



Royal Infirmary Edinburgh

EMERGENCY FIRE ACTION PLAN



EFAP for Neonatal Unit



EMERGENCY FIRE ACTION PLAN

PREMISES – Royal Infirmary Edinburgh .

DEPARTMENT – NNU

LOCATION – First Floor Simpsons Centre for Reproductive RIE

DEPARTMENTAL CONTACTS –

- Claire Adamson (Clinical Manager) Tel – 01312422601 Mobile 07718100698
- Nurse in Charge Tel - 0131 242 2601/2 Extension 22601/2
- Attending Consultant - Tel -0131 2422324/5 (8.30 am -10pm) or On call contact number Bleep 1615

SITE/ HOSPITAL FIRE CONTROLLER – IS ON DUTY NOMINATED SITE LEAD

SITE FIRE RESPONDERS – SITE FIRE TEAM WILL CONSIST OF WARD / DEPARTMENTAL CLINICAL STAFF,
HOSPITAL SECURITY , ENGIE FACILITIES TEAM , ON DUTY NOMINATED PORTERS, ON
CALL FIRE OFFICER

All NNU Band 7s - Seonaid Riach, Sarah Kennedy, Clare Abbott-Smith , Lisa Mackie, Chloe Brodie , Kirsten Robertson, Naomi South, Anne Marshall, Alison Wood, Stacey Bolan.

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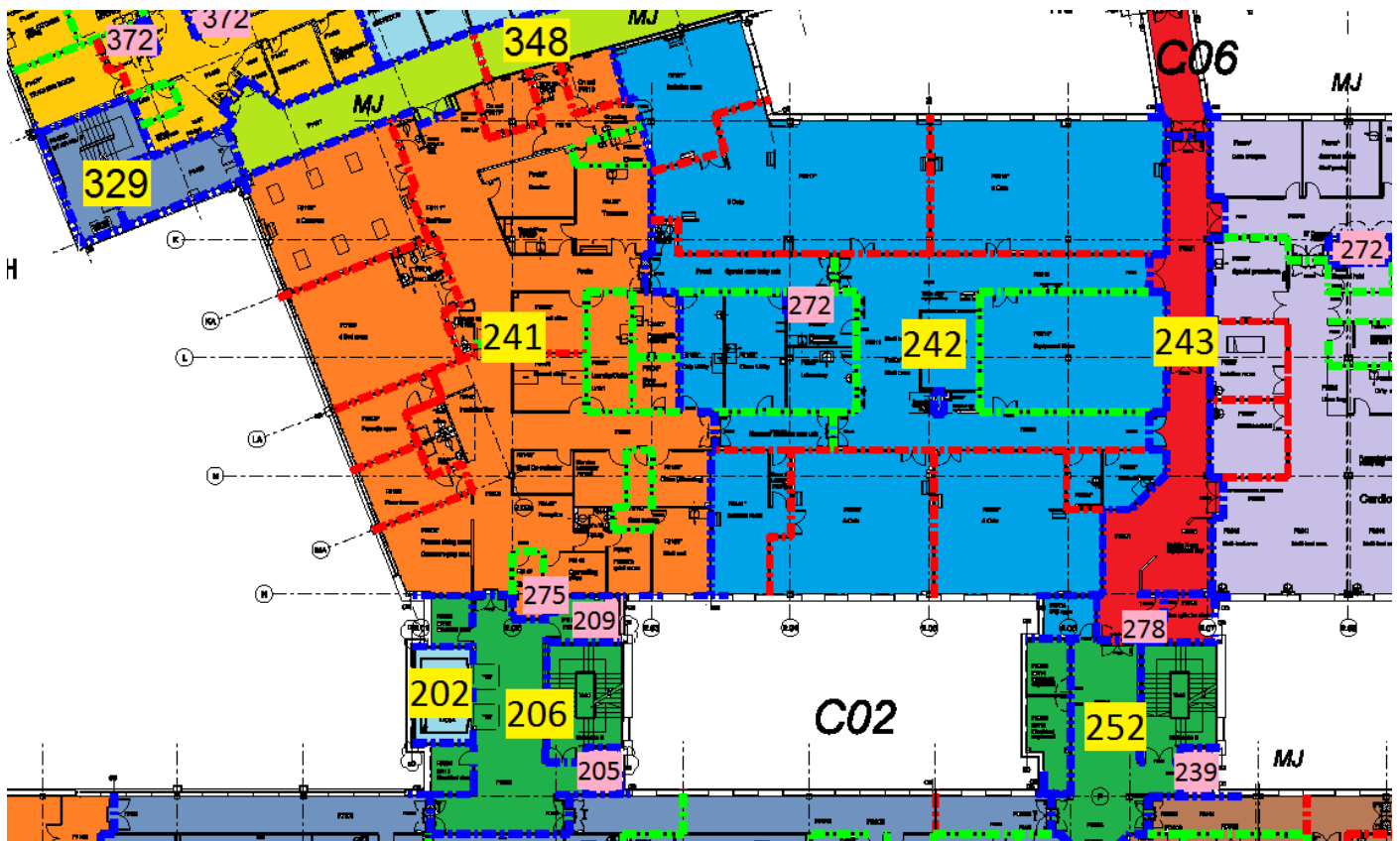
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DEPARTMENT LAYOUT PLAN



SECTION 1 – FIRE WARNING SYSTEM

The system comprises of manually operated break glass points and automatically operated heat and smoke detectors, visual indicator devices or audible warning devices, which are distributed throughout the buildings. These activate the alarm system and identify the location of the fire on the main fire alarm indicator panel, which is located in the Engie security switchboard room

FIRE ALARM SIGNAL

The Fire Alarm Signal is an electronic sounder or visual signal which will be **continuous** when the fire alert is within the zone containing the fire.

Out with the affected zone, the floors above, below and surrounding zones will sound an **intermittent** alarm sound.

SECTION 2 – FIRE FIGHTING EQUIPMENT

Portable Fire Extinguishers are located throughout the premises and consist of the following types:-

Foam (Red with Cream Strip) – for use on flammable liquid fires but can also be used on free burning materials such as paper, wood, fabrics etc – not for use on electrics.

Carbon Dioxide (Red with Black Strip) – for use on electrical fires

Fire Blanket – for use on fires involving pans of food or where peoples clothing is on fire.

Specialist Fire Fighting Media

MRI IMAGING Areas have specific fire fighting media which is marked as MRI safe and identifiable by the Blue or White handles and is only located within the MRI areas so only fire fighting equipment from this area must be used in the MRI Department or MRI theatre

USE OF FIRE EXTINGUISHERS

Only members of staff that have completed mandatory training in the use of portable fire extinguishers should be delegated to firefighting duties.

Note – Only to retrieve trapped persons or small waste paper basket sized fires should be tackled by trained staff using a maximum of one fire extinguisher.

SECTION 3 – FIRE ACTION PLAN

It is essential that the escape route from the building should be clear and function efficiently.

- Exit routes must be kept clear of obstruction at all times
- Portable heating equipment or other sources of ignition must not be used in any part of an exit route.
- Fire doors must not be wedged or propped open.

All personnel within the building should be familiar with the escape routes of the premises.

Patient Lifts within the building must ONLY be used in the areas of the building not involved in a fire event BY TRAINED STAFF .

How people will be warned if there is a fire:

- Automatic activation of the fire warning system by the operation of a smoke or heat detector within the rooms or the Vesda system within the rooms and roof space.
- Manual activation of the fire warning system by the operation of a manual fire alarm call point.
- By a person raising the alarm by shouting 'Fire! Fire! Fire!'

What staff should do if they discover a fire:

- Alert persons in close vicinity Shout Fire! Fire! Fire! and activate the nearest fire alarm call point

What should staff do in the event of a fire:

- Assemble in a pre-arranged staff assembly area if safe to do so
- Locate the fire
- Instigate the evacuation process for the department (see Evacuation on page 6 below)
- Consider fighting the fire with a fire extinguisher if it is safe and appropriate to do so.

The arrangements for calling Fire and Rescue Service:

- Automatic when a smoke / heat detector or vesda is activated via Engie on site security team calling SFRS.
- Automatic when a manual fire alarm call point is activated via Engie on site security team calling SFRS.
- By dialling 2222.

Person in charge should:

- Allocate resources to the following areas:
- Staff to make a back up call by contacting the emergency telecoms switch board on 2222 as above.
- Staff to evacuate patients, visitors and other people in the department away from the fire area (see evacuation process below).
- Staff to extinguish the fire using a fire extinguisher or fire blanket.
- Departmental manager to initially request assistance from horizontal adjacent areas if required.
- Staff to rendezvous with the Fire and Rescue Service and notify them of the circumstances of the incident

Evacuation Plan for evacuating members of the public, patients and site visitors in the event of a fire.

From the waiting areas:

The staff /Fire Responder should identify themselves to members of the public in the waiting areas. The public should be prepared to be evacuated and if required directed to the nearest fire exit and guided to the assembly point.

From patient practice areas:

- The staff / Fire Responder should be delegated to Clinical Staff to assist with preparing to evacuate and then directing everyone to the nearest fire exit and guiding them to the assembly point.

System for People with a Visual, Hearing or Mobility Impairment

People with visual impairment will be alerted to a fire in the same way as those who are not visually impaired; a person with a visual impairment will normally be able to evacuate the building without particular difficulty if assisted by a fully sighted person or guide dog.

A person with a hearing impairment should be advised by a member of staff of the sounding of the buildings emergency alarm. They will normally be able to evacuate the building without particular difficulty if assisted by a member of staff or relative.

Individuals with mobility difficulties may require assistance to evacuate the building in an emergency.

Bariatric patients

Each bariatric patient will have been identified and will be located within the building as per the buildings bariatric patient pathway and this will result in a PEEP being produced which will include the method of escape in the event of a fire. The lifts identified for bariatric patient and normal patient use within RIE building are located within stairwells 8,10,11,and 12

OUT OF NORMAL WORKING HOURS

- There will be no difference outside normal working hours as the building is 24/7

Person in charge should:

Report to the departmental Fire Panel and staff Assemble in the pre-arranged staff assembly area if safe to do so.

The staff assembly area for this department is **Main Staff Base** If this area is affected by fire another suitable safe location should be used to assemble staff.

Allocate resources to the following areas:

- Activate manual fire alarm call point if this has not already been done.
- Make a back up call by dialling 2222 to the emergency switch board if this has not already been done.
- Locate the source of fire without putting anyone in danger.
- Issue initial instructions for controlled evacuation.
- Remove patients, visitors, contractors and other persons (*those in the immediate vicinity of the fire first*) to a place of safety which should be a pre determined fire assembly point (see evacuation process below).
- Progressive horizontal evacuation may be the best strategy to adopt where it is not appropriate to evacuate residence or patients outside the building. This strategy is suitable where patients are dependent on staff to assist with their escape.

- Ensure Disabled Persons refuge Points are physically visited to confirm the current state of occupancy if appropriate.
- Ensure all doors and windows are closed.
- Staff to extinguish the fire using a fire extinguisher or fire blanket if safe to do so.
- Ward /Area Staff /Fire Responders to update Hosptial Fire Controller of situation and when area of responsibility is clear.
- Site /Hospital Fire controller to rendezvous with the Fire and Rescue Service incident commander and notify them of the circumstances of the incident.
- The assembly points for this department are listed in section 4.

SECTION 4 – FIRE ASSEMBLY POINTS

The external fire assembly point for NNU at RIE is :

- **Assembly Point 3 – Maternity Car Park A**

At the external assembly area the Fire Responder for each department should report to the Site Fire Controller that there area is clear so this can be passed on to the Fire Service.

SECTION 5 – FIRE ALARM SIGNALS FROM ADJACENT COMPARTMENTS

- When the fire alarm omits an intermittent (continues with pauses) fire alarm signal in your department this indicates that the fire warning system has been activated in an adjacent fire compartment.
- Staff should meet at the predetermined assembly point which is located at **Main staff Base** and if required a member of staff should be dispatched to gather information as to the nature of this alarm signal. They should ascertain if assistance is required, without putting themselves in any danger.
- In the event of a fire situation in an adjacent compartment all available assistance that can be made available from your department should be directed to this area as soon as possible, if requested by adjacent nurse in charge.

Preparations should be made by the remaining staff so that in the event of the fire effecting your department the evacuation process can begin without delay

SECTION 6 – HAZARDS

HAZARDOUS AREAS

- N/A

HAZARDOUS EQUIPMENT

- N/A

HAZARDOUS SUBSTANCES

- Portable o2 cylinders located at cot spaces
- Nitric oxide cylinders rooms F5128B
- Inovent calibration gases blood gas analyser room F5207
- NNU Gas cylinder storeroom FS702A

HAZARDOUS PROCESSES

- N/A

Isolation of power and gas:

Power supplies can be isolated in all areas by consultation with Engie estates staff if required.

- Isolation points for piped gases within this department are located at:-
- Fire and Rescue Service staff should be made aware of these facilities on arrival and the position of oxygen and other medical gas cylinders within the department.

AFTER FIRE ACTIONS:

Any actions will be as authorised by SFRS Incident Commander;

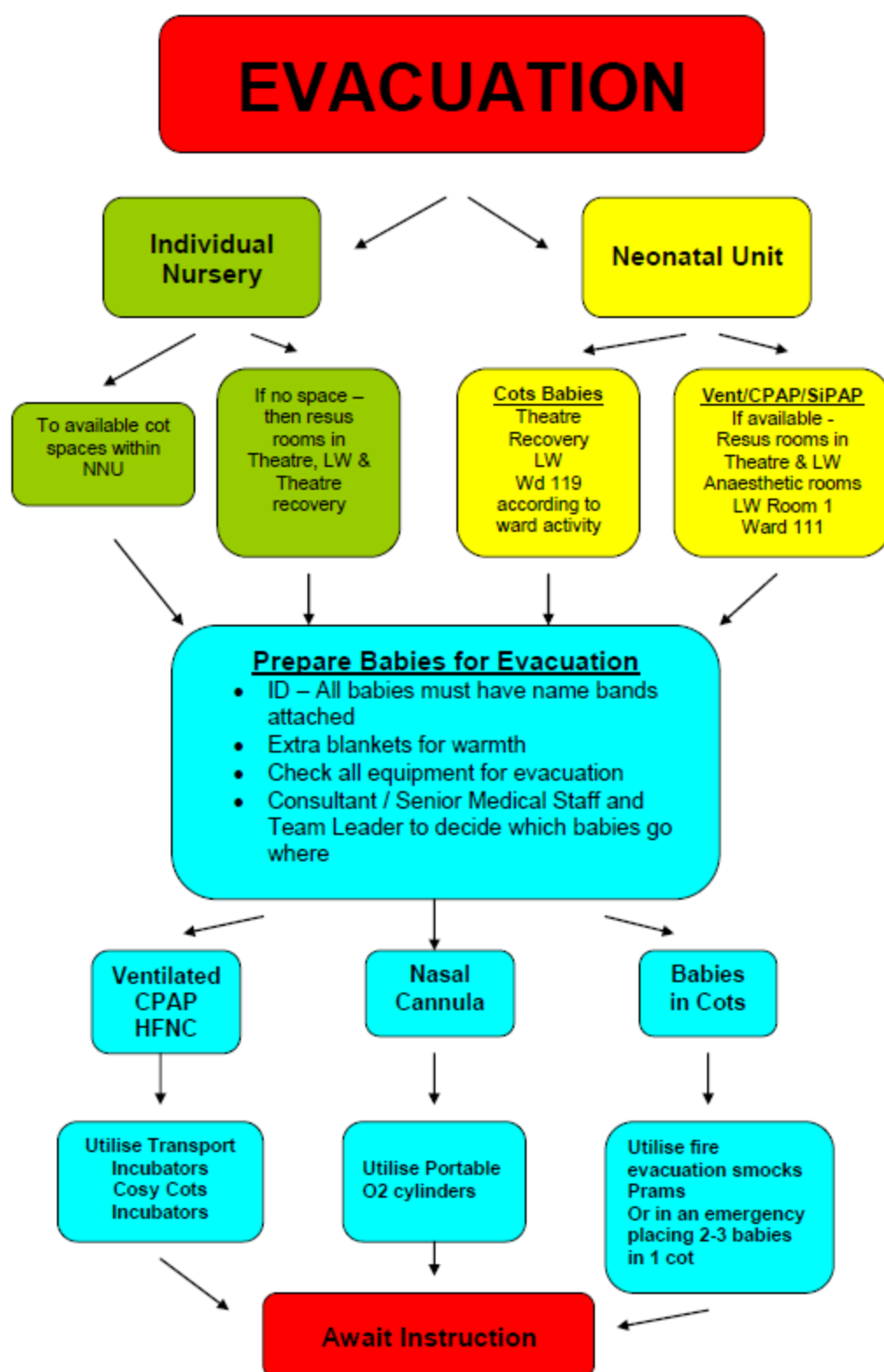
- Silencing or Resetting of the Fire Alarm System must be on the authority of the SFRS incident commander.
- The fire alarm can be requested to be silenced by SFRS or on the site NHSL fire response team hospital controller if there is a clinical need but this must be documented
- The Fire alarm can only be reset by Engie personnel
- Ensure the Fire Alarm Panel shows Healthy. (Engie personnel)
- Smoke Venting to the Protected Stairs will have automatically opened on fire alarm activation therefore manual/ closing must occur to avoid rain water ingress.(Engie personnel)
- Smoke Venting to the Open Space will have automatically opened on fire alarm activation therefore manual /closing must occur to avoid rain water ingress.(Engie personnel)
- Confirm Electro - Magnetic Door Lock Systems have re-engaged confirming building security. (Engie)
- Refit those Fire Doors normally Held –Open by Magnetic – hold open devices back to their Hold Open Position.(NHSL/ Engie)
- Ensure Compartment Shutter Partitions are back to the Open Position. (Engie personnel)
- Confirm Airflow Systems have returned to operational ability, (Engie personnel)
- Complete an After Fire Incident Report in Time Sequence Order. (NHSL) & (Engie personnel)
- Confirm Lift have returned to operational ability. (Engie personnel)

SECTION 7 – FIRE DRILLS

Desk top Fire drills should be carried out to check that staff understand and are familiar with operation of the emergency fire action plan, to evaluate effectiveness of the plan and to identify any weakness in the evacuation strategy.

The frequency and organisation of such desk top exercises is a matter for local management, but it is recommended that they take place at least twice a year and simulate conditions in which at least one of the escape routes is deemed to be obstructed by fire or smoke.

The progress of drills should be monitored by specially-nominated, competent staff. **Records must be kept giving details of each drill and the outcome together with the names of the staff who participated.**



Evacuation

- Call areas below to establish which areas are free to accommodate babies

Point of Contact	Labour Ward Co-ordinator	Bleep 1597
	Theatre Co-ordinator	Bleep 2118
	Main desk Theatre	Ext 23111
	Recovery Area	Ext 23110
	Ward 111 Nurse in Charge	Ext 21111

- Team Leader / Special Care Co-ordinator to discuss with Consultant / Senior Medical Staff which nurseries require evacuation and which babies to move where.

The following spaces should be considered and babies allocated accordingly:

Ward / Room		Air Points	O2 Points	Availability
Labour Ward				
Resus		6	6	
Room 1		2	2	
Any other delivery rooms free	SC Babies only	0	1	
Theatre				
Resus		6	6	
Anaesthetic Rm 1		2	2	
2		2	2	
3		2	2	
Theatre Recovery	SC Babies only	0	4	
Ward 119	SC Babies only			
Waiting area		0	0	
LDRP Main Desk		0	0	
Resuscitaire		0	1	
Any other rooms		0	1	
Ward 111				
Single Rooms x 3		2 each room	2 each Room	
Room 12		2	2	
Any other space				

Other sources of support if required Senior Anaesthetist on site Bleep 2200

Nursery

[illegible]

Little France Campus External Fire Assembly Points Plan

Campus fire assembly points

