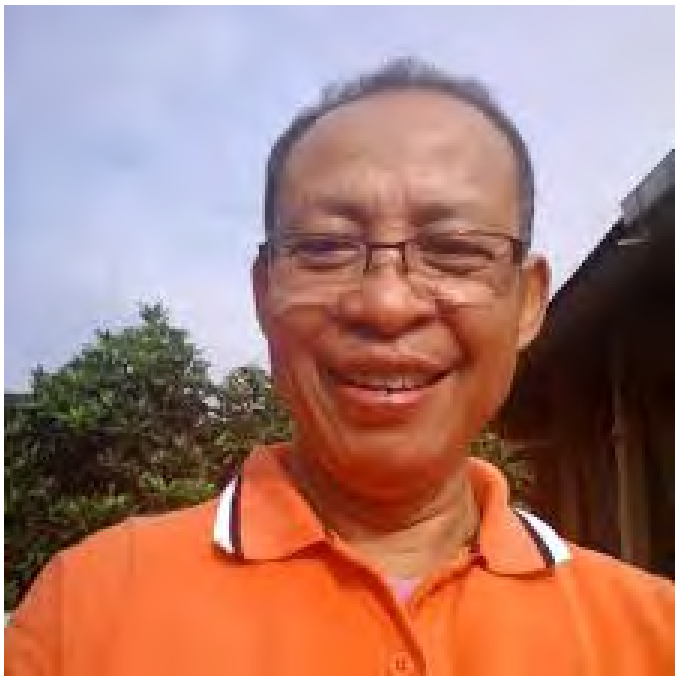
11/25/2018

SPHM
HOSPITALITY

SPHM – ENGINEERING SAFETY SOP



By: | Agustinus Agus Purwanto, SE MM

Engineering Safety S.O.P

STANDARD OPERATING PROCEDURES

POLICY NO.	SUBJECT
ENG-FS-001	Fire Safety Plan Definitions
ENG-FS-002	Definitions
ENG-FS-003	Portable Fire Extinguishers
ENG-FS-004	Fire Safety Training
ENG-FS-005	General Fire Plan
ENG-FS-006	Fire Prevention
ENG-FS-007	Fire Training
ENG-FS-008	Smoke Detectors
ENG-FS-009	Hotel Fire Brigade Assignments
ENG-FS-010	Fire Drills
ENG-FS-011	Evacuation Plan
ENG-FS-012	Location of Emergency Shut of FS
ENG-FS-013	Departmental Response Plans
ENG-FS-014	Departmental Response Plans-Front Desk
ENG-FS-015	Departmental Response Plans-PBX
ENG-FS-016	Departmental Response Plans-Bellman
ENG-FS-017	Departmental Response Plans-Food & Beverage Department
ENG-FS-018	Departmental Response Plans-Engineering Department
ENG-FS-019	Departmental Response Plans-Front Office and Sales
ENG-FS-021	Accident Plan
ENG-FS-022	Accident
ENG-FS-023	Death/Homicide Plan

POLICY NO.	SUBJECT
ENG-FS-024	Death of a Guest
ENG-FS-025	Physically Disabled Guest Plan
ENG-FS-026	Medical/Sickness Plan
ENG-FS-027	Medical/Sickness
ENG-FS-028	Power Failure Plan
ENG-FS-029	Loss Prevention Committee Topic
ENG-FS-030	Loss Prevention Committee Topic
ENG-FS-031	Safety Investigation Employee Accident
ENG-FS-032	Analysis of Factors Contributing to Cause of Accident
ENG-FS-033	Claims of food Poisoning
ENG-FS-034	Heart Attack
ENG-FS-035	Heart Attack
ENG-FS-036	Choking
ENG-FS-037	Asphyxiation
ENG-FS-038	Electric Shock
ENG-FS-039	Bleeding

STANDARD OPERATING PROCEDURES

Subject	: Fire Safety Plan Definitions	**Effective Date**	:
Policy No	: ENG-FS-001	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, B-Extinguish

INTRODUCTION

The preservation of life is the utmost concern of any Fire Safety Plan. When a fire occurs in a hotel, many lives are in danger. Therefore, immediate and accurate measures by Emergency Personnel are vital to the saving of lives.

Regardless of building construction, sophisticated fire detection systems, fire protection and fire-fighting apparatus used, this hotel is only as "people safe" as the hotel General Manager and it's employees want it to be. SPHM staff must be knowledgeable in proper fire emergency procedures in order to guarantee the safety and security of life and property.

To ensure that fire emergency procedures are organized and that personnel are knowledgeable in their responsibilities. SPHM has developed this Fire Safety Plan. This plan establishes procedures for employees reporting and fighting a fire. More importantly, this fire safety plan will establish evacuation procedures for persons in an emergency area.

This Fire Safety Plan explains the responsibilities of all emergency teams. Each department is required to respond in a SPECIFIC manner. Certain personnel will be RESPONSIBLE for operating certain equipment or to assist in certain areas.

In order for our personnel to maintain a high level of proficiency, fire and evacuation training will be conducted on a scheduled basis in accordance with fire safety regulations.

With procedures set forth in this fire safety plan, employees of SPHM can help prevent large property losses, injuries and deaths.

STANDARD OPERATING PROCEDURES

Subject	: Definitions	**Effective Date**	:
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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEFINITIONS

CONTAINMENT-Controlling fire or smoke from spreading, usually by the use of fire extinguishers or by closing doors and passageways.

DESIGNATED EVACUATION AREA-Pre-arranged area of meeting for hotel employees.

EVACUATION-The organized clearing of all persons from an area of danger

FIRE ALARM PULL STATION-The red alarm boxes throughout the hotel which, when pulled. sounds the alarm and notifies our alarm monitoring company (ADT). Activation of pull station will also indicate location of emergency on the hotel master fire alarm panel.

FIRE BRIGADE-A group of trained hotel personnel who respond and investigate fire reports and who initiate fire emergency and evacuation procedures.

FIRE SAFETY DIRECTOR-The General Manager or MOD who heads the fire brigade.

FIRE CABINETS-Located throughout the hotel. They contain fire hoses and/or fire Extinguishers.

FIRE CHIEF-The ranking fire department official on the scene.

FIRE DEPARTMENT COMMAND POST-Upon the arrival of the fire department. the front office area will be utilized as the command post.

FIRE EXTINGUISHER-A pressurized cylinder containing dry chemicals that extinguish fires.

FIRE AREA-The are in which fire or smoke is present

GENERAL ALARM-The sounding of fire horns and activation of strobe lights throughout the hotel. The Fire Director will, at this time, determine if evacuation plans are to be initiated. ALWAYS assume general alarm as a real fire- NEVER assume general alarm is a false alarm.

R-A-C-E-an acronym created by the Tampa Fire Department R-RESCUE, A-ALERT, C-CONFINE, EEXTINGUISH.

FIRE SAFETY / LIFE PRESERVATION ENGINEERING CONCERNS

BUILDING KEY'S AVAILABILITY

Immediate access / availability to a **Fire emergency approve key box** with the following keys

a) entry doors
b) equipment rooms
c) hazardous areas
d) spaces with: heat and smoke detection devices
e) storage areas
f) gates

All keys must he properly identify ***and*** **checked frequently** to ensure immediate access.

FIRE EVENT RESPONSE

Must be prepare to respond to different scenarios:

a) electrical fires
b) furniture at blaze
c) Combustible fuel fires / gas / oil / etc.

Must organize and execute a fire drill

1) Local Fire Department participation
2) Specific sensing devices activation
3) Signal verification
4) Fire Control Room event notification
5) Security / engineering response
6) M.O.D. participation
7) All departments head participation
8) Elevators shut down
9) Drill area evacuation

10) Drill evaluation
11) Local Fire Department evaluation report
12) Security evaluation report
13) Engineering evaluation report
14) Report to General Manager
15) Report to owners

Must be train to respond to:

a) Early fire detection
b) Effective and clear emergency communication
c) Confine small fires
d) Monitor fire growth
e) Occupants proximity to fire
f) Relocate I evacuate occupants
g) Provide refuge in all scenarios

ANTICIPATION IS TILE KEY FOR PRESEVING LIFE AND THE VALUE OF THE ASSET!

Fire control room concerns

a. Reliability of the fire protection system **at all times.**
b. System must be operational and properly maintained.
c. Effective and clear fire notification.
d. Evacuation procedure / customers and employees / **foreigners.**
e. Anticipation for different scenarios.
f. Device activation verification
g. System resetting - device resetting verification
h. Guards playing computer games on the fire system computer
i. Guards sleeping at their watch

Security / engineering concerns

a) Fire pump — Remote switch position verification
b) Water supply availability
c) Connection to boost the stand pipe.
d) External city water source / location clear marked
e) External city water source / connection compatibility /

f) Active suppression systems / off'? I Manned I
g) Gas valves location / big — clear chart / everyone knowledge.
h) Fire stoppers. Stairs pressurization
i) Smoke accumulation
j) Smoke movement
k) Stairwell lighting
l) Fire exits / no obstacles / doors unlock / free exit I
m) Doors self closing devices
n) Characteristic of our property
o) Think and consider the possibility of fire ... is real, and is our responsibility before our guests. employees and the owners.

FACT: **MOKE KILL MANY MORE PEOPLE THAN FIRE**

We must build a bridge between our system shortcomings and the responsibility for life and property preservation; we must enhance our fire event response standard

Let's be vigilant and properly prepare for any fire event.

Remember our staff must manage the fire if not, the fire will manage us

Each one of us must have an opportunity to contribute in this critical area.

STANDARD OPERATING PROCEDURES

Subject	: Portable Fire Extinguishers	**Effective Date**	:
Policy No	: ENG-FS-003	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

PORTABLE FIRE EXTINGUISHERS

CLASSIFICATIONS OF FIRES

CLASS A (in a green triangle)	Fires in ordinary solid combustible such as paper, wood, cloth, rubber and plastics.
CLASS B (in a Red Square)	Fires involving flammable liquids, such as Gasoline, naphtha, acetone, greases and oils. Also flammable gases like methane or hydrogen.
CLASS C (in a blue circle)	Fires involving energized electrical equipment. Appliances and wiring. The use of a **nonconductive** extinguishing agent protects against electrical shock.
CLASS D (in a yellow star)	Fires in combustible metals such as magnesium, lithium. potassium, etc.

EXTINGUISHERS are classified by their ability to extinguish various types of fires.

CLASS "**A!**' FIRES are most efficiently extinguished by use of a penetrating cooling agent; **water** is the best material commonly available for this purpose. It is therefore a CLASS "**A!**' extinguishing agent.

CLASS "B" FIRES are best extinguished by surface acting agents such as dry chemical which breaks up the chemical reaction of the fire very efficiently, or inert, dense "heavier than air" gases which smother the fire.

A NON-CONDUCTIVE extinguishing agent must be used on Class "C' fires to protect against electrical shock. Most extinguishers that have a Class "B" also have a Class "C' rating. but read the label to be sure.

EXTINGUISHER TYPES

CLASS "A:' TYPES-

1. Air pressure water tank
2. Hand pump water tank

3. Fire hose lines
4. Multi-purpose (ABC) dry chemical extinguishers are suitable for Class "A!' "B". "C' type fires. However, all Class "A!' fires must be followed up with water to Ensure extinguishment of all deep-seated smoldering fires. Extinguishers in common hotel areas are the ". A". "B", "C' type.

CLASS "B" TYPES-

1. Dry chemical, pressurized
2. Carbon dioxide
3. Halon

CLASS "C' TYPES-

1. Pressurized dry chemical
2. Carbon dioxide
3. Halon

BASIC OPERATION OF FIRE EXTINGUISHER (PASS)

P-PULL-the safety pin (usually a twist-pull action).

A-MM-the nozzle, horn, or hose at the **base** of the fire.

S-SQUEEZE-the trigger handle

S-SWEEP-from side to side (watch for reflash of fire).

FIRE FXJYNGUISHERS- (CONTINUED):

1. NEVER re-hang an extinguisher once it has been discharged (even if it only has been used for a few seconds). Call the Engineering / Security Department/s at (phone #) to have extinguisher serviced.

2. ALWAYS maintain an area of three feet clearance around ALL fire protection equipment.

PRACTICE FIRE PREVENTION AND GOOD HOUSEKEEPING...

DON'T GIVE A FIRE A PLACE TO START!

STANDARD OPERATING PROCEDURES

Subject	: Fire Safety Training	**Effective Date**	:
Policy No	: ENG-FS-004	**Issued by**	: Chief Engineer
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FIRE SAFETY TRAINING

Training is the key to fire safety and fire safety is the key to the goal of life preservation.

Fire safety training is definitely the most significant means by which the goal of life preservation under the conditions of fire emergency is guaranteed. Certainly, the incorporation of the most advanced developments in early warning notification and automatic alarm systems. Fire and smoke detection and automatic smoke control devices and other fire/life safety systems is vital to our goal of fire safety. Our greatest concern, however, is the organization of emergency procedures and the training of all personnel so that they are totally knowledgeable in them.

In order that the entire staff of SPHM is knowledgeable in fire safety practices and evacuation procedures. Various methods of training shall be maintained on a regularly scheduled basis.

This fire safety plan is, in itself a training manual and is available to all hotel personnel. Employees must utilize this plan as a self-training tool to keep abreast of their responsibilities during a fire/evacuation emergency.

As new employees attend the orientation program presented by the Administrative Assistant, they will be trained in basic fire emergency procedures.

Bi-annually, each department must undergo a fire safety training session conducted by the hotel Loss Prevention Committee and the specific Department Head. During these sessions, each department's specific responsibilities are reviewed and employees are offered the opportunity to raise questions.

Bi-annually and at the discretion of the General Manager, fire drills and evacuation procedures will be conducted. During these sessions, all personnel should review fire drill and evacuation procedures.

STANDARD OPERATING PROCEDURES

Subject	: General Fire Plan	**Effective Date**	:
Policy No	: ENG-FS-005	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

GENERAL FIRE PLAN

I. **FIRE Al-ARM** SYSTEMS:

A. The Fire Alarm System will be tested for proper operation on a monthly basis. The Chief Engineer will be responsible for overseeing these monthly tests/inspections.

1. After a fire alarm, the fire alarm master panel will be reset at the direction of the Fire Chief or Fire Safety Director.

2. Hotel employees other than those designated are not authorized to reset fire alarm system.

3. In the event of a false alarm, the Fire Safety Director can authorize silencing of fire alarms.

II. **ALARM** RESPONSE PROCEDURES:

General Rules:

1. Keep as calm as possible.

2. When giving orders to employees or guests, be commanding and forceful, yet calm.

3. In the event of observed fire or smoke:

STANDARD OPERATING PROCEDURES

Subject	: General Fire Plan	**Effective Date**	:
Policy No	: ENG-FS-005	**Issued by**	: Chief Engineer
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A. (R.A.C.E.) R-Rescue

1. If the fire/smoke endangers your life or others, leave the area immediately, taking guests and employees with you to a place of safety. Doors leading to and from the fire area MUST be closed, but not locked.

2. It is emphasized that persons opening doors to guest suites should FEEL THE DOOR FIRST to determine if door is hot. The doorknob of the door should be grasped with a rag rather than a bare hand for one can suffer severe bums by just touching the door handle.

3. If necessary, a guest suite door can be opened by breaking the glass panel adjacent to the doorknob. Reach hand through broken panel (be aware of sharp edges) and unlock door from inside. This procedure should only be done if is suspected that a person is inside a burning smoke-filled room and it is believed you can save a life without high risk of personal injury or spreading fire.

B. (R.A.C.E.) A- ALERT

1. Go to the nearest fire alarm pull station and pull alarm as indicated on pull station. If fire pull station is not readily available, call hotel operator and give the following information:

*Specify “fire or smoke”

*Specify exact location

*Specify what is burning/smoking

*Relate how bad you think the situation is

*State your name and location

C. (R.A.C.E..) C-Confine

1. If fire/smoke is in a guest suite or other confined area, personnel discovering fire/smoke should immediately close all doors and windows
In that or space to reduce the draft and minimize the possibility of having the fire spread to other areas of the hotel.

2. Under no circumstances should any door. ‘, either those at the end of corridors (Fire Exit Doors) or those to guest suites be left propped open. this will only increase the possibility of a draft carrying fire to other areas of the hotel.

D. (R.A.C. E.) E- EXTINGUISH

1. **If** you can safely return to area of fire, attempt to extinguish it or contain it by:

*Using the correct type fire extinguisher
*Moving flammable items away from fire
*Preventing ventilation of fire

2. If the fire/smoke does not endanger your life, maintain surveillance of area until fire brigade or fire department arrives.

III. EVACUATION

See Hotel Evacuation Plan on pages 21 through 23 of this manual.

IV. GENERAL INFORMATION

A. Do not give any information to ANYONE other than the Fire Department or SPHM Management Staff

i. All inquiries from the news media are to be referred to the General Manager or Manager on Duty or Ms/Her designated representative.

ii. Follow instructions of the Fire Department Personnel when they arrive.

iii. Do not proceed through a door in the fire area until checking the door or heat (Place hand on door - if hot, DO NOT OPEN!)

iv. Do not use elevators in a fire emergency.

v. If at all possible, all equipment (typewriters, computers, appliances, etc.) should be turned off before evacuating any area due to a fire.

STANDARD OPERATING PROCEDURES

Subject	: Fire Prevention	**Effective Date**	:
Policy No	: ENG-FS-006	**Issued by**	: Chief Engineer
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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

FIRE PREVENTION

Practice fire prevention and good housekeeping - Don't give a fire a place to start.

PUBLIC AREAS:

- Provide receptacle for smoking materials.
- Keep all storage Out of stairways.
- Keep laundry and trash chute doors closed and locked when not in use.

MAINTENANCE AND ENGINEERING:

- Flammable liquids should be stored in flammable liquid cabinets.
- Oily rags should be stored in self-closing metal containers.
- Welding and cutting areas should be free of all combustibles, and accompanied with a fire extinguisher.

LAUNDRY AND HOUSEKEEPING:

- Dryer lint screens are to be cleaned at least daily.
- Combustibles should be kept at least 1 meter from all heaters and dryer flames.
- Room keepers-should report fire hazards to their supervisors immediately.
- Shut down all equipment.
- Close doors.

STANDARD OPERATING PROCEDURES

Subject	: Fire Prevention	**Effective Date**	:
Policy No	: ENG-FS-006	**Issued by**	: Chief Engineer
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KITCHEN:

- Clean kitchen and camp bar hood filters and ducts regularly. Kitchen & camp bar hood filters are to be cleaned on a weekly schedule.
- Turn all stoves, appliances and exhaust fans off when kitchen closes.

FRONT DESK AND OFFICES:

- Keep electrical space heaters at least (3) three feet from combustibles.
- Do not overload electrical circuits by using multi-plug adapters.

BREAKFASTIBAR AREAS:

- Lock all food and liquor cabinets.
- Turn off equipment.

GENERAL INFORMATION:

- Exits and stairwell doors should never be propped open. These doors include all guest suite doors, stairwell doors and maid's closet doors.
- Do not store combustible material under stairs or within four (4) feet of electrical panels.
- If, at any time, you observe a condition, which may endanger your life or the life of others, do not hesitate to notify management immediately.

STANDARD OPERATING PROCEDURES

Subject	: FIRE TRAINING	**Effective Date**	:
Policy No	: ENG-FS-007	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

FIRE TRAINING

The following personnel will receive training in proper usage of fire equipment in the hotel, which will be used in the event of fire or smoke:

MOD's
Engineering Staff
Housekeeping Supervisors
Kitchen Managers
Security

All hotel employees will receive training in the following:

1. Basic hazard awareness and fire prevention relating to assigned work areas.
2. What actions to take if fire or smoke is discovered (RACE: R-RESCUE, AAL.F-RT, C-CONFINE, E-EXTINGUISH).
3. Recognition of alarm signals.
4. Proper operations of fire pull stations and other alarm system equipment in assigned duty area.
5. Responsibility or action to be taken in event of an alarm or other emergency action.
6. How and when to operate fire extinguishing or containment equipment.
7. Building fire exits and routes.

STANDARD OPERATING PROCEDURES

Subject	: SMOKE DETECTORS	**Effective Date**	:
Policy No	: ENG-FS-008	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

SMOKE DETECTORS

All SPHM employees must adhere to SPHM Standards Policy as it relates to fire safety and smoke detectors. There are two basic types of smoke detectors in use.

The photoelectric detector operates on a simple mechanism, which transmits a beam of light from one cell to another. As the smoke enters the light chamber, the intensity of the light beam is reduced. This reduction of light causes the detector to alarm.

The ionization detector operates by ionizing the air in a special chamber. Smoke particles entering the chamber upset the normal ionization, which results in an alarm condition.

Smoke detectors, once installed, cannot be forgotten. **To guarantee proper operation, test the detectors according to the manufacturer's instructions**, or as specified by the governmental authority having jurisdiction. Record the test dates and response times. A detector, which has a very slow response time, or one that fails, should be replaced immediately.

If local officials of the fire authority office inspect the hotel and indicate that additional fire protection equipment is necessary to comply with the fire code, please contact your regional director for assistance in complying with the code.

STANDARD OPERATING PROCEDURES

Subject	: HOTEL FIRE BRIGADE ASSIGNMENTS	**Effective Date**	:
Policy No	: ENG-FS-009	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

HOTEL FIRE BRIGADE ASSIGNMENTS

REGULAR BUSINESS HOURS:

POSITION	ASSIGNED TO
Fire Safety Director	General Manager/Manager on Duty
Hotel Fire Brigade	Engineering Personnel Security Personnel
Standby Fire Brigade	F&B Director Director of Sales Executive Housekeeper Chief Engineer
Front Door Control	Bell Staff Front Desk Clerks

5:00 - 11:00 P.M. SHIFT:

Fire Safety Director	Manager on Duty
Hotel Fire Brigade	Restaurant Manager Engineer on Duty

STANDARD OPERATING PROCEDURES

Subject	: FIRE DRILLS	**Effective Date**	:
Policy No	: ENG-FS-010	**Issued by**	: Chief Engineer
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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

FIRE DRILLS

In compliance with the existing fire code requirements as pertains to hotels, the following procedures will help ensure safe and proper fire drills at SPHM.

1. All fire drills will be announced at least 24 hours in advance. Notices will be posted in all elevators to inform hotel guests
2. Prior to each fire drill, the Safety Committee will determine dates, times and drill procedures for employee participation
3. The Fire Department will be contacted informing them of time and date of drill. If they wish to observe and assist they will be invited
4. Remember speed of evacuating the building is secondary to the maintenance and good order of discipline.
5. Prior to drill, an announcement will be made over hotel public address system advising guests the alarm that they are about to hear at a specific time is in fact a practice fire drill for staff training.
6. When evacuating hotel during drill, remember the assembly areas are side of the hotel.
7. All employees not on essential duties will be a part of the fire drill. Department Heads will prepare a schedule of essential employees (Front Desk, Operator. etc.) who will not participate in drill. Schedule must be submitted to the Safety Committee prior to the actual fire drill.

Fire Safely **Plan-Fire Drills** (Continued):

8. **Selected** members of the Loss Control Committee will serve as monitors during fire drill. Monitors will observe procedures during drill and will report on it during drill critique.
9. **The General Manager, Department heads and Drill Monitors will conduct a critique of the fire drill. Critique will** be held immediately after completion of fire drill. A Fire Department Representative will be invited to attend drill and critique.

STANDARD OPERATING PROCEDURES

Subject	: EVACUATION PLAN	**Effective Date**	:
Policy No	: ENG-FS-011	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

EVACUATION PLAN

The emergency movement of people is always best accomplished in a supervised manner. Personnel trained in proper evacuation methods will make relocation of any amount of people a safe operation.

DEFINMON OF EVACUATION TERMS:

HORIZONTAL EVACUATION: The movement of people across floors to safe refuge areas-(stairwells, etc.)

VERTICAL EVACUATION: The movement of people either up or down stairwells, fire escapes, or on occasion. Elevators (but only upon fire department approval and under their direction for emergency use).

PARTIAL EVACUATION: The movement of a selected number of people, such as those immediately endangered on floors above and below a fire.

SEE ATTACHMENT "A" FOR EVACUATION PLAN

PRECAUTIONS FOR EVACUATION:

1. Listen for and heed directions given by building staff and the fire department.
2. **DO NOT USE ELEVATORS**.
3. **DO NOT RUN**-Remove high-heeled shoes **if** necessary.
4. Use stairwell handrails, moving to the right hand side.

A. Housekeeping personnel assigned to specific floors will assume the role of floor warden and will lead guests and staff down their assigned stairwell single file and in an orderly manner. staying close to the

STANDARD OPERATING PROCEDURES

Subject	: EVACUATION PLAN	**Effective Date**	:
Policy No	: ENG-FS-011	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

outside of the stairwell. Stairwell assignments for various floors can be found under Departmental Response Plans in this manual.

B. As people approach the next landing, they should prepare to move to the center (toward the inside) of stairwell. If necessary, allow any evacuees from the various floor levels to move out into the outside of stairwell.

C. Room keepers should be the last people to leave their assigned floor, making certain that all persons have been evacuated.

D. All areas of the floor should be checked by housekeeping to insure all persons have been evacuated. Check all rooms including rest rooms, closets, etc.

E. Evacuation of Physically Disabled Guests shall include, but not limited to, entering stairwells for protection.

5. Allow other people entering stairwell space to enter but do not unnecessarily hold up travel. It is advised that each person alternate individual entry into the flow of traffic.
6. **DO NOT SMOKE.**
7. Do not spread faulty information, rumors, etc.
8. Assist those who are slower moving or in any way physically disabled.

FLOOR EVACUATION

Evacuation of building can only be ordered by the Fire Department. General Manager or Manager on Duty

1. Guests will be notified of evacuation via public address system. telephone and personal contact.

2. Initiate evacuation of guest floors as follows (follow this procedure exactly):
   A. Evacuate subjects' floor.
   B. Evacuate floors ABOVE subject floor.
   C. Evacuate floor BELOW subject floor.
   D. Evacuate handicapped persons (wherever located).
   E. Evacuate two floors ABOVE subject floor.
   F. Evacuate two floors BELOW subject floor.

STANDARD OPERATING PROCEDURES

Subject	: EVACUATION PLAN	**Effective Date**	:
Policy No	: ENG-FS-011	**Issued by**	: Chief Engineer
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G. Evacuate all remaining floors ABOVE subject floor.

H. Evacuate all remaining floors BELOW subject floor.

3. Accounts receivable, banks and other important assets may be quickly secured if you have reliable information that there is adequate time to do so and still safely evacuate.

- Turn all equipment off.
- Turn lights off.
- Proceed to nearest safe exit.
- Insure that heat/smoke is not present by feeling door before opening. If door is cool to touch, open cautiously.
- Proceed out door and close tightly. Lock Front Desk door.

EVACUATION RENDEZVOUS LOCATIONS

All guests and employees will meet on:

See Map Attachment k

STANDARD OPERATING PROCEDURES

Subject	: LOCATION OF EMERGENCY SHUT OF FS	**Effective Date**	:
Policy No	: ENG-FS-012	**Issued by**	: Chief Engineer
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LOCATION OF EMERGENCY SHUTOFFS

A. Main electrical shutoff switches (for hotel & restaurant) are located in the electrical switch room on (specific location of all switch rooms) ... and are labeled.

B. Main domestic water shutoff is located in the front **(specific location) Ground** level.

C. Natural gas shutoff is located in **(specific location).** Ground level

D. Emergency generator

E. Remote monitors. A panel on (specific location) monitors the fire pump status and the emergency generator status

F. Fire sprinkler shut off is located **(specific location)**

SEE ATTACHMENT "B"

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS	**Effective Date**	:
Policy No	: ENG-FS-013	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL

RESPONSE

PLANS

The following departmental response plans deal specifically with each individual department within SPHM.

Study these response plans and commit the contents to memory. Remember that your individual actions in the event of a fire can be the difference between life and death.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-FRONT DESK	**Effective Date**	:
Policy No	: ENG-FS-014	**Issued by**	: Chief Engineer
Page	: 1 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

FRONT DESK

1. WHEN FIRE ALARM SOUNDS:

   A. The Fire Control Center will immediately determine location of alarm (smoke detector, pull box, etc.)

   B. The **Fire** Control Center immediately notifies Security and Engineering on portable radio and give exact location and type of alarm

      a. Security and Engineering will inspect the area and determine status of alarm (false or actual). Security and Engineering will immediately notify the Manager on Duty and inform of situation.

   C. If false alarm has been determined, Manager on Duty will call the General Manager and report status.

      a. Regardless of situation. Security and Engineering will send qualify personnel for inspection and re-setting of fire alarm systems.

IF ACTUAL FIRE, PROCEED AS FOLLOWS:

1. If there is only one PBX operator on duty. designate desk clerk to assist operator.
2. Determine occupancy of affected areas:
   A. Subject floors.
   B. Two floors above subject floor.
   C. Two floors below subject floor.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-FRONT DESK	**Effective Date**	:
Policy No	: ENG-FS-014	**Issued by**	: Chief Engineer
Page	: 2 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

3. Determine room's locations of handicapped guests. Have this information readily Available for Fire Department and Manager on Duty.
4. If Bellman is not present, bring all elevators to the Lobby.

A. Hold all elevators at lobby level.

B. DO NOT allow guests or staff to use elevators.

5. Assist in lobby crowd control.
6. Plan evacuation of records and cash if necessary.
7. After the fire emergency, move guests to different rooms if necessary.
8. DO NOT comment on fire emergency to the news media. Refer all inquiries to the Manger on Duty.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-PBX	**Effective Date**	:
Policy No	: ENG-FS-015	**Issued by**	: Chief Engineer
Page	: 1 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

PBX

1. IF A FALSE ALARM:
   A. Advice.
   B. Advise security, Engineering, MOD, Housekeeping, Front Desk, Kitchen Personnel and Food &Beverage of false alarm status.
   C. Advise any telephone inquiries of false alarm status.

2. IF AN ACT'UAL FIRE:

   A- Advise **all** departments of fire emergency situation.
   B- If a guest evacuation command is given by the Manager on Duty or Fire Department. Operator will begin a systematic notification procedure, giving priority to the endangered areas as follows:

   * Call all Guests on endangered floor.
   * Call all Guests on floor ABOVE endangered floor.
   * Call all Guests on floor BELOW endangered floor.
   * Call all Handicapped Guests (wherever located).
   *Call all guests two floors ABOVE endangered floor.
   *Call all guests two floors BELOW endangered floor.
   *Call all Guests on remaining floors ABOVE and BELOW endangered floor.

REMEMBER OUR FOREING GUEST!

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-PBX	**Effective Date**	:
Policy No	: ENG-FS-015	**Issued by**	: Chief Engineer
Page	: 2 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

C. REPEAT THIS MESSAGE TO EACH GUEST CALLED:

"I'm sorry to disturb you, but the Fire Department has asked that all Guests in your area vacate their rooms immediately. Please use the stairways which are located **(specific location)** of your floor. Please close your room door behind you. DO NOT use elevators. Be calm ... move safely."

D. Call the General Manager on the **Mobil phone** if not on property.
E. Call the Security manager and Chief Engineer on the **Mobil phone** if not on property.
F. All calls from the news media concerning the fire situation will be referred to the General Manager or Manager on Duty.
G. If Guests call and state that their door is hot and/or smoke is entering room, advise them the fire department is on the way and that they should keep their doors closed, stuffing wet towels, bed linen and blankets in cracks and around doors.

3. AFTER THE FIRE:

K DO NOT comment on fire to the news media - have them direct inquiries to Manager on Duty.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-BELLMAN	**Effective Date**	:
Policy No	: ENG-FS-016	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

BELLMAN

1. When fire alarm sounds:

1. If not in Lobby, proceed there immediately - DO NOT use elevators.

   Clear vehicles away from driveway in front of building - a clear path must be available for Fire Department vehicles.

   Assist in bringing elevators in Lobby area to the Lobby level. DO NOT allow Guests to use elevators.

   Maintain order in the lobby area and assist the Fire Department in elevator operation as necessary.

2. DURING THE FIRE:

   Limit access to elevators to Fire Department Personnel only.

   Maintain order in the lobby area.

1. Assist evacuation as necessary (see Evacuation Plan in this manual)

3. AFI'TER THE FIRE:

   A. Commence normal elevator operations when advised by Fire Department, Engineering or Manager on Duty.

   B. Refer all inquiries from the news media to General Manager or Manager on Duty.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-F&B DEPARTMENT	**Effective Date**	:
Policy No	: ENG-FS-017	**Issued by**	: Chief Engineer
Page	: 1 of 3	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

FOOD&BEVERAGE DEPARTMENT:

Upon notification of a fire emergency. The Food & Beverage Manager will insure that all refrigeration not operating under emergency power is secured and locked from general use. All cooking facilities should be secured that do not have proper ventilation and exhaust systems and adequate fire protection due to power loss.

NOTE: Non-Management employees are to continue with normal business until instructed otherwise.

FOOD & BEVERAGE AIL4NAGEMENT PERSONNEL:

1. When fire alarm sounds:

A. Determine location of fire from front desk staff.

B. If fire alarm is determined to be in Food & Beverage areas (kitchen, restaurant, lounge, and banquet rooms) respond as follows:

1) Initiate R-A-C-E procedures

R-Rescue

A-Alert

C-Confine

E-Extinguish

2) If fire alarm is from any of the food or banquet outlets, investigate by proceeding quickly, but carefully, to ALL areas one very level. Priority emphasis will be placed on the kitchens, banquet rooms, restaurants and lounges, in that order.

C. If false alarm:

2) Advise PBX or front desk of status

3) Advise all F&B employees, banquet meeting guests. Restaurant and lounge guests of false alarm status.

D. If containable /minor fire:

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS-F&B DEPARTMENT	**Effective Date**	:
Policy No	: ENG-FS-017	**Issued by**	: Chief Engineer
Page	: 2 of 3	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

1) Initiate R-A-C-E procedures:
   R-Rescue
   A-Alert
   C-Confine
   E-Extinguish

2) Advise Fire Control Room of status

3) Advise all F&B employees of status

4) Maintain surveillance until fire department arrives.

2) If Major Fire:

A. Initiate R-A-C-E procedures
   R-Rescue
   A-Alert
   C-Confine
   E-Extinguish

B. Shut off power and gas to subject area and/or all equipment.

C. Advise all F&B employees if immediate evacuation is necessary.
   Assist in evacuation as necessary-use safest possible route from subject area. (See "Evacuation Plan" elsewhere in this manual.)
   See Map Attachment A for fire exit locations *Departmental Response Plan - F&B - (continued)*

D. if fire emergency is in kitchen area, CLOSE ALL DOORS before activating exhaust hood C02 system.

E. Make every effort to protect all meeting room equipment.

F. Maintain constant surveillance until fire department arrives.

G. Make every effort to ensure protection and security of cash and checks.

3. after the Fire:

H. Evacuate damage and safety problems. Ensure security of assets.

I. Barricade subject areas as practical/necessary. Direct clean up.

J. Attend to guest employee needs.

K. Resume normal operations as soon as possible.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS- ENGINEERING DEPT.	**Effective Date**	:
Policy No	: ENG-FS-018	**Issued by**	: Chief Engineer
Page	: 1 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

ENGINEERING DEPARTMENT:

1. **When alarm sounds:**

A. Engineering will be notified by the Fire Control Room (via radio) of the location of the alarm source.

B. Proceed to alarm location and determine status - false alarm or actual fire.

C. Immediately notify the Fire Control Room and Manager on Duty of fire alarm status.

2. **If False Alarm:**

A. Notify the Fire Control Room immediately.

B. Re-set fires pull box if necessary.

C. Repair/replace defective smoke detector/heat sensor if necessary.

D. Make appropriates log entries.

3. **If A Containable Or Minor Fire:**

A. Notify the Fire Control Room immediately.

B. Perform R-A-C-E procedures:

RRESCUE- Remove everyone from fire area.

A-ALERT-Sound the alarm if fire is not already reported.

C-CONFINE- Close doors to confine fire to **a** small area.

E-EXTINGUISH- Use fire extinguisher if possible, but only <u>after</u> other steps have been taken. Do not endanger anyone's life.

4. **If A Major Fire:**

A. Notify the Fire Control Room immediately.

B. Initiate R-A-C-E procedures.

C. Alert Manager on Duty and advice on immediate evacuation needs.

D. Evacuate subject floor if possible (other floors if directed by Manager on Duty or Fire Department)

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS- ENGINEERING DEPT.	**Effective Date**	:
Policy No	: ENG-FS-018	**Issued by**	: Chief Engineer
Page	: 2 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

E. Direct Fire Department to fire and assist if necessary.

F. Call for shutdown of electrical power and gas to subject area if requested by Fire Department or Chief Engineer.

G. **Restrict** entry of unauthorized personnel in endangered area. **Unauthorized persons include all guests and hotel staff not involved in emergency**

H. General:

1. Be prepared to turn off all air handling equipment:
2. Be prepared to turn off main gas feed (specific location).
3. Be prepared to turn off main electrical supply. (Specific location)

5. **After The Fire:**

A. Attend to safety problems regarding water, electrical power, gas, fallen/loose objects etc.

B. Assist in clean-up effort as necessary and as directed by Manager on Duty or Chief Engineer.

C. Replace/refill fire extinguishers, hoses and equipment used in fire.

NOTE:

During a fire emergency, normal activities will cease and all attention will be directed to relieving the emergency. All Engineering employees taking calls will respond only to calls pertaining to the present emergency.

At the time of notification of a fire emergency, the Chief Engineer will keep all Engineering personnel on duty during duration of fire emergency. If additional off-duty Engineering personnel are needed, the Chief Engineer will contact off-duty personnel and have them report to the hotel immediately.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS- FRONT OFFICE AND SALES	**Effective Date**	:
Policy No	: ENG-FS-019	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

FRONT OFFICE AND SALES:

1. When alarm sounds:

A. All personnel in the front office and sales department, except the administrative assistant, will proceed to the lobby area to assist as directed.
B. If time allows, secure assets; turn off all equipment and lights. Close and lock office doors when leaving.

2. During the emergency:

A. Initiate R-A-C-E procedures:
   R-Rescue
   A-Alert
   C-Confine
   E-Extinguish

3. After the emergency:

   A. Assist as directed.
   B. Handle all media relations as directed by Manager on Duty.

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS- Housekeeping	**Effective Date**	:
Policy No	: ENG-FS-020	**Issued by**	: Chief Engineer
Page	: 1 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEPARTMENTAL RESPONSE PLANS

HOUSEKEEPING:

2. When the fire alarm sounds:
   a) Room keepers and Housemen will place carts, vacuum cleaners in any available room or linen room in their area - close room door when leaving room.
   b) Clear corridors of any obstacles.
   c) Turn-off all electrical equipment.
   d) Remain on your floor and await further instruction.

3. During an actual fire emergency

A. Perform R-A-C-E procedures:

R-Rescue

A-Alert

C-Confine

E-Extinguish

B. Perform instructions in paragraph one (1) above.

C. In the event evacuation of building is ordered:

1. Housekeeping personnel assigned to specific floors will assume the role of Floor Warden and **will** lead guests and staff to the assigned stairwell for evacuation.
2. Room keepers should be the last people to leave their assigned floor, making certain that all persons have been evacuated. All areas of the floors should be checked by Roomkeepers to insure all persons have been evacuated. Check all suites including rest rooms, maid's closets, etc.

D. Stairwell assignments:

STANDARD OPERATING PROCEDURES

Subject	: DEPARTMENTAL RESPONSE PLANS- Housekeeping	**Effective Date**	:
Policy No	: ENG-FS-020	**Issued by**	: Chief Engineer
Page	: 2 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

See Attachment A

In the event your floor cannot be evacuated using assigned stairwells, use whatever stairwell is available.

E. Make master room keys available to Fire Department Personnel if so requested.

3. After The Fire:

A. Report to the Housekeeping Office for further assignments by Executive Housekeeper,

B. Assist in clean-up as directed by Executive Housekeeper or Housekeeping Supervisors.

NOTE:

Upon notification of a fire emergency, the Executive Housekeeper and all Supervisors should be called and ordered to report for duty. Housekeeping staff on duty will remain at hotel till fire emergency has been cancelled.

STANDARD OPERATING PROCEDURES

Subject	: ACCIDENT PLAN	**Effective Date**	:
Policy No	: ENG-FS-021	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

ACCIDENT PLAN

When a guest has an accident, these important procedures must be followed:

1. Be courteous and do not argue.

2. Contact General Manager or Manager on Duty immediately.

3. If injury is slight:

A. Render first aid if practical

B. If guest requests further attention, have the guest taken to nearest emergency room via hotel shuttle, or if not available via taxicab.

4. If injury is serious:

A. Call immediately

5. General information:

A. Do not discuss building defects or equipment defects with guests. Correct any problems as soon as possible.

B. Do not talk about insurance or claim settlements with the guest.

C. If guest is admitted to hospital, make an inventory in the presence of witnesses. (have witnesses sign inventory list) of the personal effects left in the room. Relatives claiming these items should sign inventory list as the receipt for these items.

D. Make detailed notes concerning the cause of the accident and the condition of the guest (thick glasses, alcoholic condition, and other noticeable details.) Obtain photographs of the scene of accident, if the injury is serious.

E. Obtain all pertinent information and submit an Incident Report. Forms are available at front desk. Do not give guest copy of incident report.

F. Make copies for Manager on Duty, Night Manager and Safety & Security Department Head.

STANDARD OPERATING PROCEDURES

Subject	: ACCIDENT	**Effective Date**	:
Policy No	: ENG-FS-022	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

ACCIDENT

When a guest has an accident at your property, these important procedures should be used:

Be courteous and do not argue.

When the injury is slight, render first aid, if practical and if qualified. If further attention is necessary, have the guest taken to the nearest doctor or hospital emergency room by hotel shuttle.

When the injury is serious, an ambulance should be called and the individual should be taken to the nearest hospital emergency room at once.

Do not discuss the defects of building or equipment with the guest. Correct any problems as soon as **possible**.

Do not talk about insurance, claim settlements or liability with the guest.

If the guest is admitted to the hospital, make an inventory in the presence of witnesses, of the personal effects left in the room. Relatives claiming these items should sign the inventory list as the receipt for the items.

Make detailed notes concerning the cause of the accident and the condition of the guest (thick glasses, alcoholic condition, and other noticeable details). Obtain photographs of the scene if the injury is serious. Identify witnesses of the accident and get their addresses and telephone numbers.

Contact the insurance company adjuster by telephone.

Complete an Incident Report and submit to the legal department in...

STANDARD OPERATING PROCEDURES

Subject	: DEATH/HOMICIDE PLAN	**Effective Date**	:
Policy No	: ENG-FS-023	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEATH/HOMICIDE PLAN

Upon receiving a call concerning a possible death, Manager on Duty shall:

If person appears dead, call 227 911.

If there is other person/s with the deceased, you might want to move them to another area and obtain pertinent information. *Be sensitive.*

Have the area sealed off by the Security Department. *Don't attempt to clean up or remove anything from the scene* until given permission by local authorities.

Cover the body if outside hotel or in plain view of guests, employees or public.

Obtain permission from police to conduct a witnessed inventory of the deceased's belongings, if he was a registered guest. These items should be securely stored and not released until local authorities give permission.

Obtain a receipt for any item taken from the suite by local authorities. A receipt should also be obtained from the individual claiming the personal effects of the deceased.

The police authorities normally handle notification of the next of kin.

Submit an accident/incident report containing all pertinent information.

STANDARD OPERATING PROCEDURES

Subject	: DEATH OF A GUEST	**Effective Date**	:
Policy No	: ENG-FS-024	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

DEATH OF A GUEST

Upon receiving a call concerning possible death, the management on duty should:

1. Call XXX XXX XXX

If the person appears dead, have the operators notified the local police authorities. Place a Security officer outside room.

If there is other person/s with the deceased, you might want to move them to another area and obtain pertinent information. *Be sensitive.*

Have the Manager on Duty or Chief Engineer seal off the area. *Don't attempt to clean up or remove anything from the scene* until given permission by the local authorities.

Keep <u>everyone</u> away from the area.

Obtain permission from the local police authorities to conduct a witnessed inventory of the deceased's belongings, if he was a registered guest. These items should be stored securely and not released until the local authorities give permission.

A receipt should be obtained for any item taken from the room by local authorities. A receipt should also be obtained from the individual claiming the personal effects of the deceased.

The local police authorities normally handle Notification of next of kin.

STANDARD OPERATING PROCEDURES

Subject	: PHYSICALLY DISABLED GUEST PLAN	**Effective Date**	:
Policy No	: ENG-FS-025	**Issued by**	: Chief Engineer
Page	: 1 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

PHYSICALLY DISABLED GUEST PLAN

Special consideration should be given to physically disabled guests who check into SPHM.

A. These roams (See map) should always be rented last so that they will be available for physically disabled guests who check in.

Room No.

B. When a physically disabled guest checks into the hotel, a "flag" or marker in a special color, known to all Management and Front Desk Personnel, is to be placed on guest's registration card. Information on the guest's disability will also be placed on guest's registration card. This information will also be entered into the computer. This will give any employee communicating with that roam, advance knowledge that the guest is physically disabled.

C. If it ever becomes necessary to evacuate the hotel, the person working at the front desk should quickly scan the registration cards to determine if any guests are physically disabled. In the event that guests with disabilities are registered, a list must be compiled including guest name and roam location.

2. In the event of evacuation, Fire Department Personnel will request this list so that special evacuation procedures can be followed.
3. A master key should be taken to the roam so that immediate entry may be gained. Before entering a suite, employee should knock or call-out to guest.
    1. In offering assistance, employees should consider the nature of the Guest's physical
    2. disability. For example, your arm can be offered to lead a blind guest or a note can be
    3. given to a deaf person to explain the need for evacuation.

STANDARD OPERATING PROCEDURES

Subject	: PHYSICALLY DISABLED GUEST PLAN	**Effective Date**	:
Policy No	: ENG-FS-025	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

Care should be taken not to alarm the guest unnecessarily.

If guest is deaf but is accompanied by someone who can hear, the operator should call the suite to inform both guests that someone has been sent to assist them.

STANDARD OPERATING PROCEDURES

Subject	: MEDICAL/SICKNESS PLAN	**Effective Date**	:
Policy No	: ENG-FS-026	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

MEDICAL/SICKNESS PLAN

When a guest or employee suddenly becomes ill, he/she often is unable to determine what he/she should do or whether he/she needs medical help. Do not lose valuable time. Take the initiative and get the person proper medical care.

When a person complains that he/she is sick and requests a doctor, proceed as follows:

Notify the General Manager or Manager on Duty immediately!
General Manager or Manager on Duty should check the comfort and safety of the ill person.

1.

A person who is ill, but able to function, should be taken by the hotel shuttle to the nearest Emergency Room / hospital, if requested to do so

If person appears to be severely ill:

1. Call 911 and request assistance for severely ill person.
2. Manager on Duty should check the comfort and safety of person and stand-by to await arrival of paramedics.
3. If symptoms are indicative of a heart attack - check schedules for a CPR certified team member and dispatch to location immediately.

3. If person is admitted to hospital:

A. Try to contact the person's employer or next of kin, if proper notification cannot be made, contact police for their assistance.
B. Conduct a *witnessed* inventory of the personal effects left in the suite. Store these items in a secure location until a person or their family claims them. Obtain a receive when these items are claimed.

STANDARD OPERATING PROCEDURES

Subject	: MEDICAL/SICKNESS	**Effective Date**	:
Policy No	: ENG-FS-027	**Issued by**	: Chief Engineer
Page	: 1 of 1	**Approved by**	: General Manager
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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

MEDICAL/SICKNESS

Heart Attack Attachment C
CPR Attachment D
(Should only be administered by certified team member/s)

Choking Attachment E

First-Aid for Choking Attachment F

Drowning Attachment G

Bleeding Attachment H

Electric Shock Attachment I

Burns Attachment J

Heatstroke (Sunstroke) Attachment K

STANDARD OPERATING PROCEDURES

Subject	: POWER FAILURE PLAN	**Effective Date**	:
Policy No	: ENG-FS-028	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

POWER FAILURE PLAN

In the event of a power failure, take the following steps immediately:

1. Notify Engineering-Radio page or call

2. Shut-off all major equipment over 220 volts.

3. Notify the power station, extension No., and determine what caused power failure and how long power will be off.

4. An emergency kit containing flashlights and lanterns is located in the (specific location)
   A. Do not use candles. Guests are not allowed to go into their rooms with candles.

5. Establish a central communication center should power outage situation continue for an extended period of time. Center should be set up in front office area.

6. Have sufficient number of employees available to escort guests to and from their rooms should this become necessary.

7. Hook up Emergency Phones / **Review our system**

8. Contact GM, central reservations - Chief Engineer via mobil telephone or pay phones. and inform them of the situation.

9. Make sure that there is no people trap on the elevators.

10. Engineering will completely survey hotel to ensure all emergency lights are operational.
    A. Engineering will ensure emergency generator is operational and on-line during power outage emergency.

STANDARD OPERATING PROCEDURES

Subject	: POWER FAILURE PLAN	**Effective Date**	:
Policy No	: ENG-FS-028	**Issued by**	: Chief Engineer
Page	: 2 of 2	**Approved by**	: General Manager
Distribution	: Executive Committee Department Head A&B All Engineering Associates		

B. When electrical power is restored, engineering will ensure proper voltages are entering main electrical supply prior to resetting electrical equipment.

C. Engineering will reset all 3 phase electrical equipment when power is restored.

11. Be sure to test all equipment by starting each piece. You must insure that it is operating properly. Equipment can easily be damaged because of improper voltage when power is restored.

12. If engineering staff is not scheduled, Night Manager needs to contact the Chief Engineer and respond until personnel get to hotel.

STANDARD OPERATING PROCEDURES

Subject	: LOSS PREVENTION COMMITTEE TOPIC	**Effective Date**	:
Policy No	: ENG-FS-029	**Issued by**	: Chief Engineer
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Distribution	: Executive Committee Department Head A&B All Engineering Associates		

R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

LOSS PREVENTION COMMITTEE TOPIC

GUSET PROTECTION

As employees of SPHM, we are all involved with, and responsible for, the security of our guests. Although our job descriptions and areas of response responsibility may vary, there is much that can be accomplished by each employee to make our hotels more secure.

During this meeting, we want to read and discuss several areas where close attention to proper security controls should be given.

1. Room keepers and maintenance personnel should insure that, after cleaning or working in a guestroom. all access doors are closed. Locks and supplementary locking devices such as sliding dead bolts on adjoining doors, Charlie bars and thumb-turn latches on sliding glass doors (if applicable) need to be in place. Any defective locks or devices should be reported so the item can be placed on a written work order to the Maintenance Department.
2. Maintenance personnel should make it a part of their scheduled preventive maintenance to check all guests room door locks to see that they are working properly. Insure that you check the dead bolt device (anti-shim) found in the lockset to see that it functions as intended when depressed. Also, it will be important to check the peepholes in the doors to see that vision is not blocked or blurred.
3. Bellman should be familiar with the security features of the guestroom in their hotel and acquaint guests with them when settling the guest in the room. Check to see that the safety and security cards have been left in a conspicuous location in the room so that guest can easily see them.
4. All hotel personnel working in the guest room areas should be alert for any suspicious persons or activity in corridors, vending areas, etc. Anything suspicious should be reported to security personnel or the management on duty.

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5. Front desk personnel should not give out any guest information. Neither should the suite number of a guest be given out.

a. Refer the person inquiring to a house phone and connect him with the guestroom.

b. When announcing the room number to a guest at check-in time, front desk clerks should do so in a low voice to insure it is not overheard, or point to room on key card.

6. If a guest requests a key, be sure to check identification and that he/she is a registered guest.

7. Security personnel, where applicable, will need to secure access doors to guestroom corridor areas during late evening and early morning hours. Security personnel to insure that they are not propped open should check access doors on a continuous basis. The security personnel for trespassers and suspicious personnel should check public areas (lobby, pool. restrooms, stairwells, vending areas, guest laundry and parking areas) on a regular basis. If any are found, they should contact the Manager on Duty immediately.

TOTAL INVOLVEMENT BY ALL HOTEL PERSONNEL WITH GUEST PROTECTION, REGARDLESS OF WHAT DEPARTMENT, IS THE KEY TO A MORE SAFE AND SECURE HOTEL.

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LOSS PREVENTION COMMITTEE TOPIC

ACCIDENT INVESTIGATIONS

A safety investigation form for employee accidents is included with this training topic. This is a new form and it should not be confused with the Loss and Incident Report. This form is designed as a tool for Hotel management to become better aware of the type of accidents occurring, and it should provide enough details so a group of accidents over a period of time can be analyzed with some specific trends noted. This should be one of the functions of the Loss Prevention committee.

The form is used and retained by the hotel's staff and Loss Prevention committee. The Legal Department may request a copy of this investigation form if the accident costs exceed $-------, but mostly these will remain on the property for the hotel's use.

Employee's supervisor should investigate all accidents requiring medical treatment. This responsibility should not be delegated to the Loss Prevention committee or to other members of management. The supervisor should know his employee better than anyone else on the property. In addition, he knows the capabilities and the attitude of his employee. He is aware of what instructions have been given to the employee and if he is the type to disregard them. Also, a good supervisor would not want other members of management providing instructions to his employees or recommending disciplinary action in the rare case when this is necessary. The supervisor sets the standards within his department, and he should be the first person aware when these standards are not being completely followed. It is for these reasons that the responsibility should rest with him to review the accident.

An important ingredient to the accident prevention program is a good investigation of accidents. Many of the safety rules and work practices we have today came as the result of a complete and thorough investigation. We should learn from accidents and try not to repeat the same mistakes. While we like to believe that all accidents are preventable, we must realize that an occasional set of circumstances will develop that we could not recognize or anticipate, but these occurrences don't cause most accident problems. It is the same type of injuries constantly recurring that give us the biggest headaches. If the accidents are analyzed, we soon realize that a definite pattern develops and many of our most serious injuries occur under very similar circumstances.

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The written report of the accident investigation should be provided to the Loss Prevention committee prior to its next regularly scheduled meeting. It should be a function of the Committee to review the accident reports and make any recommended corrections or suggestions. There are some important considerations the investigator should consider while performing his accident investigations. Some of these include the following:

1. The investigation should be completed as quickly as possible to obtain the facts while they are still fresh in the minds of the individuals involved.
2. The investigation should be conducted at the scene of the accident so a comparison can be made between what the individual reported and the physical conditions present.
3. Ask questions. Do not suggest blame.
4. Do not ask leading questions. Let the employee communicate what happened in his own words.
5. You should remember the person you are questioning might have various reasons for concealing facts. You should try to determine the true cause of the accident.
6. You should determine exactly what the employee was doing when he became injured.
7. You should check the employee's method to determine if he was following safe practices and procedures that had been established for the department.
8. You should consider if there were any other persons involved or unusual work conditions at the time of the accidents, such as a shorthanded or rush situation.
9. The accident should be reviewed with the idea that facts are being collected to determine corrective measures that can be taken to prevent a recurrence.
10. Use a sketch or photograph, if it is appropriate.

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We said that the intent of the investigation was not to place blame. It is important to correctly assess responsibility, and if the assessment requires a disciplinary action because someone involved with the accident violated company policy or employee conduct policy, then the disciplinary action should be taken immediately. Most accidents do not require this kind of action, but if the investigation determines that it does, then, we should take the necessary action. This should be done based on facts and only after a careful investigation has been conducted and following appropriate company policy.

We should review that accidents are most often caused by a combination of unsafe acts and some physical conditions present that contributed to them. An investigation often only looks at the physical aspect. The employee attitude and his physical and mental condition are usually a major factor. These should not be overlooked. Also, in many cases the employee may need some additional instructions or training in a specific area. If this is the case, then the supervisor should not hesitate to indicate in his report that this is needed and follow up to see that it is done. If he doesn't, the Loss Prevention committee should recommend it for him, after they review the accident.

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Subject	: SAFETY INVESTIGATION EMPLOYEE ACCIDENT	**Effective Date**	:
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SAFETY INVESTIGATION EMPLOYEE ACCIDENT

To be completed by department supervisor for all accidents where medical treatment is required A copy should be provided fo Loss Prevention Committee review.

1. Name of employee_____
2. Age _____
3. Length of employment in Hotel _____ Length of employment in Dept._____
4. Job Classification or Title _____
5. Date and time of accident _____AM. _____ P.M._____
6. Location of accident (area/dept.)_____
7. Describe accident and nature of injury (provide description indicating what, where, when and how accident occurred)_____
   _____
   _____
   _____
8. Is the employee expected to lose time from work because of this injury?
   Yes _____No _____ if yes, how long? _____
9. Check any unsafe conditions, which may have contributed to accident/injury. Complete checklist of possible causes on side.
10. What unsafe acts or employee condition contributed to accident/injury? Complete checklist of possible acts on other side.

11. What can be done to prevent similar accidents?

_____

_____

_____

_____

_____

_____

_____

12. Additional training or instructions to employee _____is needed_is not needed.

13. Incident report provided to Loss prevention _____Yes _____No

Date of report_____Supervisor_____

STANDARD OPERATING PROCEDURES

Subject	: ANALYSIS OF FACTORS CONTRIBUTING TO CAUSE OF ACCIDENT	**Effective Date**	:
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ANALYSIS OF FACTORS CONTRIBUTING TO CAUSE OF ACCIDENT	
Working Conditions	**Employee Condition/Attitude**
Floors wet	Inexperienced
Floor slippery/no nonskid surfaces	insufficient training/instruction
Poor lighting	Instructions disregarded!
Floors uneven/holes	Improper lifting
Cords across aisles	Instructions not enforced
Parking lots/holes	Attention distracted
Steps uneven/cracked	Attempted shortcuts
No stair treads or poor repair	Fooling/horseplay
No handrail on steps	Other specify
No guardrail on balconies	
Handrail or guardrail defective	Physical/Mental Condition
Improper storage/struck by objects	Fatigued
Carpets or rugs not secure/holes in them	Weak
No step stools/ladder used or not available	Apparent alcohol/drug abuse
Crowded/struck against objects	Disturbed/angry
Chemical bums	Other specify
Dermatitis	
Faulty shoes/high heels	Dress Safety Equipment
Occupational disease	Clothing loose or too long
Other specify	Protective safety wear not used
Equipment/Machinery	Protective wear not available
Faulty tools	Other specify
Guards not provided	
Poor maintenance	Medical Conditions
Equipment not grounded	Heart attack
Knives/sharps tools not stored properly	Previous injuries/re-occurring condition
Lock out procedure not used	Other specify
Elevators/conveyors	
Other specify	Vehicles
Handling Objects/Materials	Injured/collision with other vehicle
Strain-manual lifting/carrying	Falls getting in/out
Strain-manual pushing/pulling	Other specify
Pushing wheeled equipment/maid carts	
Dropped objects	
Other specify	
Supervisor's or investigator's remarks	

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Subject	: CLAIMS OF FOOD POISONING	**Effective Date**	:
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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

CLAIMS OF FOOD POISONING

If victim is still at the hotel, provide needed medical treatment.

All cases:

- Find out how many guests ate the same items as the guest who became ill.
- Find out how many employees ate those items.
- Find out if any other people are ill.
- Contact the Board of Health and request that they verify all information and test the food samples.
- Contact the General Manager (24 hours a day depending on the severity of the incident).

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R-A-C-E: R-Rescue, A-Alert C-Confine, E-Extinguish

HEART ATTACK

November 15, 2012

Sequence of Action

1. Ensure safety of rescuer and victim.
2. Check the victim for a response:

Gently shake the victim's shoulders and ask loudly, "Are you all right?"

3.a. If there is a response (the victim answers or moves):

Do not move the victim (unless he or she is in further danger), check the victim's condition, and get help if needed.

Reassess the victim's condition regularly.

3.b. If the victim does not respond:

Shout for help, send someone for help, or if you are on your own, consider leaving the victim and going for help.
Open the victim's airway by tilting the head and lifting the chin:
If possible, without moving the victim from his or her original position, place your hand on the victim's forehead and gently tilt the head back, keeping your thumb and index finger free to close the victim's nose if rescue breathing is required.
At the same time, with your fingertip(s) under the point of the victim's chin, lift the chin to open the airway.
If you have any difficulty, turn the victim onto his or her back and then open the airway as described.
Avoid head tilt if trauma (injury) to the neck is suspected.

4. Keeping the airway open, look, listen, and feel for breathing (more than an occasional gasp):
Look for chest movements.

Listen at the victim's mouth for breath sounds.
Feel for air on your cheek.
Look, listen, and feel for up to 10 seconds before deciding that breathing is absent.

5.a. If the victim is breathing (other than an occasional gasp):

Place the victim in the recovery position.

Check for continued breathing.

5.b. If the victim is not breathing:

If you have not already done so, send someone for help, or if you are on your own, leave the victim and go for help; return and start rescue breathing as below.

Turn the victim onto his or her back if the victim is not already in this position. Remove any visible obstruction from the victim's mouth, including dislodged dentures, but leave well-fitting dentures in place.

Give 2 effective rescue breaths, each of which makes the chest rise and fall.

Ensure head tilt and chin lift.

Pinch the soft part of the victim's nose closed with the index finger and thumb of your hand on the forehead.

Open the victim's mouth a little, but maintain chin lift.

Take a breath and place your lips around the victim's mouth, making sure that you have a good seal.

Blow steadily into the victim's mouth over about 1.5 to 2.0 seconds, watching for the chest to rise.

Maintaining head tilt and chin lift, remove your mouth from the victim's mouth, and watch for the victim's chest to fall as air comes out.

Take another breath and repeat the sequence as above to give 2 effective rescue breaths in all.

If you have difficulty achieving an effective breath:

Recheck the victim's mouth and remove any obstruction.

Recheck that there is adequate head tilt and chin lift.

Make up to 5 attempts in all to achieve 2 effective breaths.

Even if unsuccessful. move on to assessment of circulation.

6. Assess the victim for signs of circulation:

This includes

Looking for any movement, including swallowing or breathing (more than an occasional gasp) Checking if the carotid pulse is present.

Take no more than 10 seconds to do this.

7.a. If you are confident that you can detect signs of circulation within 10 seconds:

Continue rescue breathing, if necessary, until the victim starts breathing on his or her own. About every minute, recheck for signs of circulation; take no more than 10 seconds each time. If the victim starts to breathe on his or her own but remains unconscious, place the victim in the recovery position. Check the victim's condition and be ready to turn the victim onto his or her back and restart rescue breathing if breathing stops.

7.b. If there are no signs of circulation or if you are at all unsure:

Start chest compression:

Locate the lower half of the sternum (breastbone), and place the heel of one hand there, with the other hand on top of the first.

Interlock the fingers of both hands and lift them to ensure that pressure is not applied over the victim's ribs. Do not apply any pressure over the upper abdomen or bottom tip of the sternum.

Position yourself vertically above the victim's chest, and with your arms straight, press down on the sternum to depress it between 4 and 5 cm (1.5 to 2.0 inches).

Release the pressure, and then repeat at a rate of about 100 times a minute (a little less than 2 compressions per second). Compression and release should take an equal amount of time.

Combine rescue breathing and compression:

After 15 compressions, tilt the head, lift the chin, and give 2 effective breaths. Return your hands immediately to the correct position on the sternum and give 15 further compressions, continuing compressions and breaths in a ratio of 15:2.

8. Continue resuscitation until

The victim shows signs of life.

Qualified help arrives.

You become exhausted.

Modification of the ILCOR BLS Sequence of Action

This BLS sequence of action is not intended to restrict national resuscitation organizations or prevent them from making modifications when valid concerns (or future studies) support these. It is fully anticipated that the significant differences in culture and emergency facilities that exist between communities will result in modification of these statements by national resuscitation organizations in order to meet specific local or Regional needs. For example, decisions on when to call for help or whether to perform a pulse check may vary, depending on local epidemiology, emergency medical services (EMS) technology, or public Cardiopulmonary resuscitation (CPR) education. Therefore, this template should be used as a basic Resources from which to develop appropriate local ELS guidelines.

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Lay Rescuer Training

Readers familiar with CPR guidelines from other sources will note that there are some differences between these statements and prior publications. A central concern has been to ensure that guidelines are as simple as possible. The reason for a movement toward simplicity comes from a critical examination of the successes and failures of public sector CPR education. There is no question that CPR saves lives, yet after 30 years of attempts at public CPR education, most communities still do not train a sufficiently high proportion of the public to perform basic CPR; rates of community CPR in the United States and Europe have not increased significantly since the t970s. Paradoxically, in some higher-risk populations the rate of bystander CPR is particularly poor.4, *5* Therefore, the ILCOR BLS Working Group recognizes that a redoubling of efforts to teach CPR to the public is a vital priority for nearly all communities.

There are many possible obstacles to layperson CPR training, the reasons for which are multifactorial. It has been noted by some investigators that the psychomotor skills required to perform CPR are relatively difficult for the lay public. Moreover, even when they are taught to professionals, their retention by people who do not use them regularly has been disappointing.6-8 In addition, in some communities there is a reluctance to perform rescue breathing on a stranger due to a concern over disease transmission, for example, a fear of contracting HIV.9, 10.

There is scientific uncertainty within the literature regarding how "good" CPR has to be in order to save a life. it Do victims who receive perfectly performed compressions and rescue breathing (so called "good CPR") fare better than victims who get less effective CPR? A definitive answer is still awaited, but the clear conclusion from many studies is that the lowest survival rates occur when there is no attempt at CPR. 12 Any CPR is better than no CPR. Therefore, a simple, basic approach that can be effectively taught to the largest number of people should help to increase the pool of individuals willing to attempt BLS.

It is possible to imagine a wide spectrum of BLS instruction from simple to very complex. For example, some have suggested that CPR instruction for laypersons be as simple as "pump and blow." By contrast, far more complicated protocols than those currently available could be developed and recommended for public education by addition of more medical assessment steps to the various maneuvers. The recipe for the most "simple CPR," while maintaining effectiveness for survival, has not been adequately addressed.

Circulatory Assessment

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It has been traditional when checking for cardiac arrest in a nonresponsive (unconscious) adult victim to palpate the carotid artery. To date, all resuscitation councils worldwide require this single determination of carotid pulselessness as the diagnostic step that immediately leads to the initiation of chest compression. The time allowed to feel for the existence of a pulse differs between resuscitation councils,2,3,13 but no council advocates >10 seconds for a normothermic victim, as time is critical when initiating CPR.

Should the carotid pulse check still be taught to laypersons as the sole criterion for the initiation of chest compression?

Many EMS dispatch centers now offer telephonic CPR instruction to callers reporting victims who have collapsed. The criteria for the initiation of CPR are normally a combination of unresponsiveness and lack of breathing. 14 It is not normal practice for the dispatcher to ask for a carotid pulse check prior to advising chest compression, mainly because of the perceived difficulty in describing the technique over the telephone. Is the carotid pulse check in fact difficult, particularly for laypersons?

Recent studies[5-19 have strongly suggested that the time needed to diagnose with confidence the presence or absence of a carotid pulse is far greater than the *5* to 10 seconds normally recommended, with times
>30 seconds being needed to achieve a diagnostic accuracy of *95%.* Even with prolonged palpation, *45%* of carotid pulses may be pronounced absent when in fact present. 19 It should also be borne in mind that most of the studies were undertaken using normotensive volunteers, a situation far different from finding a victim in the street who has collapsed and is in cyanosis and who is likely to have hypotension, vasoconstriction, or worse.

As a result of these studies, the BLS group considers that the carotid pulse check should be de-emphasized and that other criteria should be used to determine the need for chest compression in an unresponsive, apneic adult patient. We decided to use the expression 'look for signs of circulation," which includes looking for movement as well as checking the carotid pulse. The rescuer should limit the time taken for this cheek to <= 10 seconds. Therefore, the absence of any obvious signs of life, not necessarily the absence of the carotid pulse, should be sufficient indication to initiate chest compression.

It should be emphasized that this departure from current teaching is aimed, at least for now, only at the lay rescuer~ checking for a pulse remains an important part of advanced life support (ALS) and the algorithm for use of automatic external defibrillators (AEDs).

Volume and Rate of Ventilation

Rescue breathing (expired air ventilation; mouth-to-mouth ventilation) has been a well-accepted technique of airway management in BLS since the early 1 960s.20 The volume of air required for each inflation is normally quoted as 800 to 1200 ml, with each breath taking 1.0 to 1 5 seconds. The BLS group questioned the validity of these figures.

Artificial ventilation without airway protection (such as tracheal intubation) carries a high risk of gastric inflation, regurgitation, and pulmonary aspiration.2 The risk of gastric inflation depends upon (I) the proximal airway pressure, which is determined by tidal volume and inflation rate; (2) the alignment of the head and neck and degree of patency of the airway~ and (3) the opening pressure of the lower esophageal sphincter (approximately 20 cm H20).

It has recently been shown that a tidal volume of 400 to 500 ml is sufficient to give adequate ventilation in adult BLS because C02 production during cardiac arrest is very low.2 1 This recommendation overrules earlier guidelines and makes it necessary to recalibrate adult training manikins.22 It is, however, consistent with the accepted teaching that the tidal volume should be that which causes the chest to rise as in normal spontaneous breathing.

During combined rescue breathing and chest compression, the rate of ventilation is dependent both on the ventilation volume and the compression rate. An inflation time of 1.5 to 2.0 seconds diminishes the risk of exceeding the esophageal opening pressure22 and results in an inflation/exhalation cycle of about 3 seconds. To obtain optimum perfusion of vital organs, a chest compression rate of about 100 per minute is recommended. It therefore takes 12 seconds to perform 15 cardiac compressions, allowing 6 seconds for the 2 rescue breaths; single-rescuer CPR should result in 8 breaths and 60 chest compressions per minute.

Call First—Call Fast

The first link in the "chain of survivaP'23 is to gain access to EMS. Advice as to the optimum time during a resuscitation attempt at which to leave the victim to go for help will depend on several factors: whether the rescuer is alone, whether the victim has a primary respiratory or primary cardiac arrest, the distance to the nearest point of aid (for example, a telephone) and the facilities offered by the emergency services.

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The importance of early defibrillation in the treatment of sudden cardiac death is now accepted. and major initiatives are moving forward in the world to deliver a defibrillator and the first shock at the earliest possible moment.24 The 1992 AHA guidelines2 emphasized that the rescuer should, if no other help is available, leave an adult victim immediately after establishing unresponsiveness in order to call an ambulance or EMS system ("phone first"). The ERC guidelines3 advise that a shout for assistance should be made as soon as the victim is found to be unconscious but that the lone rescuer should not leave to go for help until cardiac arrest is diagnosed by means of a pulse check ("phone fast"). Both the AHA and the ERC guidelines seek to ensure that a defibrillator reaches the victim at the earliest appropriate opportunity. Both agree that if the victim is a child, the rescuer should provide rescue support (ventilatory or circulatory or both) for about 1 minute before leaving the victim and calling the rescue team.25

The rationale for phoning first (rather than fast) is based on several factors.26 Clearly, defibrillation is the key to survival from sudden cardiac death. However, it has been documented that rescuers finding unconscious victims frequently encounter psychological blocks that prevent them from starting CPR or even calling for help. Valuable minutes are lost because of this inactivity, resulting in less chance of survival for the victim. Other rescuers can become so consumed with providing CPR that they persist far too long before summoning the EMS system.

In children the etiology of cardiopulmonary arrest is different from that of the adult.27 Respiratory arrest is far more common than cardiac arrest, which, if it occurs, is usually secondary to respiratory arrest. The outcome of attempts at resuscitation from cardiac arrest in children is dismal at best. with a high chance of poor neurological status afterwards.28 Survival following cardiopulmonary arrest in children is dependent mainly upon the immediate provision of effective rescue breathing, 29 hence the recommendation of 1-minute rescue support before leaving and phoning for help.

There has recently been interesting data to suggest that ventricular fibrillation is relatively rare in individuals up to the age of 30 years30, 31 and that perhaps a similar strategy to that of the management of childhood cardiac arrest would be prudent up until this age.

The EMS system in the United States responds in a way that uses the AHA guidelines but also considers other causes of collapse with separate protocols to manage them. It is recognized that the result of the call first versus call fast debate will vary in different parts of the world because of the different ways in which EMS systems are composed and staffed, as well as their different approaches to first aid. For this reason the sequence of action includes two alternative points in time when the lone rescuer may consider leaving the victim to get help: after responsiveness is

established or after the airway has been opened and breathing has been found to be absent.

In order to try and identify cases of primary respiratory arrest, 1 minute of resuscitation is advised when dealing with children and victims of trauma and near drowning. The following statement embodies the discussions above:

When to Get Help

It is vital for rescuers to get help as quickly as possible.
When more than one rescuer is available, one should start resuscitation while another rescuer goes for help.
A lone rescuer will have to decide whether to start resuscitation or to go for help first. In these circumstances, if the likely cause of unconsciousness is trauma (injury) or drowning or if the victim is an infant or a child, the rescuer should perform resuscitation for about 1 minute before going for help.

If the victim is an adult, and the cause of unconsciousness is not trauma (injury) or drowning, the rescuer should assume that the victim has a heart problem and go for help immediately when unresponsiveness is established or after establishing unresponsiveness and the absence of breathing.

Action for Choking

Action for choking, in particular the abdominal thrust maneuver, is included in most BLS guidelines. However, the incidence of an impacted foreign body in the airway is extremely low compared with the incidence of cardiac arrest from other causes. Indeed, most medical practitioners will never have encountered foreign matter in the airway that has caused death or even near death. Most cases of impacted food occur when the victim is eating, frequently while in the presence of other people. The event is therefore commonly witnessed. It also usually results in a progressively worsening situation of aphonia, cyanosis, and loss of consciousness rather than sudden collapse, sharply contrasting with most cases of primary cardiac arrest.

The BLS group decided therefore not to include the abdominal thrust maneuver as part of BLS. not only because it will be rarely needed, but because the technique carries significant added risks, including gastric aspiration and damage to abdominal organs. Chest compression applied for cardiac arrest produces a significant increase in intrathoracic pressure, and in the unlikely event of there being impacted material may well be sufficient to clear the airway.

By eliminating the abdominal thrust from the teaching of BLS there is the additional

benefit that one less skill has to be learned, which should benefit long-term skill retention.

Recovery Position

The airway of an unconscious victim who is breathing spontaneously is at risk of obstruction by the tongue and from inhalation of mucus and vomit. Placing the victim on his or her side helps to prevent these problems and allows fluid to drain easily from the mouth. This lateral, coma, side, or recovery position has been advocated in anesthesia for over 100 years32 and is still standard practice today. It is surprising therefore that its introduction into first aid practice was within the last 50 years.33 Perhaps even more surprising is that it was not until 1992 that the AHA guidelines mentioned the recovery position.2

Some compromise is needed when positioning the victim; a true lateral posture tends to be unstable, involves excessive lateral flexion of the cervical spine, and results in less free drainage from the mouth. A near-prone position, on the other hand, can result in underventilation because of splinting of the diaphragm and reduction in pulmonary and thoracic compliance.34

Potential injury to the victim also has to be considered.35 There have been a number of recent reports of potential interference with upper limb blood flow associated with the recovery position advocated by the ERC.36, 37 This involves the lowermost arm being brought into a ventral position with the uppermost arm crossing it and producing a pressure effect on the blood vessels and, possibly, the nerve supply. Placing the lowermost arm in a dorsal position may not necessarily be the answer, as this involves movement that could, at least theoretically, injure the shoulder joint. There is inadequate published evidence to come to definite conclusions, but the recognition of the potential for harm as well as for benefit from placing the victim on the side has been highlighted.

Many different versions of the recovery position exist, each with its own advocates. The BLS group concluded that it was unable to recommend one specific position but instead agreed on six principles that should be followed when managing the unconscious, spontaneously breathing victim:

1. The victim should be in as near a true lateral position as possible, with the head dependent to allow free drainage of fluid.

2. The position should be stable.

3. Any pressure on the chest that impairs breathing should be avoided.

4. It should be possible to turn the victim onto his or her side and return to the back easily and safely, having particular regard for the possibility of cervical spine injury.

5. Good observation of and access to the airway should be possible.

6. The position itself should not give rise to any injury to the victim.

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ATTACHMENT **C/HEART ATTACK**

HEART ATTACK

- **What** is **a heart attack?**

Heart attacks result from heart disease — blood vessel disease in the heart.
Coronary heart disease (C.H.D
Coronary artery disease (C.A.D.) and ischemic heart disease are more specific names for heart disease.

- **What causes a heart attack?**

The medical term for heart attack is myocardial infarction. A heart attack occurs when the blood supply to part of the heart muscle itself — the myocardium — is severely reduced or stopped.

This occurs when one of the arteries that supply blood to the heart muscle (coronary arteries) is blocked by an obstruction.

The blockage is sometimes from the buildup of plaque (deposits of fat-like substances) due to atherosclerosis.

A heart attack also can be caused by a blood clot lodged in a coronary artery. Such an event is sometimes called a coronary thrombosis or coronary occlusion.

A myocardial infarction is the damaging or death of an area of the heart muscle resulting from a reduced blood supply to that area.

If the blood supply is cut off severely or for a longtime, muscle cells suffer irreversible injury and die.

Disability or death can result, depending on how much heart muscle is damaged

Sometimes a coronary artery temporarily contracts or goes into spasm.

When this happens the artery narrows and blood flow to part of the heart muscle decreases or even stops.

What causes a spasm is unclear. But it can occur in normal-appearing blood vessels as well as vessels partly blocked by atherosclerosis. If a spasm issevere, a heart attack may result.

STANDARD OPERATING PROCEDURES

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ATTACHEMENT **E / CHOCKING**
G / FIRST AID FOR CHOCKING

CHOKING

If a person is choking, you should not interfere as long as he is coughing. If coughing does not dislodge the object from the trachea and the victim is breathing with extreme difficulty, or if he turns a bluish color and appears to be choking but is unable to cough or speak, quickly ask, "Are you choking?" A choking victim can nod his head "yes," but will be unable to talk. It is important to ask this question because a person suffering from a heart attack will have similar symptoms, but he will be able to talk.

THE ABDOMINAL THRUST:

If the victim is choking...

1. Stand behind him with your arms around his waist.
2. Place one fist, with the knuckle of the thumb against the victim s midsection, slightly above the navel but well below the breastbone.
3. Hold your fist firmly with the other hand and pull both hands sharply toward you with an upward-and-inward jab.
4. This procedure should be administered continually until either the object is forced Out or the victim becomes unconscious.

DUE TO THE FORCE WITH WHICH THE ABDOMINAL THRUST IS GIVEN, IT SHOULD BE USED ONLY IN AN ACTUAL EMERGENCY.

STANDARD OPERATING PROCEDURES

Subject	: ASPHYXIATION	**Effective Date**	:
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ATTACHMENT **H / DROWNING**

ASPHYXIATION

Asphyxiation is a loss of consciousness due to the presence of too little oxygen or too much carbon dioxide in the blood. The victim may stop breathing for a number of reasons (i.e. drowning, electric shock, heart failure, poisoning, or suffocation). The flow of oxygen throughout the body stops within a matter of minutes if a person's respiratory system fails. Heart failure, brain damage, and eventual death will result if the victim's breathing cannot be restarted.

RESCUE BREATHING

RESPIRATORY RESTORATION

A person suffering from asphyxiation should be given rescue breathing. Before you begin rescue breathing, be certain that the victim has actually stopped breathing.

1. Kneel beside the victim, place your ear near his nose and mouth, and watch his chest carefully. You should feel and hear the breaths and see his chest rise and fall if he is breathing.

IF HE IS NOT BREATHING...

1. Provide an open airway. Carefully place the victim on his back and open his mouth. If any material is blocking the airway, it must be cleared out.
2. Tilt the victim's head back by placing the heel of one hand on his forehead and the other hand under the bony part of his chin to lift it slightly.
3. Straddle his thighs, placing one palm slightly above the navel but well below the breastbone. Cover this hand with the other and interlace the fingers.
4. Without bending your elbows, press sharply on the victim's abdomen 6-10 times.
5. Turn the victim's head to one side and sweep out any contents in his mouth with your fingers.
6. If the victim's breathing is not restored after removing the object, reposition his head in the head-tilt/chin-lift position and continue breathing for him as long as is necessary or until help arrives.
7. If there are no signs of breathing, pinch the victim's nostrils closed. Seal your mouth over the victim's mouth and blow two full breaths. A rising chest indicates that air is reaching the lungs. If the stomach is expanding instead, the victim's neck and jaw are positioned improperly. Gently push on the victim's abdomen with the palm of your hand until the air is expelled, because the extra air in the stomach may cause vomiting.

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8. Look, listen, and feel again for signs of breathing. If the victim is still not breathing on his own, continue blowing into his mouth one breath every five seconds until help arrives.

INFANTS:

If you are working with infants or a small child, position your mouth so that you can blow through the child's nose and mouth at the same time. Give two puffs , using your mouth and cheeks for breathing air into the infant's lungs (to keep from overinflating the lungs).

Administer one breath every 3-4 seconds.

STANDARD OPERATING PROCEDURES

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ATTACHMENT **J ELECTRIC SHOCK**

ELECTRIC SHOCK

1. Remove the victim from the source of electricity before you touch him. Either turn off the master switch to disconnect the power, or us a nonmetal,
   d dry object such as a stick to pull the wire or electrical source away from the
   v victim's body.

   1 If he is not breathing, begin rescue breathing immediately; a victim whose h
   h heart has stopped breathing needs **CPR.**

3. If the person is unconscious, but is breathing and has a heartbeat, you should place him in the recovery position and monitor his breathing and heart rate until medical help arrives.

STANDARD OPERATING PROCEDURES

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ATTACHMENT M BLEEDING

BLEEDING

EXTERNAL BLEEDING:

- Apply direct pressure. Place a clean, folded cloth over the injured area and firmly apply pressure. If blood soaks through, do not remove it. Instead, cover that cloth with another one and continue to apply pressure to the wound for 7-10 minutes. If the bleeding is from the ear, place a clean bandage over the ear, lay the victim on his side, and allow the blood to drain out through the bandage.
- Elevate the injury. Position the wounded part of the body above the level of the heart if possible while you apply direct pressure.
- Know the pressure points. If direct pressure and elevation do not sufficiently slow the blood flow, find a pressure point. Large arteries found close to the skin's surface supply blood to the head and to each arm and leg. The most common pressure points used during first aid are located in the upper arms and in the creases above the upper legs. Apply pressure to the closest pressure point to the wound so that the artery is pressed between your fingers and the bone directly behind the artery. If using the pressure point on a leg, you may need to use the heel of your hand instead of your finger.
- Resort to a tourniquet. On very rare occasions everything listed above may fail. To prevent the victim from dying, you should apply a tourniquet. Once a tourniquet is applied, it should not be loosened or removed until the victim has reached medical help. Use a tourniquet ONLY if everything listed above has failed. If you use a tourniquet, write down somewhere on the victim the time it was applied, so medical personnel will know how long it has been in place.

INTERNAL BLEEDING:

Internal bleeding results when blood vessels rupture, allowing blood to leak into body cavities. It could be a result of a direct blow to the body, a fracture, a sprain, or a bleeding ulcer. If a victim receives an injury to the chest or abdomen, internal bleeding should be suspected. He will probably feel pain and tenderness in the affected area.

Other symptoms to watch for:

1. cold, clammy skin
2. pale face and lips
3. weakness or fainting
4. dizziness

STANDARD OPERATING PROCEDURES

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1. nausea
2. thirstiness
3. rapid, weak, irregular pulse
4. shortness of breath
5. dilated pupils
6. swelling or bruising at the site of injury

The more symptoms that are experienced, the more extensive the internal bleeding is.

WHAT TO DO FOR THE VICTIM:

1. Check for an open airway and begin rescue breathing if necessary.
2. Call for medical help as soon as possible and keep the victim comfortable until help arrives.
3. The victim may rinse his mouth with water, but DO NOT give a victim of internal bleeding anything to drink.