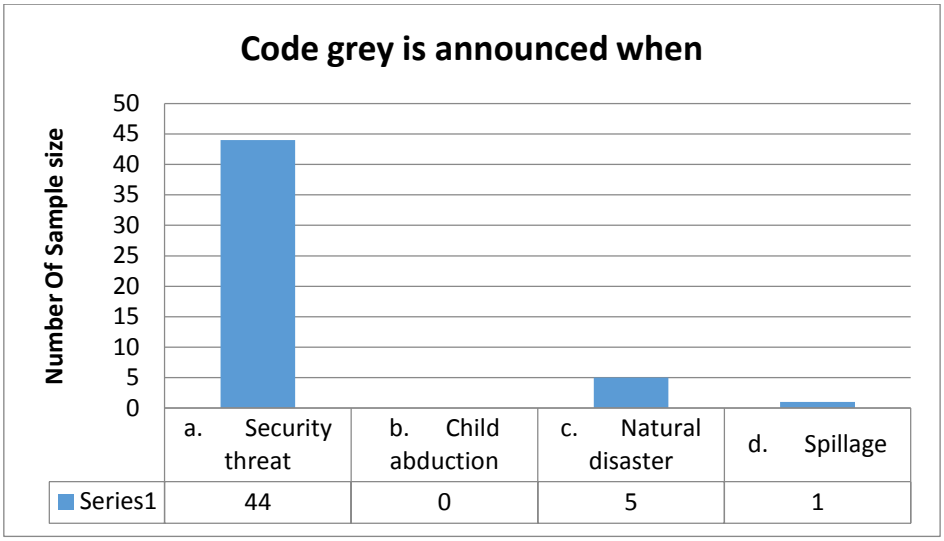

Figure 1.1

It was seen that out of 50 people, 44 were alert about the emergency code for the security threat-bomb threat, violence, gun firing, etc.

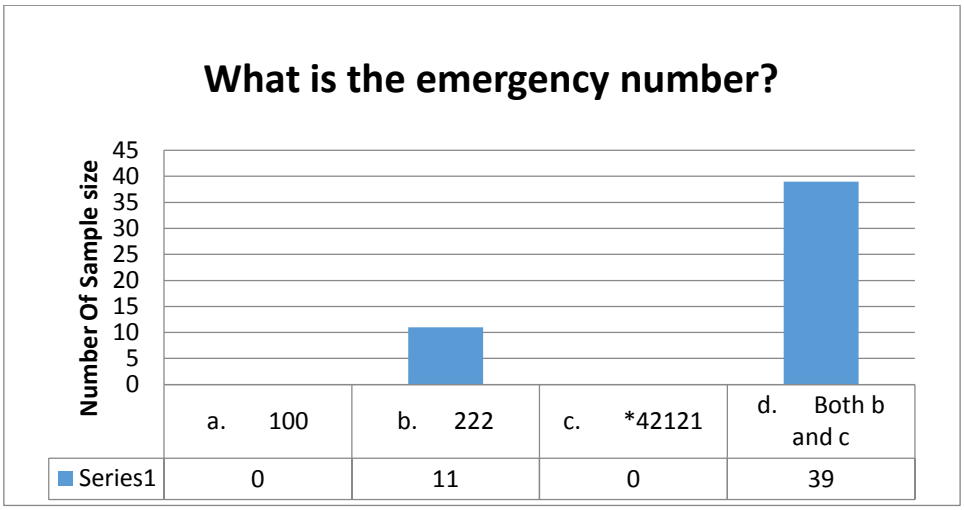

Figure 1.2

39 people were aware about the emergency code –different connection and lines are kept free for immediate reaction and quick reaction.

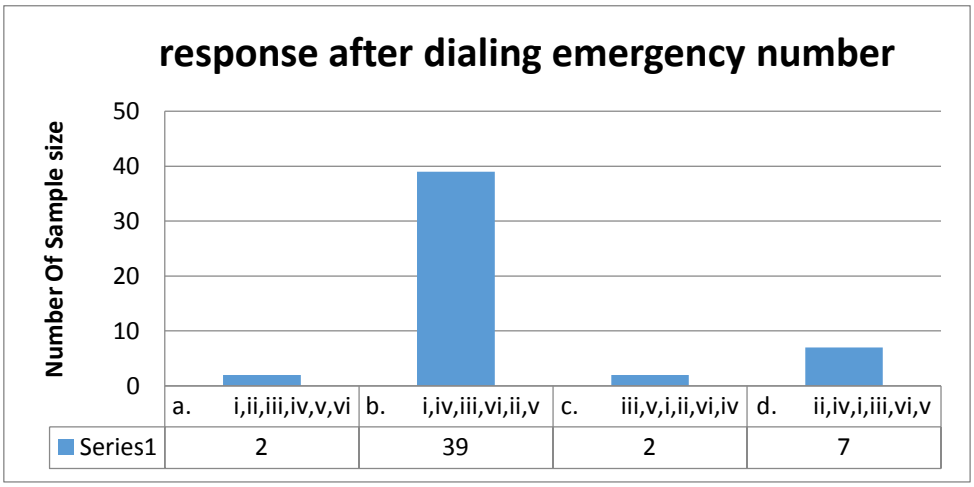

Figure 1.3

39 people were aware about their role and responsibilities at the time of emergency and the course of action at the time of security threat.

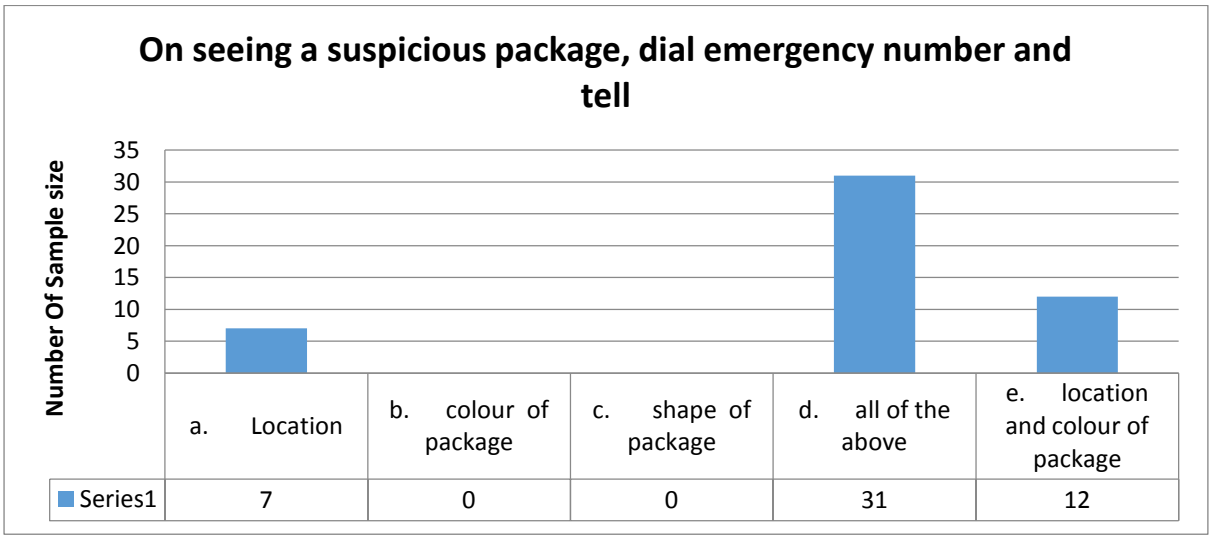

Figure 1.4

Only 31 people were aware about the protocol for informing the suspicious package – that is location, colour followed by shape of package.

And 12 were aware that they need to announce only location and colour.

Importance- Identify the correct package and confine the area.

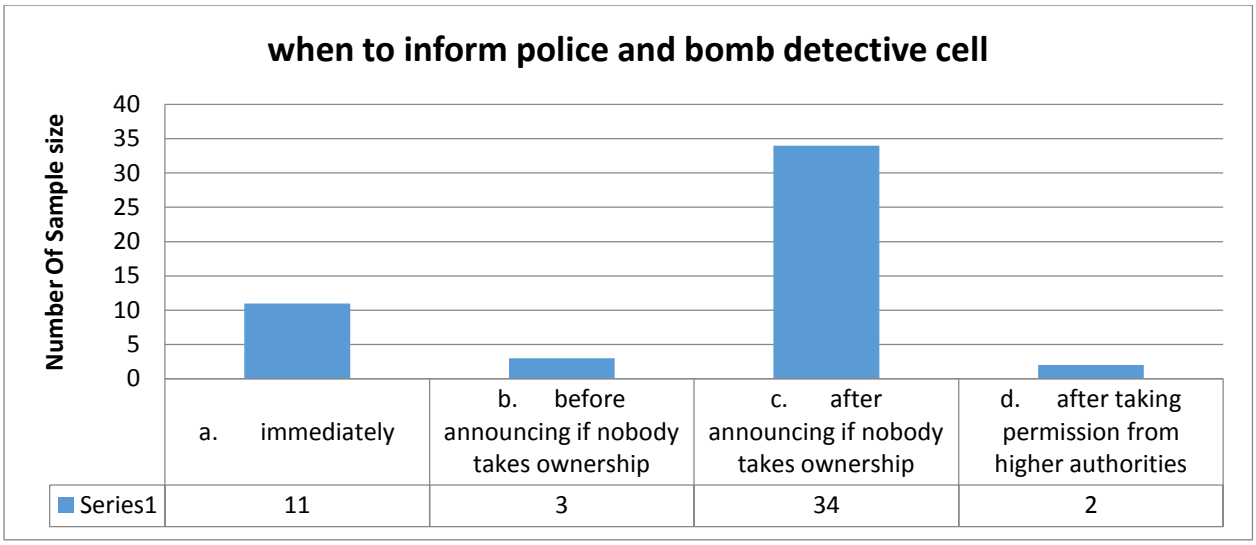

Figure 1.5

34 out of 50 were aware that police is informed after the full enquiry about the package and not immediately.

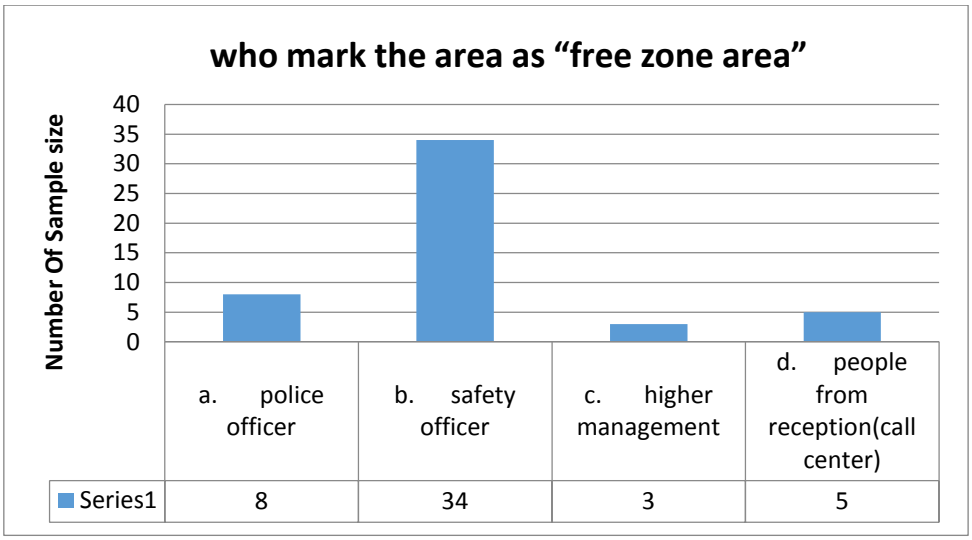

Figure 1.6

It is necessary to announce the end of threat and mark the area as threat free for regular functioning – free zone area and this is done by the safety officer after the conformation of the police officer.

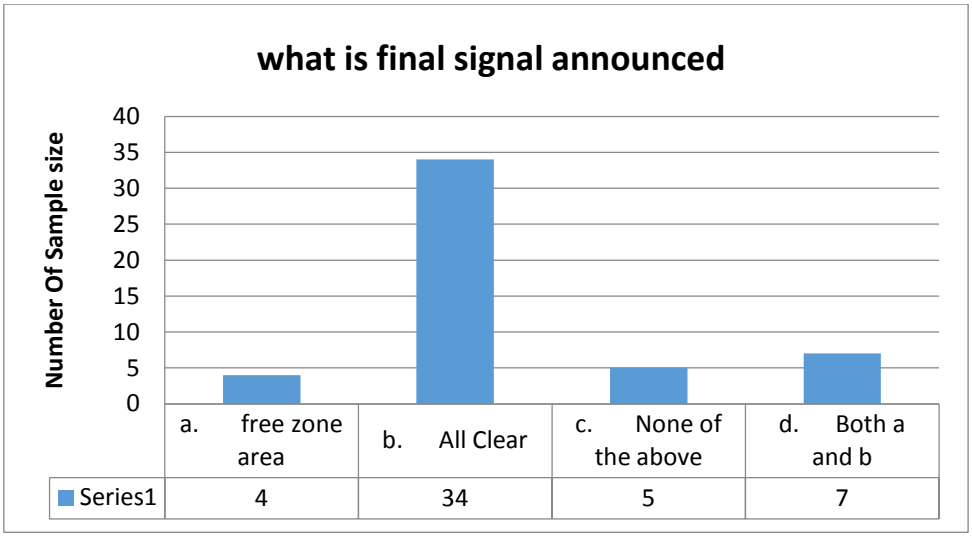

Figure 1.7

Importance- when all clear signals is announced – for the finishing of the code, people should know that now they can carry out their work smoothly without any fear and thus should be aware about the signal.

2. CODE PINK

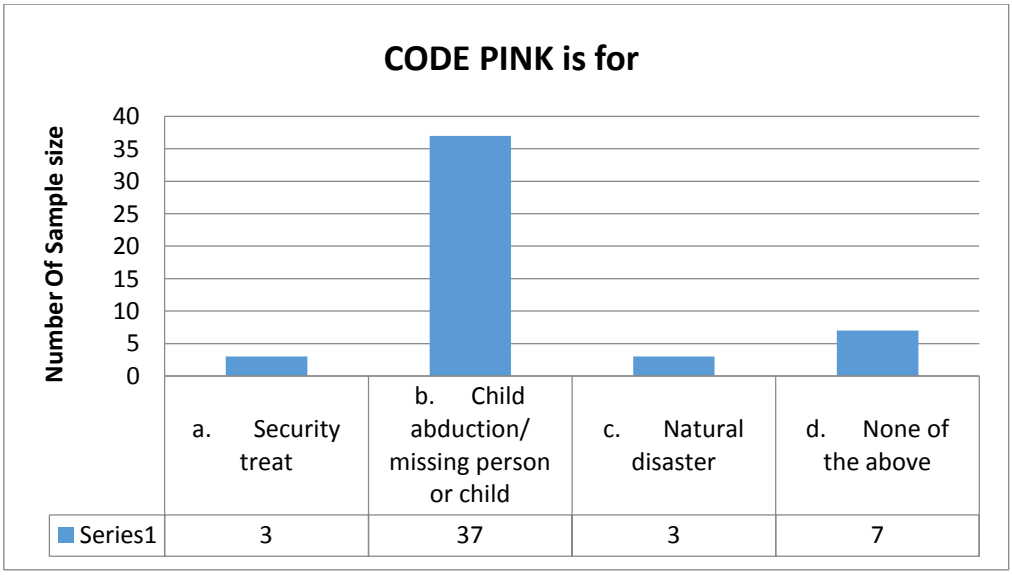

Figure 2.1

It was seen that only 37 people were aware about the code for missing child that is very important for quick action as the baby can be taken out of hospital premise if not announced on time.

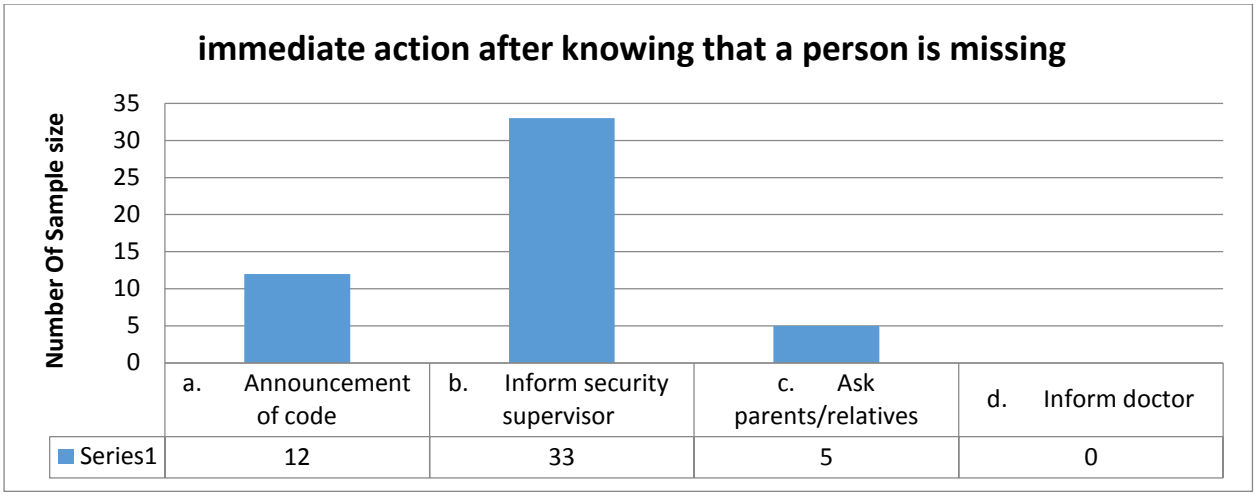

Figure 2.2

Importance- This will help to enquire about the missing person- from parents, relatives, nearby persons, doctors and conform about the code and also alert the security staff.

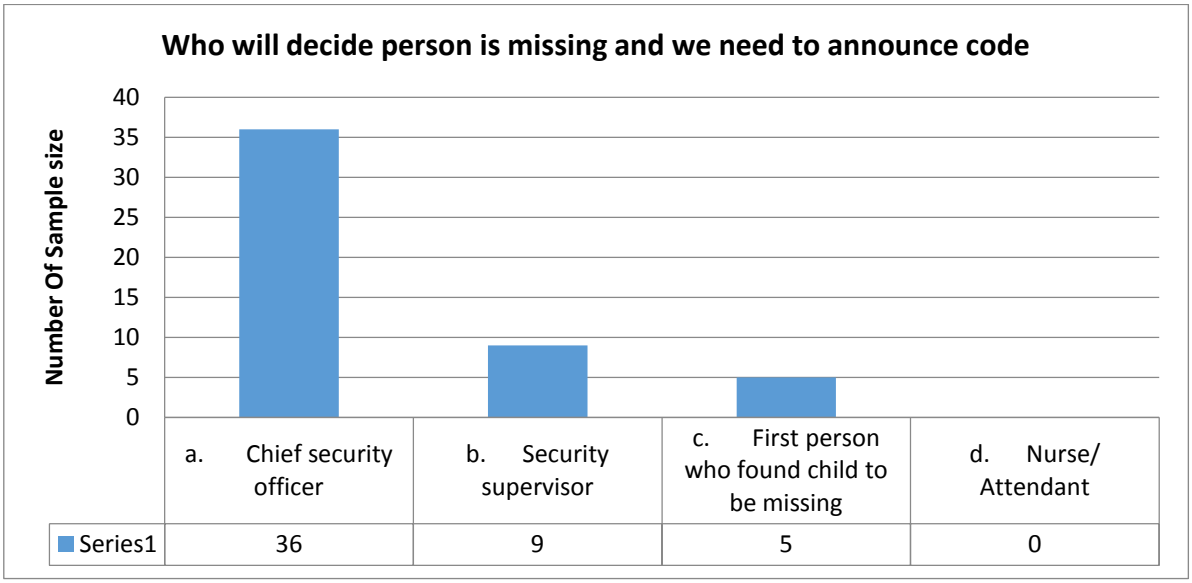

Figure 2.3

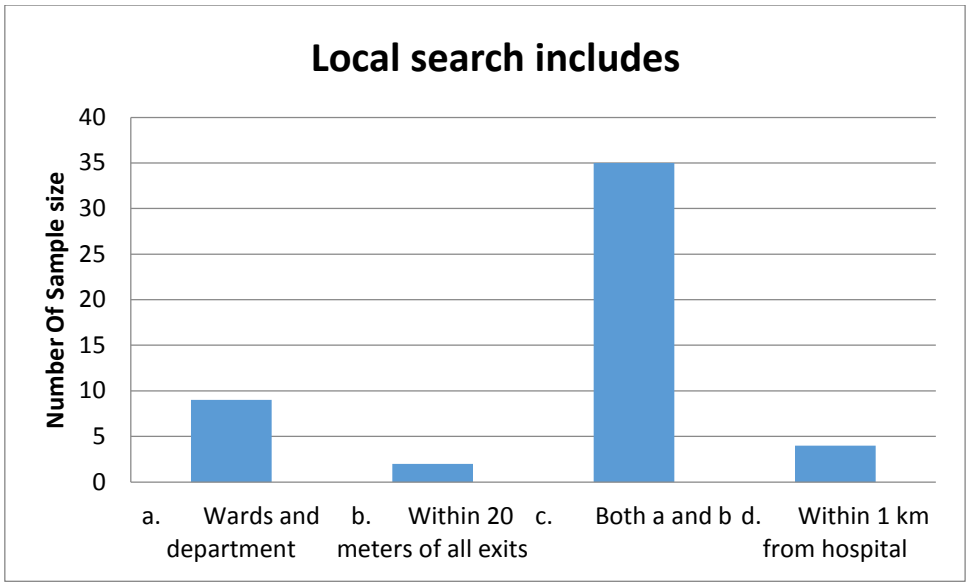

Figure 2.4

35 persons know about the searching protocol that after code is announced security should search in all wards, departments and within 20 metres of all exits of hospital.

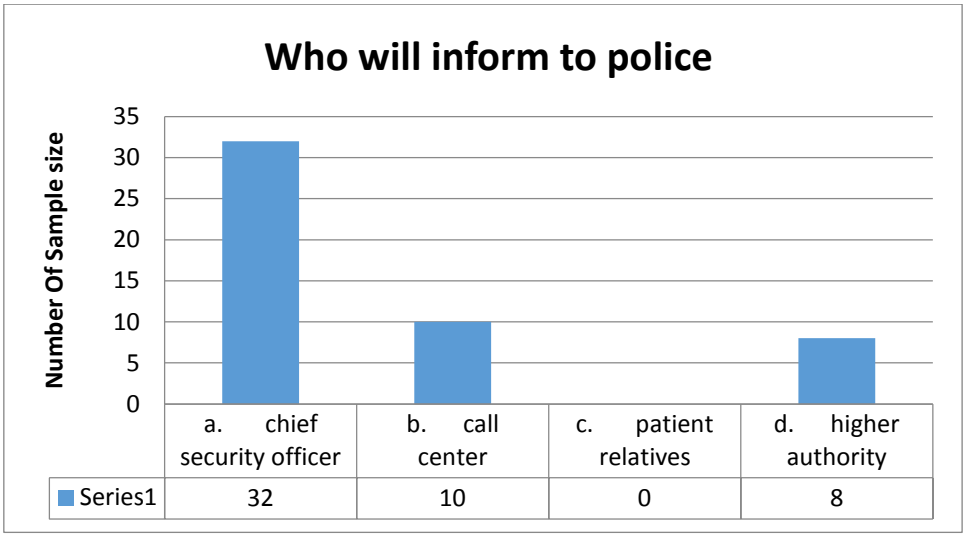

Figure 2.5

It was seen that out of 50 people, 32people know that CSO will inform the police about the missing child , patient.

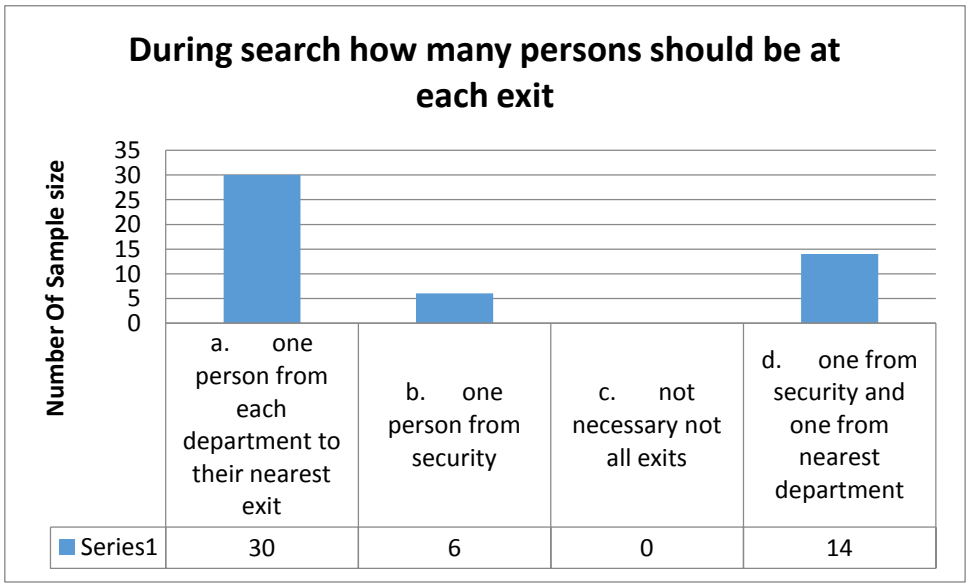

Figure 2.6

Importance- This is important to prevent any escape of the person from hospital building (from any exit), person from nearest department to contribute in the search.

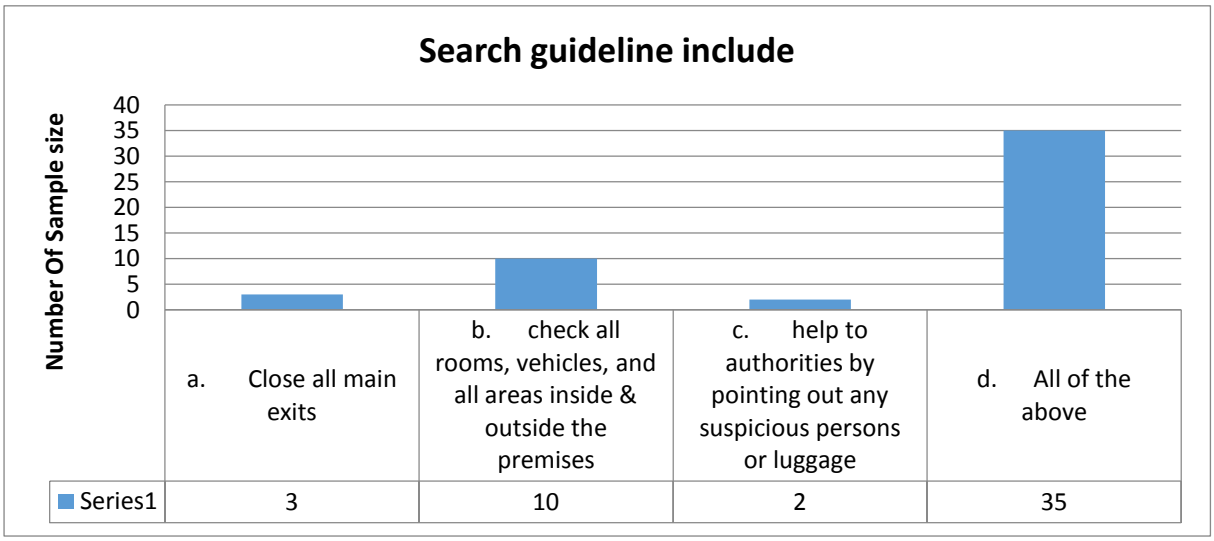

Figure 2.7

Importance- guideline to search the missing patient includes checking of vehicles and all areas inside and outside hospital after closing all the exits and help the authorities for the search should be known to all for correct and immediate action.

3. CODE BLUE

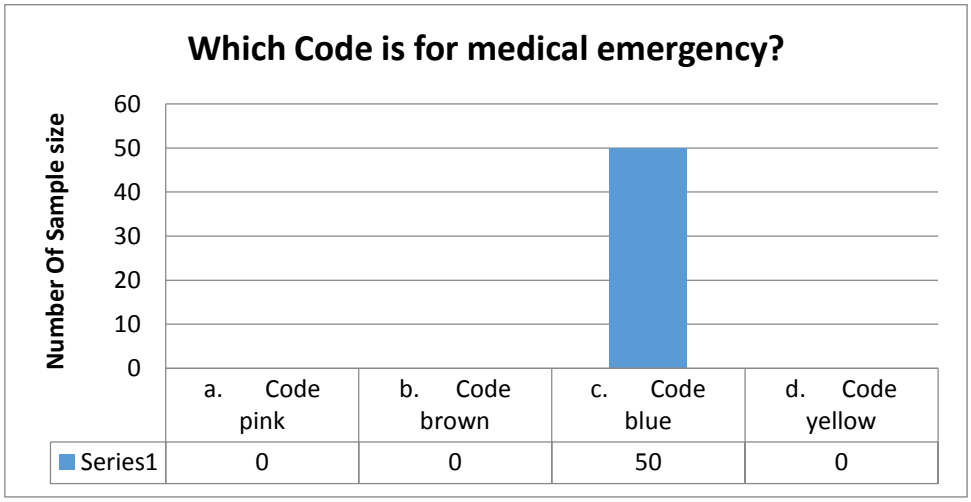

Figure 3.1

Medical emergency- Cadiac arrest is a critical situation which should be handles in golden period so for immediate response it is necessary for a code.

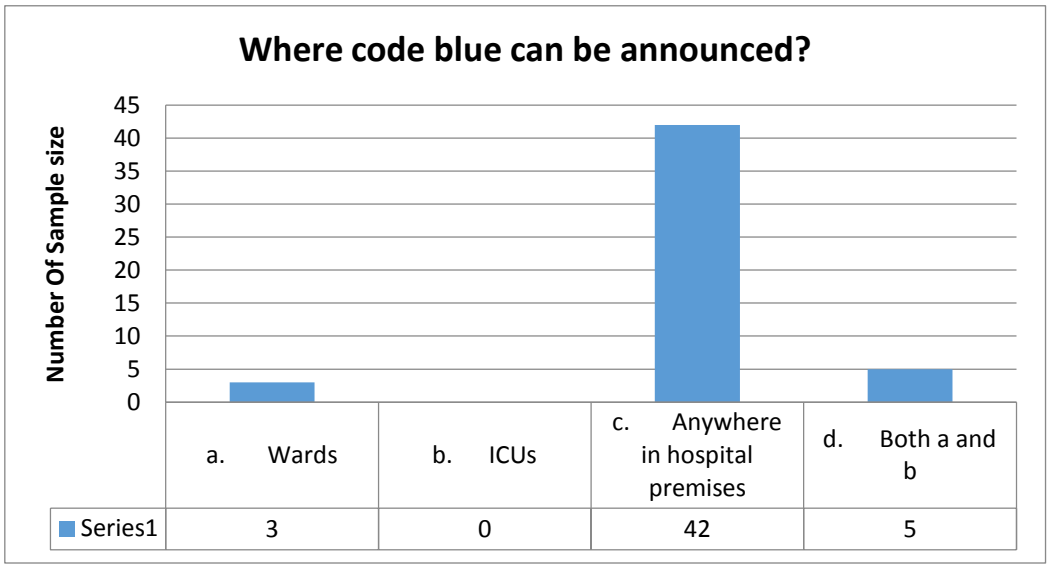

Figure 3.2

Importance- code is not only for the patients, it for all staff of the hospital, relatives, visitors in the hospital who need immediate medical attention in any area of the hospital.

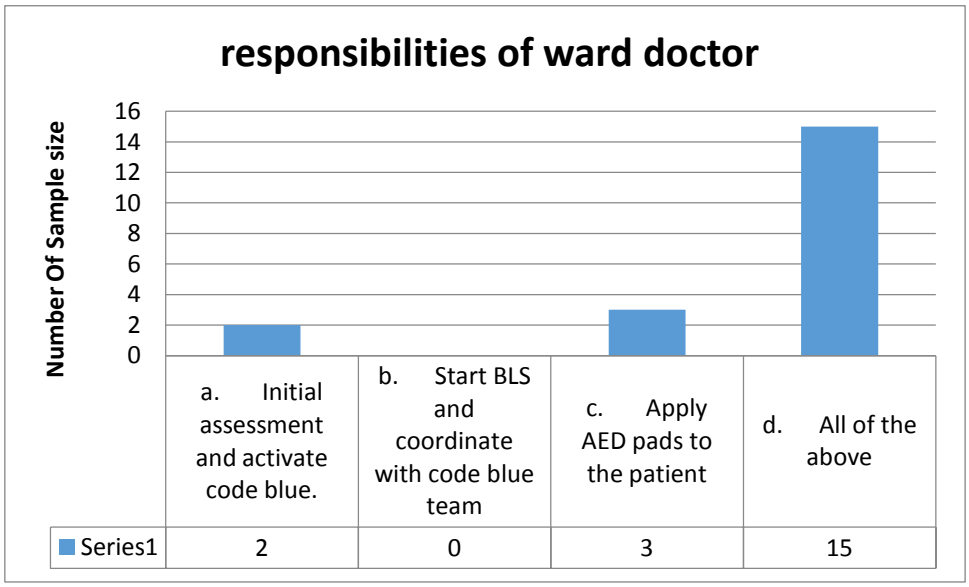

Figure 3.3

Importance- Medical emergency is handled by a team of medical practitioners, so it is important for everyone to know their role for quick retrieval of the person and his/survival.

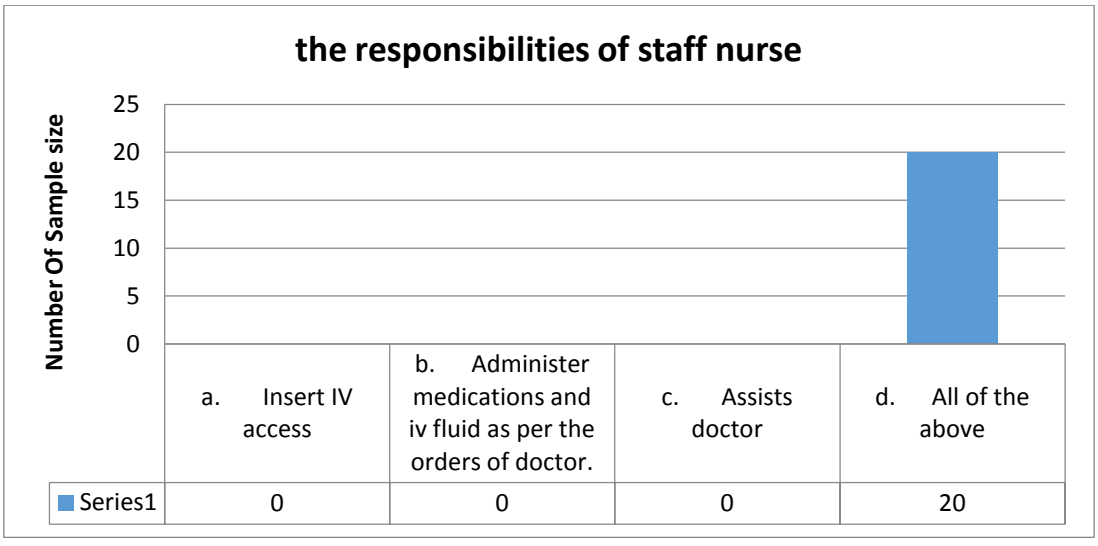

Figure 3.4

Importance- Medical emergency is handled by a team of medical practitioners, so it is important for everyone to know their role for quick retrieval of the person and his/survival.

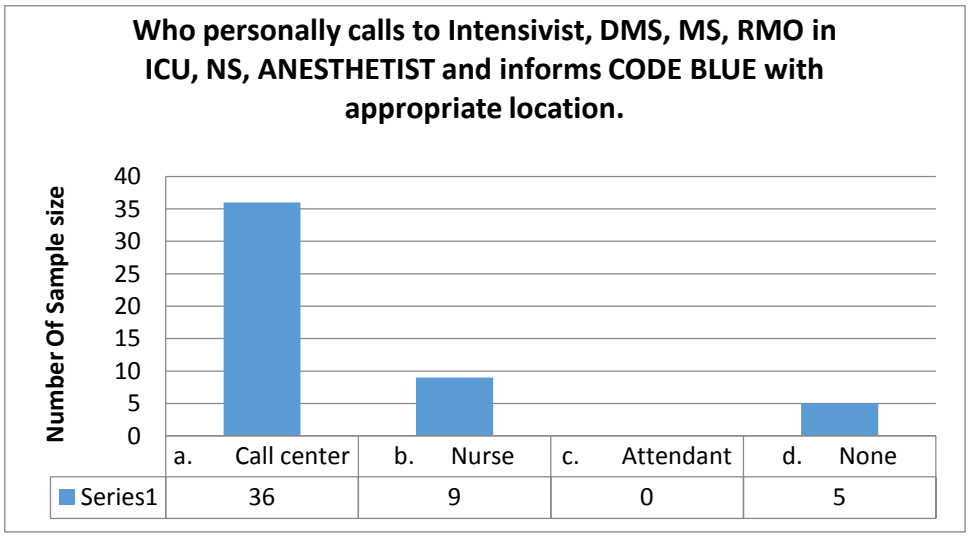

Figure 3.5

Importance- if the code is not heard by any code blue team member- it will lead to delay in response and treatment, so a personal call goes to individuals.

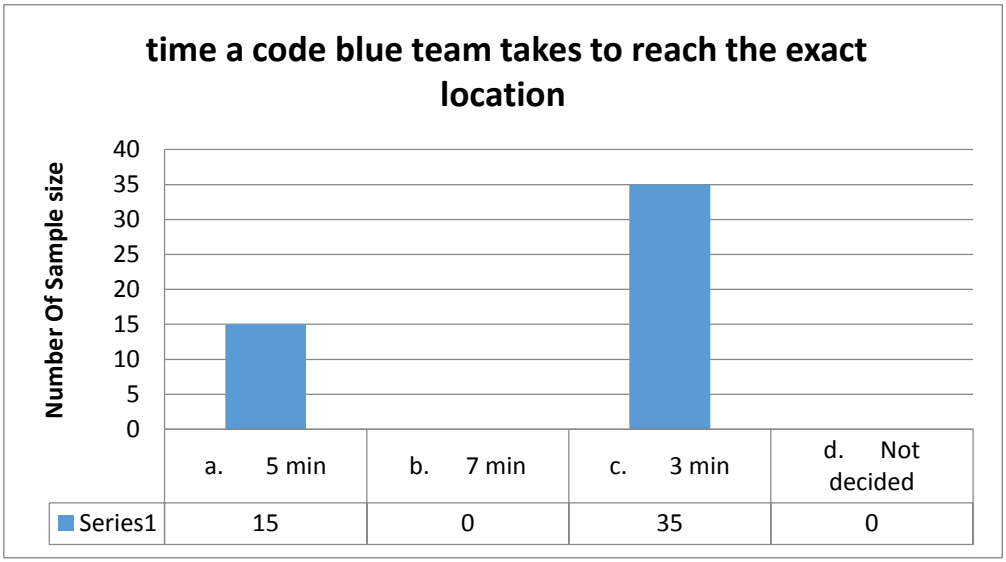

Figure 3.6

Importance- golden period for the retrieval of the patient and successful CPR.

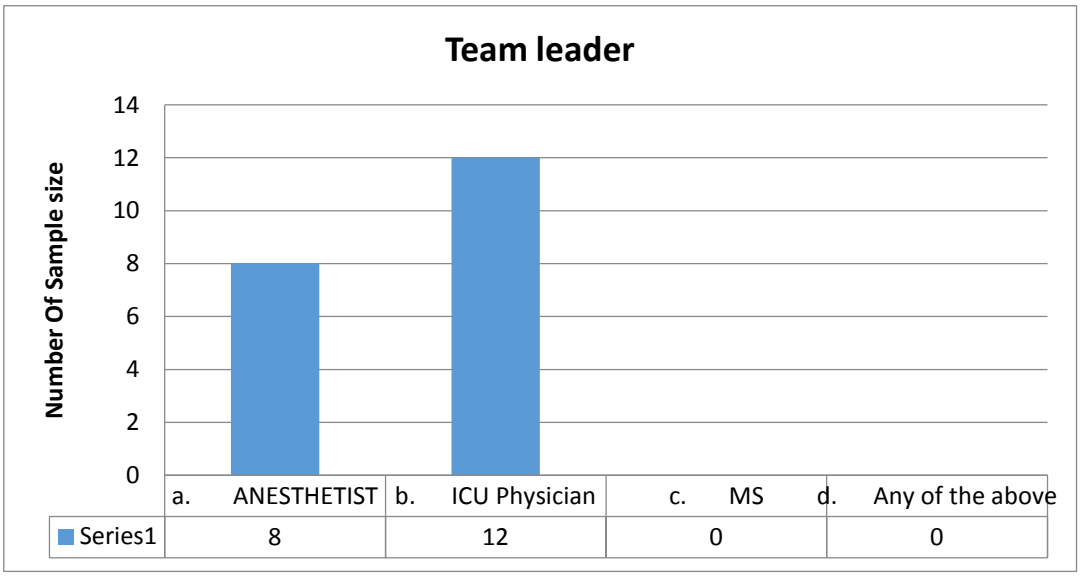

Figure 3.7

ICU physician is the leader
Importance- to guide the team for the action, medicines, positions for saving the life of the patient.

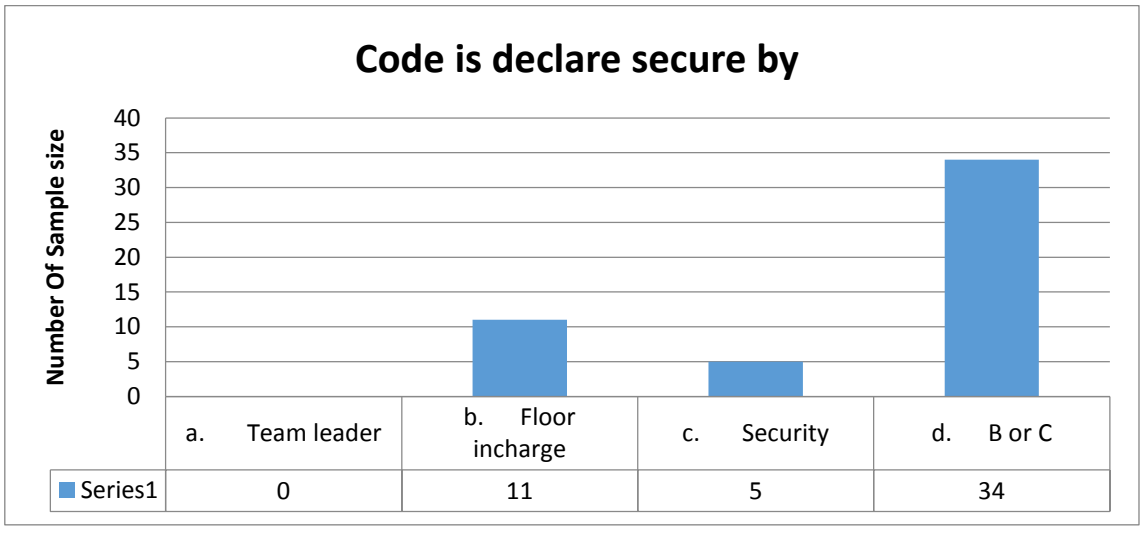

Figure 3.8

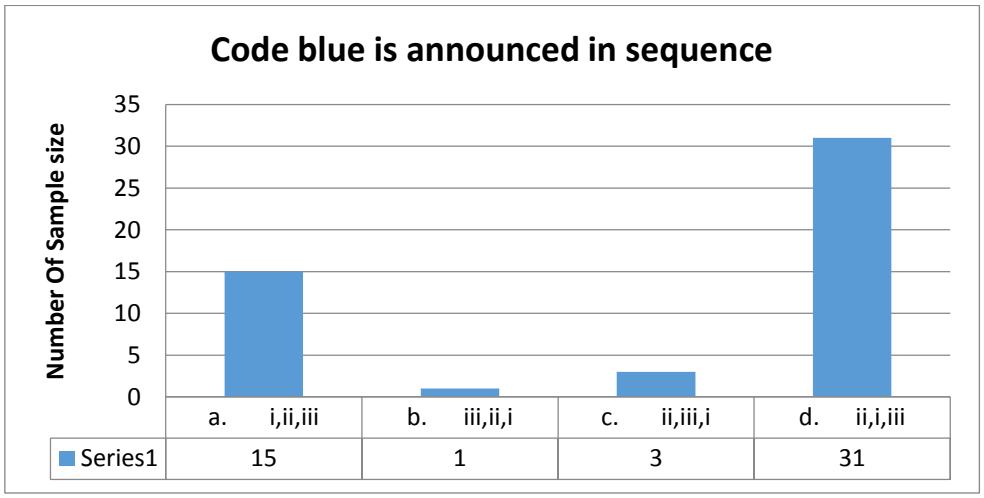

Figure 3.9

It is announced in sequence- to know the exact location of the event and easy to reach the destination place.

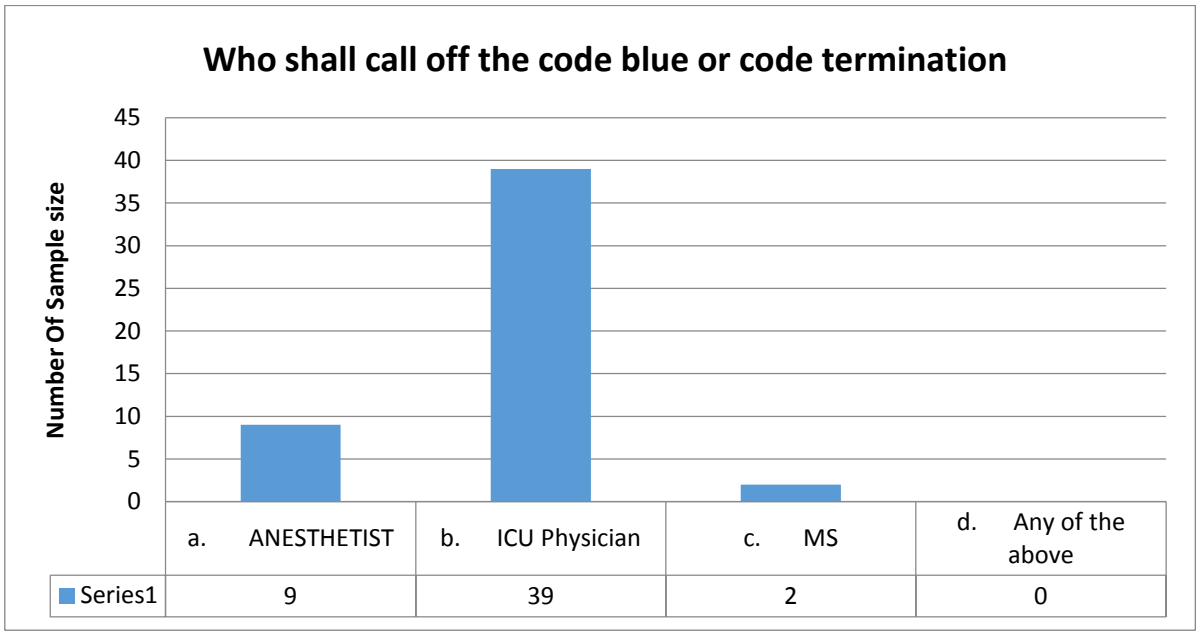

Figure 3.10

Team leader call off for the code and also is responsible for reporting and corrective action of the code.

4. CODE YELLOW

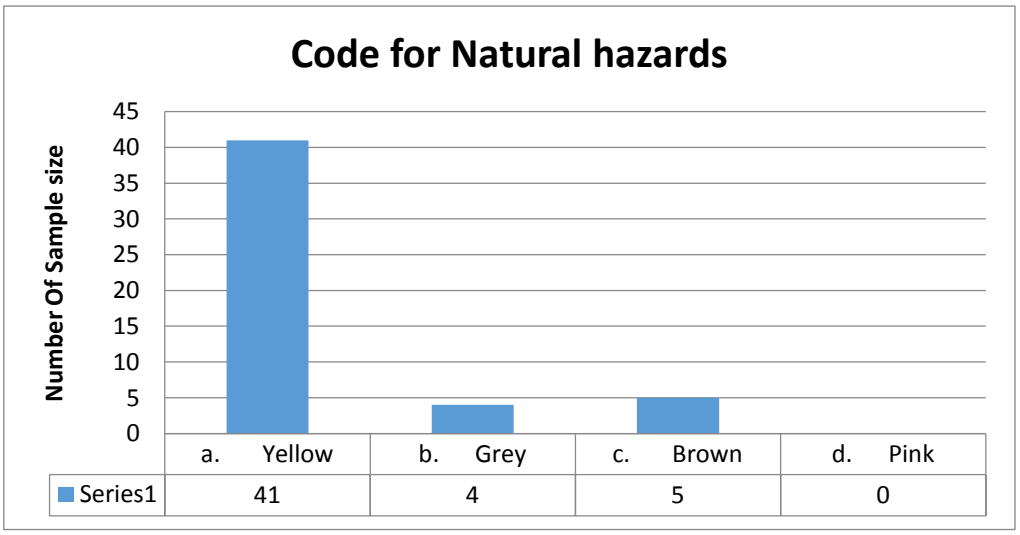

Figure 4.1

Code yellow- is for natural disasters- internal and external.
Importance- saves lives for people and staff.

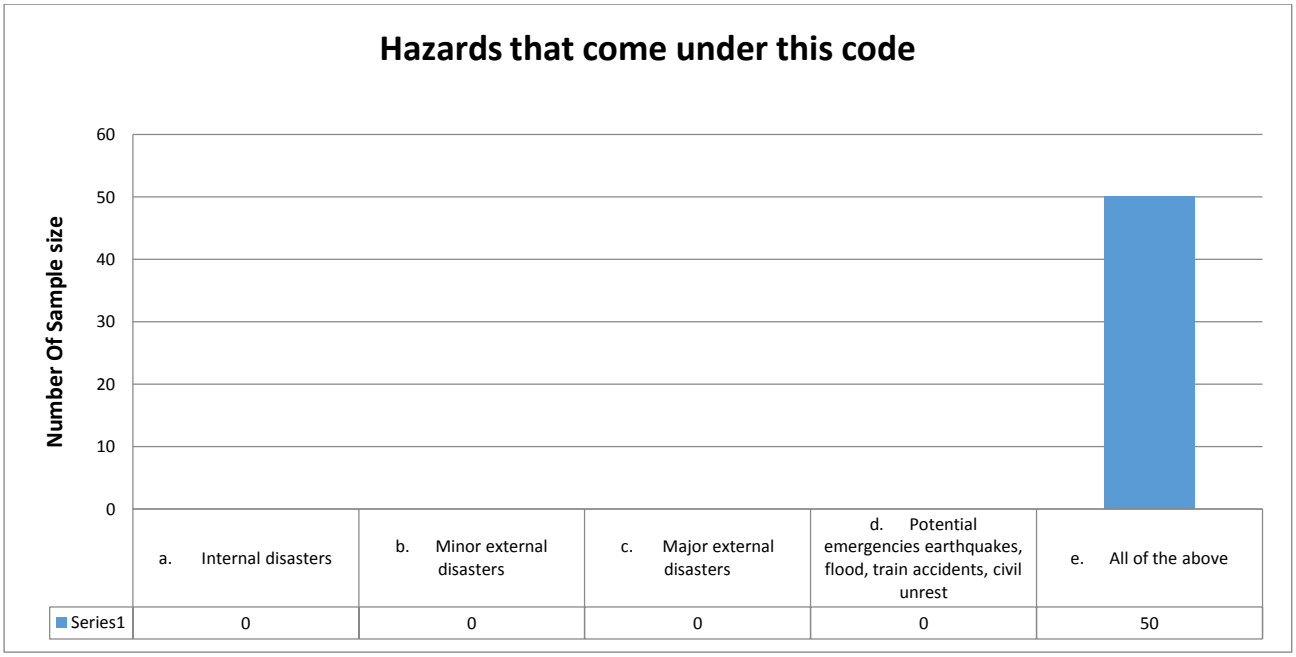

Figure 4.2

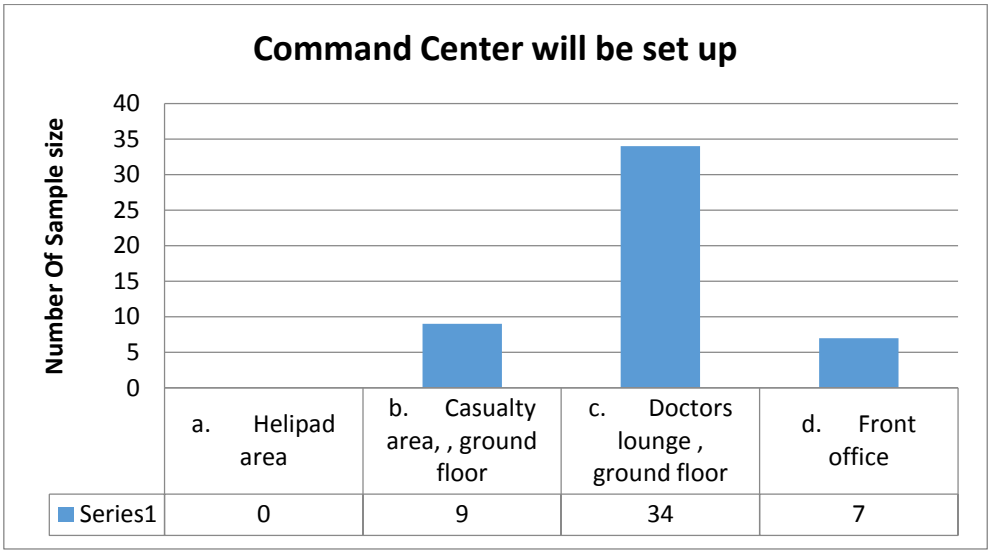

Figure 4.3

Command centre- After announcement of code, all doctors, nurses, and HODs of department report to know their roles and responsibilities.

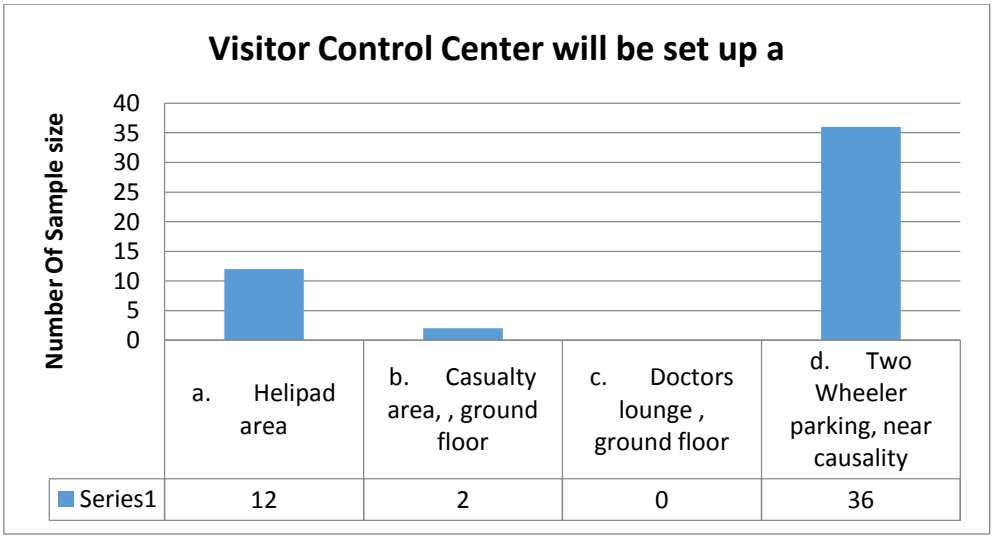

Figure 4.4

It is set for all the relatives and concerned person for the causalities.

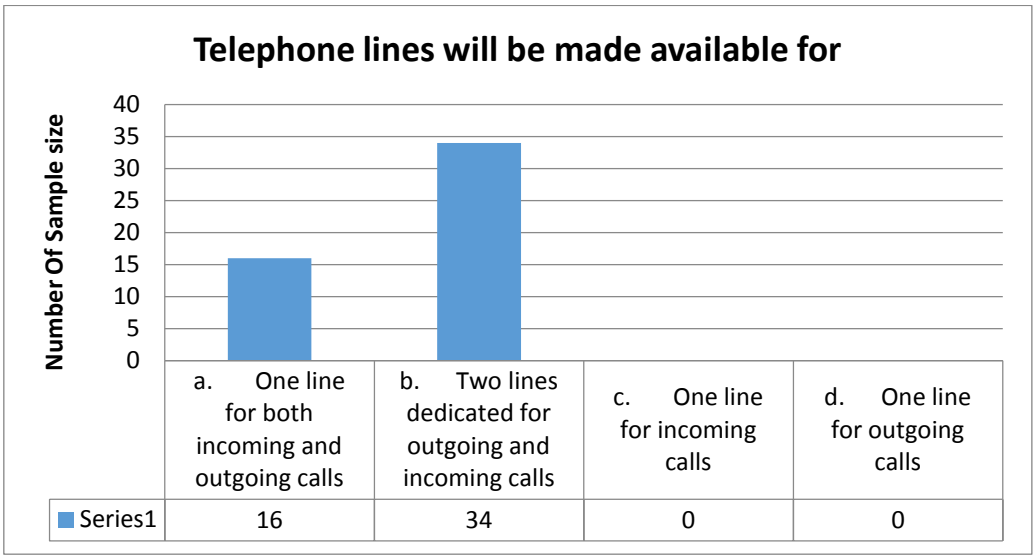

Figure 4.5

Two phone lines are provided at the time of threat- one for outgoing and one for incoming- to coordinate with the relatives, authorities, police , hospital.

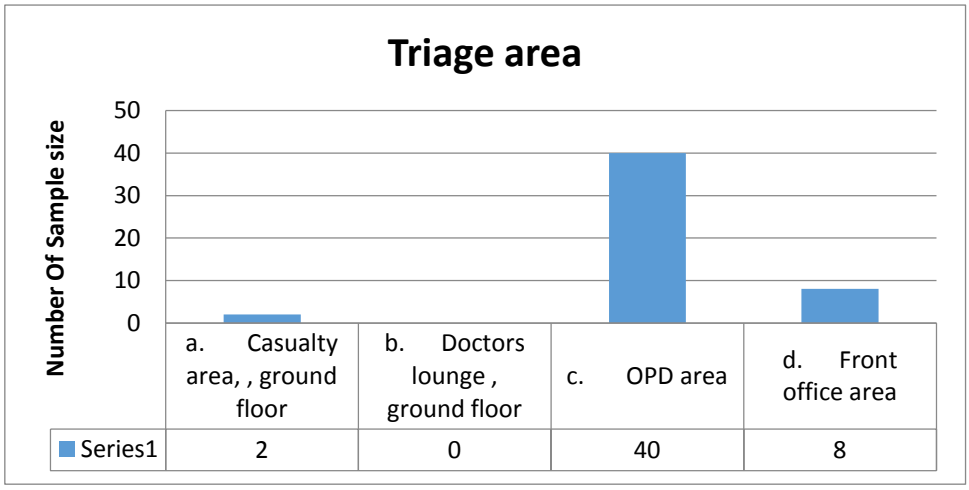

Figure 4.6

Importance- triage area is for the classification of the patients on the basis of severity and the treatment required, so that huge mass of patients can be managed.

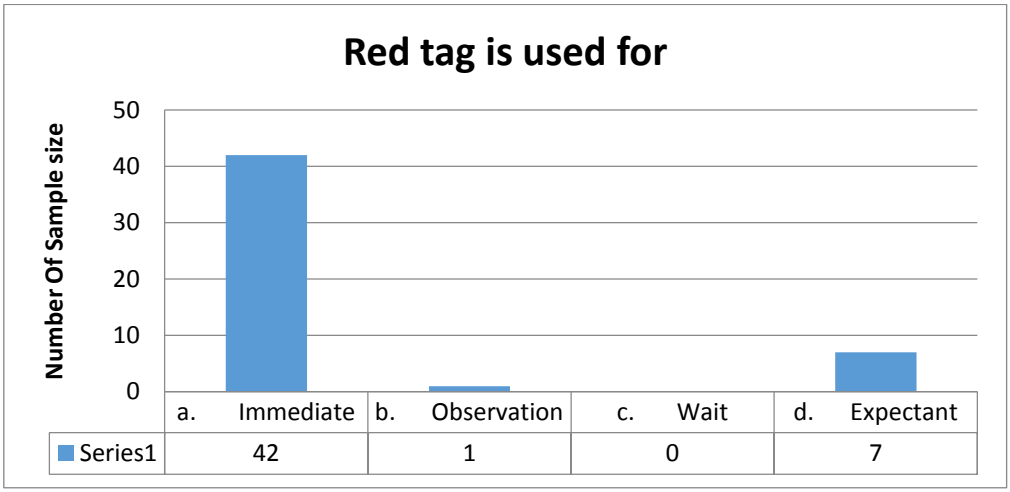

Figure 4.7

Red tag is used for patients who need immediate care and are shifted to ICU for treatment.

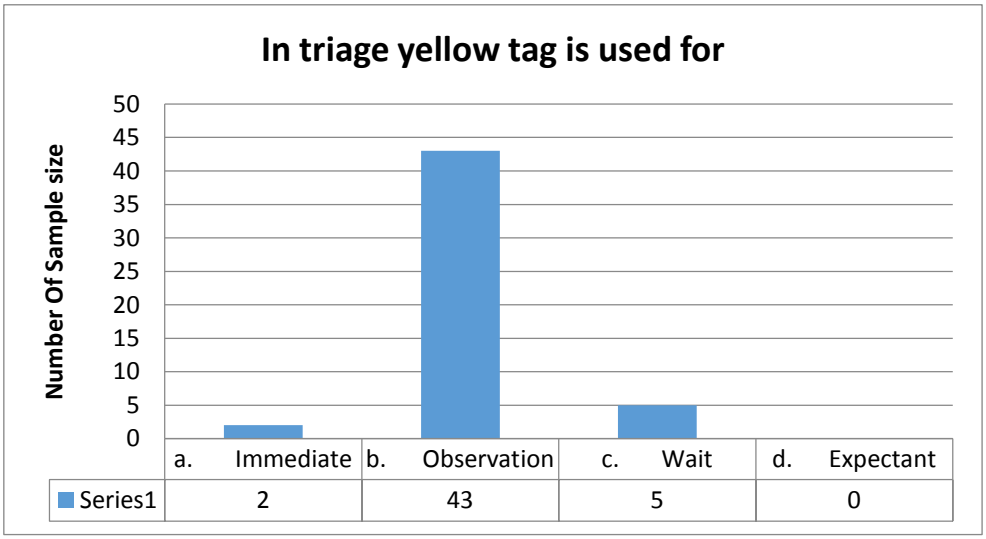

Figure 4.8

This is used for the patients who are severely ill and are kept under observation and are shifted to ICU after the stabilization of red tag patients.

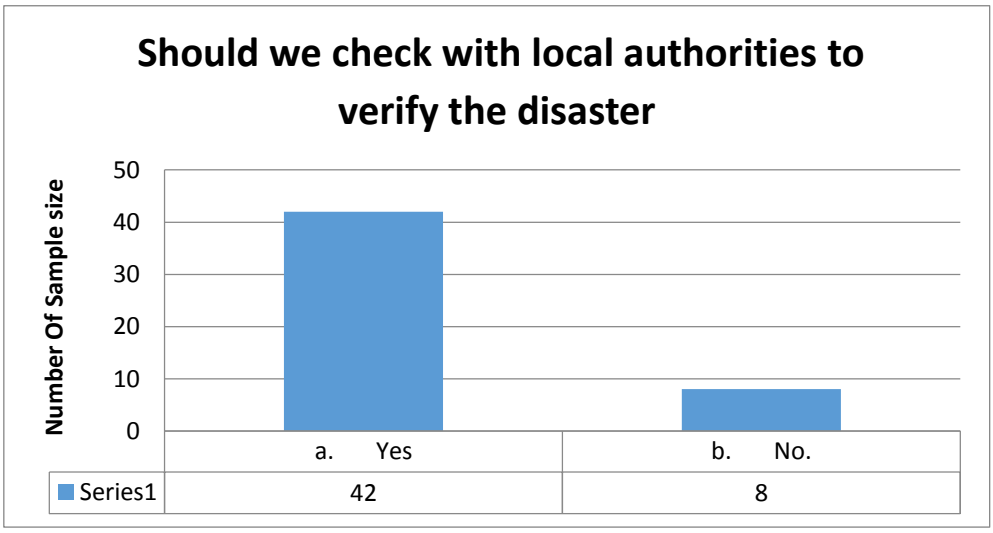

Figure 4.9

Importance-to avoid any false alarms and also to know the extent of the disaster- that helps in the arrangement accordingly.

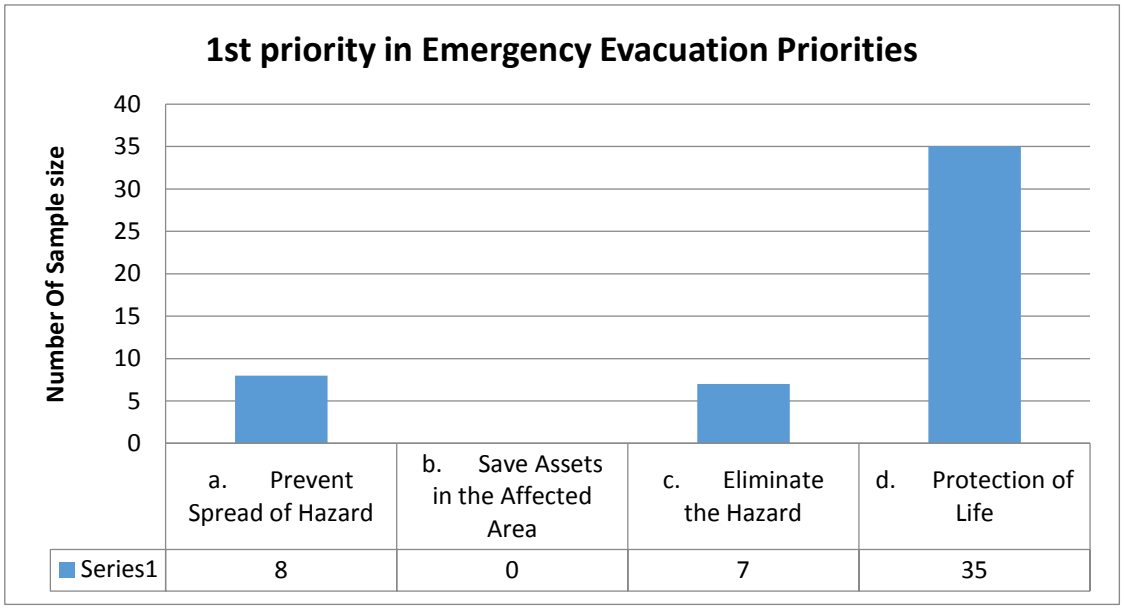

Figure 4.10

It is important that people should first focus on protection of life rather than preventing the hazard or saving the assets.

5. CODE RED

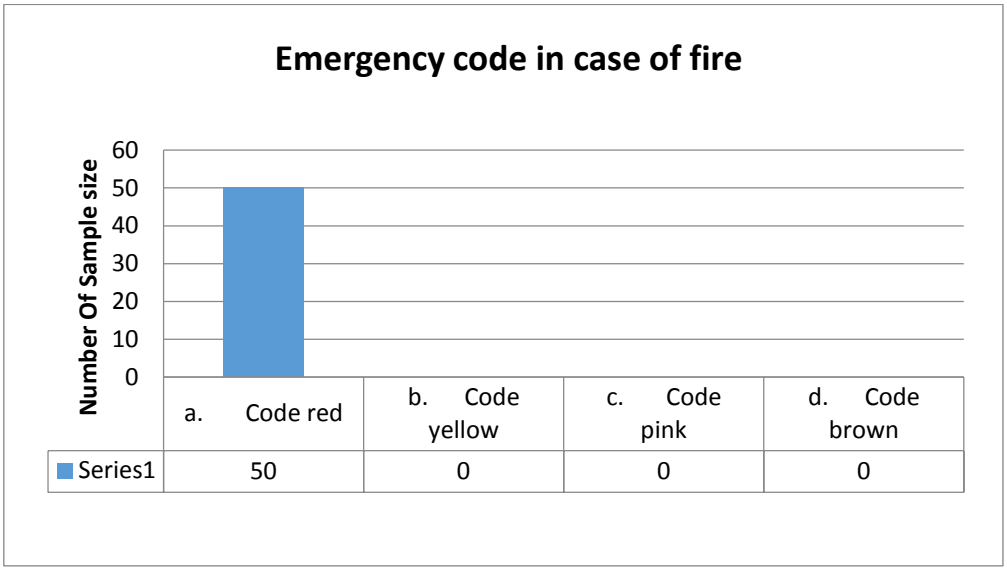

Figure 5.1

Code red- emergency code for fire is very important as both fire and smoke are dangerous for the staff and patients; it can cause huge life and property loss.

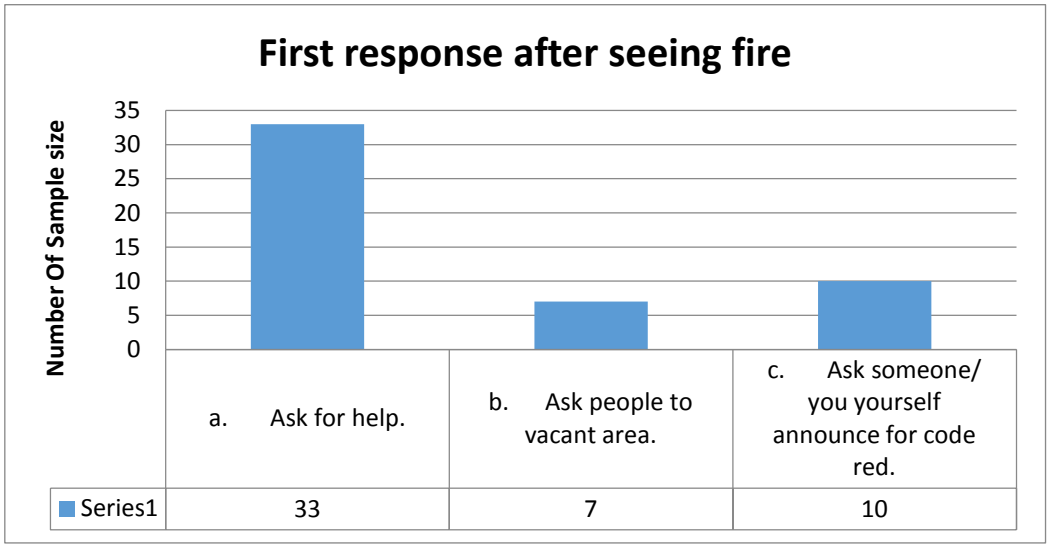

Figure 5.2

Importance – as the single person cannot announce the code, control and confine the fire, and also help the people or the patient, so ask for help from nearest visible person .

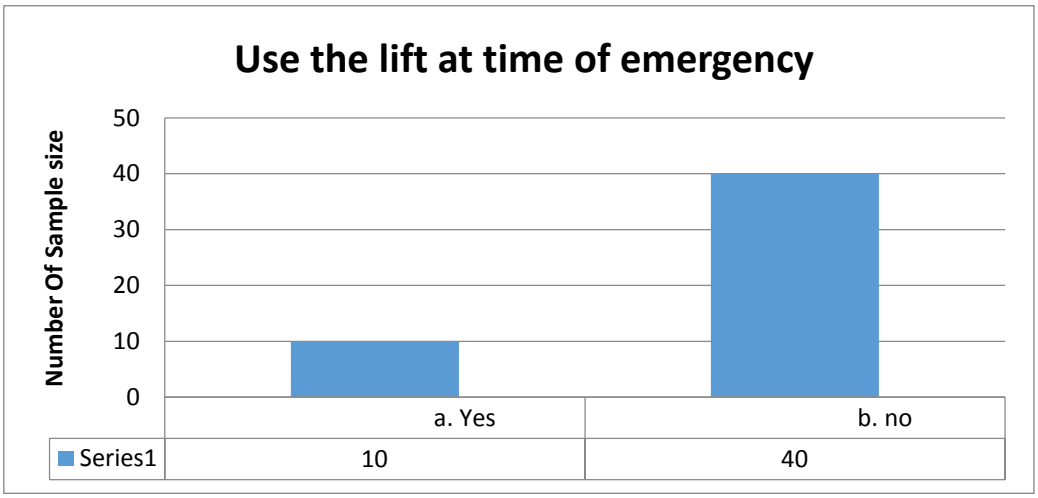

Figure 5.3

Importance- lift will be shut down, may be fill of smoke or fire, the person will get trap inside the lift.

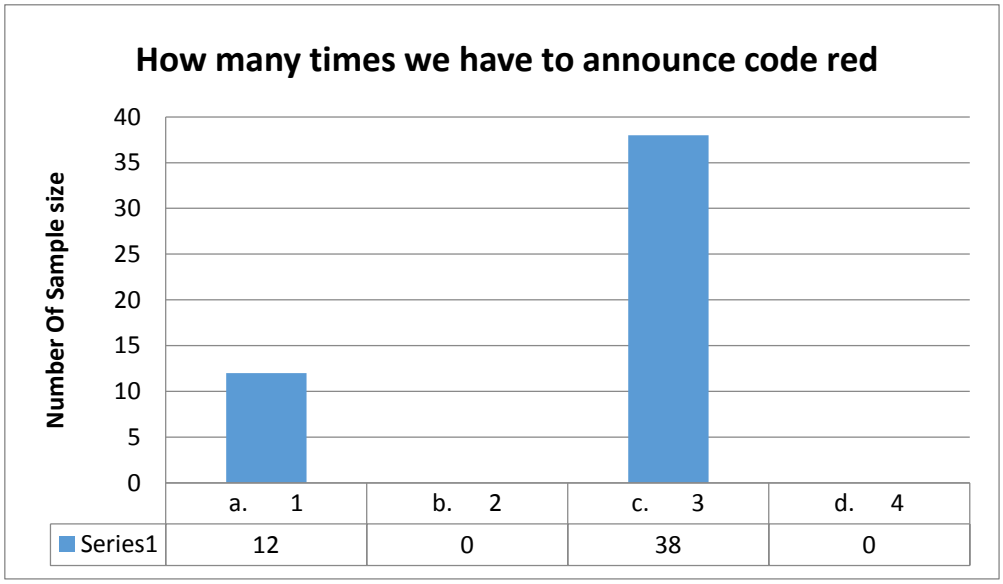

Figure 5.4

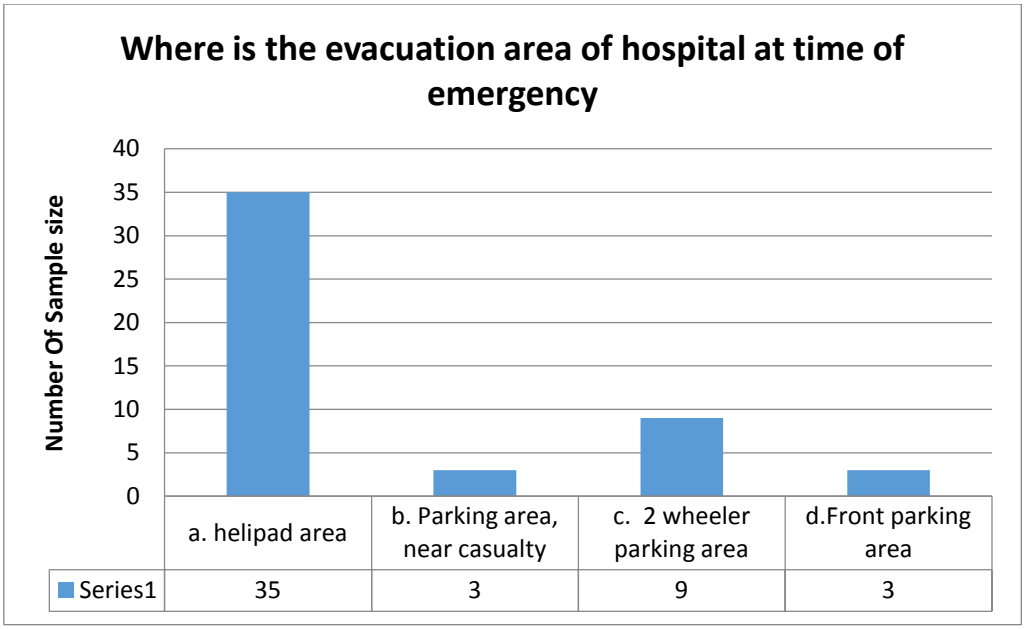

Figure 5.5

Importance- there is a common point for all staff to gather in a case of fire, which is far from building near the parking area- helipad area, and also bring the patient to the helipad area after evacuation; from here they can be shifted to other hospitals depending on emergency.

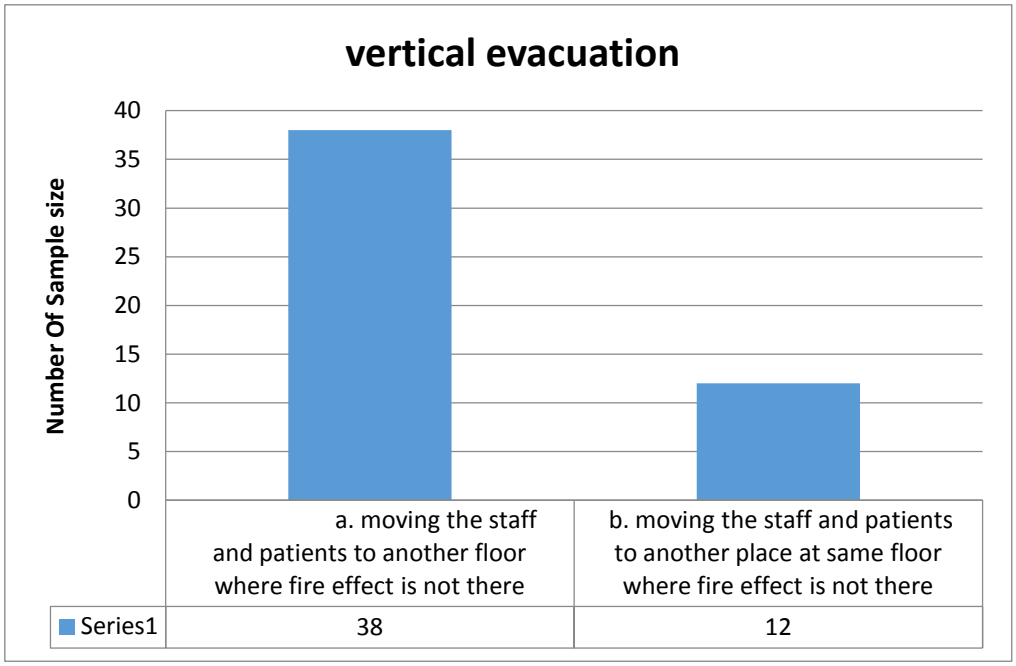

Figure 5.6

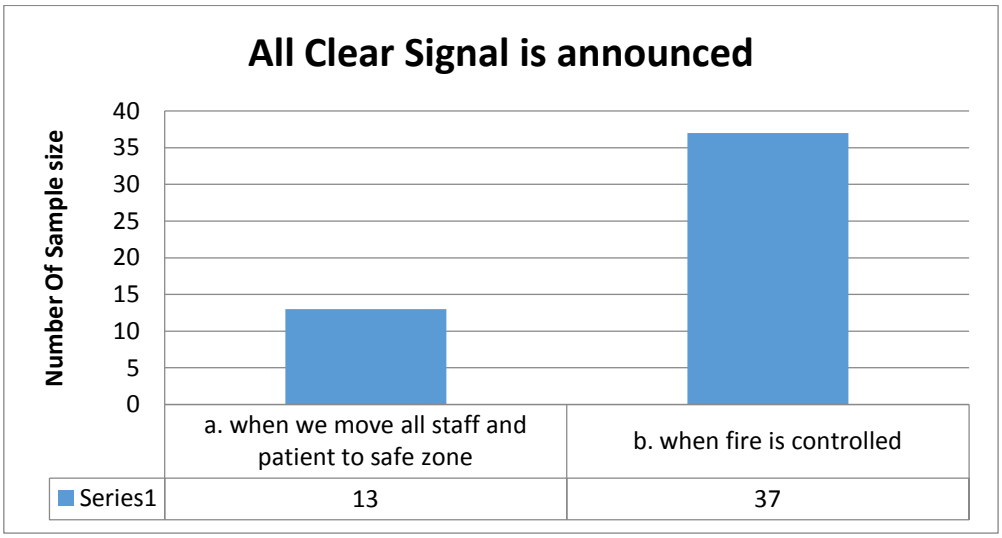

Figure 5.7

Interpretation

On Providing recurring education sessions on emergency codes to all the staff and assessment of training is be done under supervision of quality team to see how much the staff gains from the training.

Training topics were repeated (2 times each topic) with provision of written material, helped in improving the knowledge, awareness among the staff.

Trainings were also effective in increasing the importance of the emergency code among the staff and thus their enthusiasm to learn more and practice it practically via mockdrills.

CONCLUSION AND RECOMMENDATIONS:

It was seen that training helps in updation of knowledge and awareness among staff. It also reduces the reaction time and help in proper handling of the situations. But it should be continuous and repetitive.

1. ID card- emergency codes and emergency contact numbers can be written at back.
2. Trainings should be schedule with proper interaction with departmental HOD for staff scheduling and timing to provide maximum staff for proper training.
3. Reassessment of the training should be done under the supervision of HR department to get the original answers.
4. Videos and snaps of mockdrills should be shown in auditorium for self assessment of staff- so that they can realize their mistakes and can improve their actions.
5. It can also be used for appraisal of the staff and can be promoted as ‘role model’ for his good work.
6. Reassessment score can be awarded with rewards- role model title and can be displaced in notice board.
7. Training topics can be repeated to brush up their knowledge and help in retaining.
8. Inter hospital trainings can be conducted to learn new ideas of evacuation.
9. Trainings can also be done by experts – fire department, trauma centers, security agencies, etc for proper and improved handling of situations.

BIBLIOGRAPHY

1] Manuals from Apollo BSR Hospital.

2]http://medical-dictionary.thefreedictionary.com/

3] http://www.euro.who.int/

4] Hospital emergency response checklist - An *all-hazards* tool for hospital administrators and emergency managers
Supported by
The European Commission Health Programme2008

APPENDICES

Questionnaire

CODE GREY

CHOOSE THE CORRECT ANSWER

1. Code grey is announced when
   a. Security threat
   b. Child abduction
   c. Natural disaster
   d. Spillage

2. What is the emergency number?
   a. 100
   b. 222
   c. *42121
   d. Both b and c

3. What is the response after dialling emergency number
   i. Do Not Handle or Touch the Object
   ii. Cordon off the area with sand bag around suspicious package.
   iii. Ask nearby people about ownership of the suspicious box/package
   iv. Inform security officer/ safety officer
   v. Evacuate the Visitors & outsiders from the place & send them to safe place
   vi. If anybody not is taking ownership of package, inform security supervisor

   a. i,ii,iii,iv,v,vi
   b. i,iv,iii,vi,ii,v
   c. iii,v,i,ii,vi,iv
   d. ii,iv,i,iii,vi,v

4. On seeing a suspicious package, dial emergency number and tell
   a. Location
   b. colour of package
   c. shape of package
   d. all of the above
   e. location and colour of package

5. When to inform police and bomb detective cell

a. immediately
b. before announcing if nobody takes ownership
c. after announcing if nobody takes ownership
d. after taking permission from higher authorities

5. who mark the area as “free zone area”
a. police officer
b. safety officer
c. higher management
d. people from reception(call center)

6. what is final signal announced
a. free zone area
b. All Clear
c. None of the above
d. Both a and b

CODE PINK

CHOOSE THE CORRECT ANSWER

1. CODE PINK is for
a. Security treat
b. Child abduction/ missing person or child
c. Natural disaster
d. None of the above

2. What is the emergency number?
e. 100
f. 222
g. *42121
h. Both b and c

3. What is the immediate action after knowing that a person is missing
    a. Announcement of code
    b. Inform security supervisor
    c. Ask parents/relatives
    d. Inform doctor

4. Who will decide person is missing and we need to announce code?
    a. Chief security officer
    b. Security supervisor
    c. First person who found child to be missing
    d. Nurse/ Attendant

5. Local search includes
    a. Wards and department
    b. Within 20 meters of all exits
    c. Both a and b
    d. Within 1 km from hospital

6. Who will inform to police
    a. chief security officer
    b. call center
    c. patient relatives
    d. higher authority

7. During search how many persons should be at each exit
    a. one person from each department to their nearest exit
    b. one person from security
    c. not necessary not all exits
    d. one from security and one from nearest department

8. Search guideline include
    a. Close all main exits
    b. check all rooms, vehicles, and all areas inside & outside the premises
    c. help to authorities by pointing out any suspicious persons or luggage
    d. All of the above

CODE BLUE

1. Which Code is for medical emergency?
    a. Code pink
    b. Code brown
    c. Code blue
    d. Code yellow

2. Where code blue can be announced?
    a. Wards
    b. ICUs
    c. Anywhere in hospital premises
    d. Both a and b

3. What are the responsibilities of ward doctor?
    a. Initial assessment and activate code blue.
    b. Start BLS and coordinate with code blue team
    c. Apply AED pads to the patient
    d. All of the above

4. What are the responsibilities of staff nurse?
    a. Insert IV access
    b. Administer medications and iv fluid as per the orders of doctor.
    c. Assists doctor
    d. All of the above

5. Who personally calls to Intensivist, DMS, MS, RMO in ICU, NS, ANESTHETIST and informs CODE BLUE with appropriate location.
    a. Call center
    b. Nurse
    c. Attendant
    d. None

6. How much time a code blue team takes to reach the exact location
    a. 5 min
    b. 7 min
    c. 3 min
    d. Not decided

7. Who can be team leader?
    a. ANESTHETIST
    b. ICU Physician
    c. MS
    d. Any of the above

8. Code is declare secure by:-
    a. Team leader
    b. Floor incharge
    c. Security
    d. B or C

9. Code blue is announced in sequence
    i. Ward no
    ii. Bed no.
    iii. Floor
        a. i,ii,iii
        b. iii,ii,i
        c. ii,iii,i
        d. ii,i,iii

10. Who shall call **off** the code blue or code termination?
    a. ANESTHETIST
    b. ICU Physician
    c. MS
    d. Any of the above

CODE YELLOW

1. Code for Natural hazards
    a. Yellow
    b. Grey
    c. Brown
    d. Pink

2. Hazards that come under this code?
    a. Internal disasters
    b. Minor external disasters
    c. Major external disasters
    d. Potential emergencies earthquakes, flood, train accidents, civil unrest
    e. All of the above

3. Where the Command Center will be set up?
    a. Helipad area
    b. Casualty area, , ground floor
    c. Doctors lounge , ground floor
    d. Front office

4. Visitor Control Center will be set up a
    a. Helipad area
    b. Casualty area, , ground floor
    c. Doctors lounge , ground floor
    d. Two Wheeler parking, near causality

5. Telephone lines will be made available for
    a. One line for both incoming and outgoing calls
    b. Two lines dedicated for outgoing and incoming calls
    c. One line for incoming calls
    d. One line for outgoing calls

6. Where is triage area?
    a. Casualty area, , ground floor
    b. Doctors lounge , ground floor
    c. OPD area
    d. Front office area

7. In triage red tag is used for
    a. Immediate
    b. Observation
    c. Wait
    d. Expectant

8. In triage yellow tag is used for
    a. Immediate
    b. Observation
    c. Wait
    d. Expectant

9. Should we check with local authorities to verify the disaster and obtain additional information before announcing code??

a. Yes
b. No.

10. What is the 1st priority in Emergency Evacuation Priorities

a. Prevent Spread of Hazard
b. Save Assets in the Affected Area
c. Eliminate the Hazard
d. Protection of Life

CODE RED

1. What is emergency code in case of fire?
    a. Code red
    b. Code yellow
    c. Code pink
    d. Code brown

2. What is emergency number at the time of code red?
    a. 100
    b. 222
    c. *42121
    d. Both b and c

3. What is your first response after seeing fire?
    a. Ask for help.
    b. Ask people to vacant area.
    c. Ask someone/ you yourself announce for code red.

4. We should use the lift at time of emergency
    a. Yes
    b. No

5. How many times we have to announce code red?
    a. 1
    b. 2
    c. 3
    d. 4
    e.

6. Where is the evacuation area of hospital at time of emergency?
    a. Helipad area
    b. Parking area, near Casualty
    c. Two Wheeler parking area
    d. Front parking area

7. What is vertical evacuation?

a. moving the staff and patients to another floor where fire effect is not there
b. moving the staff and patients to another place at same floor where fire effect is not there

8. All Clear Signal is announced

a. when we move all staff and patient to safe zone
b. when fire is controlled