

**MAYO HOSPITAL LAHORE**

01-07-21

**FIRE EMERGENCY EXIT PLAN / EVACUATION PLAN**

**Purpose:**

This plan is developed to provide guidance in the development of Fire emergency Plan and evacuation (if required) containing detailed information, instructions, and procedures that can be engaged in any emergency situation including Fire necessitating either a full or partial evacuation of the hospital.

A fire emergency evacuation plan is a written document which includes the action to be taken by all staff in the event of fire and the arrangements for calling the fire brigade/Rescue 1122.

This plan include

1. Availability of Firefighting Equipment e.g. Buckets with sand and portable Fire Extinguishers
2. Significant directional "EXIT" signs to define the route of Exit in case of Fire emergency.
3. Separate ingress and egress routes
4. Stairways with safe and adequate secured railing
5. Staff roles and responsibilities essential to this process.
6. Staff training for employees on the evacuation plan will include techniques for lifting and carrying patients and knowledge of alternate evacuation routes.
7. The expectation will be that staff will accompany patients and work at receiving facilities.
8. Drills and reviews must be conducted to ensure that the plan is workable.

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**General Fire Notice:**

For low and moderate risk premises (Medical wards, hospital corridors, Staff offices etc.) this will take the form of a simple fire action sign posted in positions where staff and relevant persons can read it and become familiar with its contents.

**Staff Fire Notice:**

High fire risks or large premises will need more detailed emergency evacuation plan which takes account of the findings of the fire risk assessment, e.g. the staff significantly at risk and their location. In addition notices giving clear and concise instructions of the routine to be followed in case of fire should be prominently displayed.

**DETECTION / FIRE RISK ASSESSMENT:**

**Fire Risk Evaluation Guide**

Severity	Likelihood	Fire Risk Rating
High – A major fire occurring involving loss of life	High – Certain or near certain	High Risk – immediate action required
Medium – A fire involving a danger to persons	Medium – reasonable likely	Medium risk – Action required unless good reason
Low – A fire	Low – Very seldom or never	Low risk – No direct action required but consider improvements

The Fire Safety plan based on risk assessment approach, which is goal based and flexible.

All the hospital staff on duty especially inclusive and not limited to the security person, receptionist, ward boys and nurses at the nursing station will be vigilant and be ready to notice any smoke, spark or smell in their respective area of duty.

Senior Registrar/ Registrar is the Responsible Person (RP) who generates the risks in the workplace, therefore, to safeguard the safety of employees, the Responsible Person must :

- Identify fire hazards and people at risk and to remove or reduce the risk of those hazards causing harm to as low as is reasonably practicable; and
- to determine what fire safety measures and management policies are necessary to ensure the safety of people in the building should fire occur; by
  - Reducing the probability of a fire starting.
  - Ensuring that all occupants are alerted and can leave the premises safely.
  - Limiting the effects should a fire occur.

#### **1. Containment :**

Fire risk assessment should be the foundation for all the fire precautions in every premises.

A simple single line drawing of the premises to scale should be drawn, showing any relevant structural features and the use of particular areas e.g. production, storage, office accommodation, storage and plant, etc.

A copy of the plan should be pasted in each premises, to give to the fire service (Fire brigade, Rescue 1122) when they arrive to assist in firefighting operations.

The plan should be used to indicate hazards, and persons especially at risk.

It will assist you to identify where combustibles and ignition sources come together, or are in close proximity, and the action to be taken.

In very small premises a simple naught and crosses system can be used; red circles for combustibles and blue crosses for heat/ignition sources.

#### **Responsibilities**

- **Senior Registrar/Registrar** will make the decision to activate the plan.
- Doctor on duty and Sister Incharge is the alternate if primary person is not available.



- Senior Registrar/ Registrar will activate the plan by risk assessment and communicate immediately to the staff.

- **Sister Incharge** will

1. First identify possible sources of ignition, fuel and oxygen in Emergency Premises  
Identify any sources of ignition, (heat or flame).

All workplaces will contain heat/ignition sources some will be obvious, others may be less obvious such as heat from chemical processes or electrical equipment.

Possible sources of ignition are:-

- Defective electrical fittings and defective or misuse of electrical apparatus – light bulbs and fluorescent tubes too close to combustible materials, misuse or defective electrical extension leads and adapters, faulty or damaged wiring.
- Matches, Lighters, Candles and Smoking materials.
- Sources of frictional heat.
- Electrostatic discharges.
- Ovens, kilns, open hearths, furnaces or incinerators.
- Boilers, engines and other oil burning equipment.
- Portable heaters.

Potential sources of fuel and unsafe situations:-

- Any combustibles – These can be divided into two main groups; combustible fuels such as paper, wood, cardboard, etc.; and highly combustible fuels such as thinners, solvents, polyurethane foam, etc.



- Any unsafe procedures or acts – Persons undertaking unsafe acts such as smoking next to combustible materials.
- Any unsafe conditions – These are hazards that may assist a fire to spread in your workplace, e.g. if there are large areas of hardboard or polystyrene tiles etc., or open stairs that can cause a fire to spread quickly, trapping people and involving the whole building.

The above list is by no means exhaustive and is provided merely as a guide.

2. Communicate to the telephone exchange of the hospital who will inform Administration Department, so that the Administration could take necessary in time actions. Telephone Exchange will also immediately call Fire Brigade and RESCUE 1122.
3. In case of High Risk emergency **Higher Administration** (MS/AMS/DMS) in collaboration with Registrar/ Senior Registrar of the premises will define the type/level of evacuation that could occur (limited, entire building(s).)
  - They will describe the phases of implementation (i.e. Staff notification, accessing available resources and equipment, preparation of patients and essential patient supplies and equipment).
  - Higher administration will
1. Define the lockdown plan including ambulance diversion.
2. Describe the alternate sites identified for media center and labor pool including nursing and medical staff.
3. Define the procedures in place for securing the facility including controlling gas, medical gases, water and electricity (potentially shutting down or activating generators).



4. Describe how coordination with local public safety for determination of inner and outer perimeters for hospital and staging area sites will be established.

**Abatement:**

It is very important to decide when to try abatement and when not to. The fire resulting from short circuit should never be controlled with water unless power is cut off through main switch or fuse break. If fire does not seem to be controllable by the hospital internal resources, it is essential to call help (fire brigade, civil defense) immediately even before starting the efforts for abatement. General guidelines given below are helpful in carrying out abatement.

**General Guidelines:**

1. When Fire is detected, stay calm, try to oversee the situation and watch out for danger.  
Then the following actions should be taken in this order
  - a. Close windows and doors
  - b. Give fire alarm(Shouting, telephone)
  - c. Rescue people
  - d. Switch off electricity and / or gas supply
  - e. Fight fire, if possible with at least two persons
2. Persons with burning clothing should be wrapped in a blanket on the floor, sprayed with water. A CO2 fire extinguisher can also be used, but do not spray on the face.
3. When using fire extinguishers, it is important that fire is fought at the seat of the fire i.e. at the bottom of the flames, not in the middle of the flames.
4. If gas cylinders are present there is danger of explosion by overheating. If they cannot be removed, take cover and try to cool them with a water hose. When the situation looks

hopeless, evacuate the building. Let everybody assemble outside and check that no one is missing. To practice this, a regular Mock Fire Drill (Once a year) should be held.

### EMERGENCY EXIT PLAN

**FIRE "EXIT" SIGNS** are posted at appropriate places. The emergency EXITS are clearly marked and obstructions must be kept away from EXITS at all times.

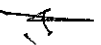
#### **Emergency EXIT System:**

1. Lighting source is of reasonably assessed reliability such as public utility electric service.
2. Emergency lighting facilities maintain the specified degree of illumination in the event of failure of the normal lighting for a period of one hour.
3. EXIT signs
4. Size of signs—readable from a distance of 15-20 meters.
5. Corridors, hallways and aisles must be 2.4 meters in width.
6. Use of ramps as access to second and higher floors. 9 where applicable)
7. Stairways with safe and adequately secured railings.
8. Stairways must be at least 112 cm wide and made of concrete.
9. Any opening in any wall shall be protected by fire doors or fixed wire glass window. It must have protection for vertical openings also.

#### **Children:**

Children will be given first priority with evacuation. They will be carried out by their mothers or attendants and if there is unattended child it will be the responsibility of the duty nurse to hold the child herself or take help from the ward boys, Aayas and even other patients who are fit for the job. The newborns and the children in incubators or under warmers shall be carried wrapped in blankets.

#### **Patients:**



The patients who can walk be guided to the appropriate "EXIT" while those who cannot walk will be transported through wheelchairs or the stretchers as the situation and condition of the patient permits.

**Staff:**

Staff will evacuate in the last however unnecessary lingering must be avoided.

**RESPONSIBILITIES**

Designated Staff will be responsible for evacuation of building. In case of Emergency condition Sanitary Inspector, Supervisors (Janitorial and Security will be responsible for evacuation of building. They will facilitate patients and general public and help them for safe exit.

In wards sister incharge will also be responsible for delivering information.

- Mayo Hospital Lahore is a multiple buildings hospital. The hospital is divided into seven zones. Each zone has its own planned route and assembly area of movement in case of emergency evacuation.

**ZONE A : INDOOR BLOCK**

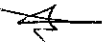
**AVH Block ground floor, 1<sup>st</sup> Floor (CCU-I & CCU-II)**

1. 1<sup>st</sup> floor immediate Exit is through stair case.
2. 2<sup>nd</sup> Exit is through lobby adjacent to the AVH rooms.
3. Emergency Exit from AVH rooms at back side in nursery area (Old North Medical ward)

**Assembly Area:**

1. Nursery area (Old North Medical ward, Back side)
2. Main Lobby (front side) towards car parking.

**ZONE B: ENT WARDS**





ENT ward ground floor, East Medical ward, west Medical Ward, ENT theatre(1<sup>st</sup> Floor), Main Pathology Lab.

1. EXIT through main entrance (Clock/Gharry ward).
2. These wards have two EXIT ways towards Professor's car parking area at back side of waste depot.
3. Female ward's EXIT through the way near Chemical and Surgical Store.
4. ENT theatre 1<sup>st</sup> Floor EXIT through stair case near chemical store (PEPO Side)

**Assembly Area:**

1. Entrance (Clock Building) towards car parking area
2. Ground near Chemical and Surgical store.

**ZONE C: EYE BLOCK**

Eye Block have seven floors provided with stair cases and ramps

**Assembly Area:**

EXIT through main door towards Eye Ward canteen side adjacent to car parking area.

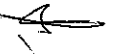
**ZONE D: EMERGENCY AND T.B DEPARTMENT**

1. EXIT through main lobby
2. EXIT through blood bank side
3. 1<sup>st</sup> Floor to 4<sup>th</sup> Floor stair cases
4. Ramps are available for Emergency EXIT

**Assembly Area:**

1. Adjacent car parking area
2. Open area in front of Emergency Department

**ZONE E: OPD BLOCK**





Ground Floor: Urology OPD

1<sup>st</sup> Floor: Theatres and Wards (Skin)

2<sup>nd</sup> Floor: Neurology, Orthopaedic, Physiotherapy School and Ortho Unit I & II

Designated EXIT areas are defined provided with stair cases and ramps

**Assembly Area:**

1. EXIT through mail lobby
2. EXIT towards car parking and main lawns (Right & Left)

**ZONE F: PAEDS MEDICAL WARD**

Designated EXIT area is defined.

**Assembly Area:**

1. Car parking and ground in front of Paeds Department

**ZONE G: REHABILITATION AREA**

EXIT is through Paeds Canteen

- Train and drill staff on the traffic flow and the movement of patients to a staging area.

**Room Evacuation Confirmation**

- Define the protocol to verify that rooms have been evacuated (i.e. orange tags, chalk on door).
- Define the orientation and annual staff training protocols for room evacuation provided to all staff.
- Describe how the protocols will be tested during drills.

All patients will gather in the designated assembly area so that a head count can be done. It is necessary to ensure everyone in the building has been successfully evacuated.

