

Caroline Thorpe Ward, NDDH Evacuation Plan

Evacuation Strategy

This plan is for guidance to enable a safe evacuation procedure. However it will need to be flexible and adaptable to enable safe practice according to the individuality of each incident and the number/condition of patients/visitors and staff involved.

Location - Caroline Thorpe Ward (CTW) is currently situated on level 2 of the Ladywell Unit and is co-located beside the Special Care Unit (SCU).

Clinical – Caroline Thorpe Ward is situated on Level 2 of the Ladywell Unit. The ward comprised of Bay 1 and Bay 2 (both 3 beds), Children's Assessment Unit (4 beds), 6 individual side rooms and High Dependency Unit (2 beds), a total of 18 beds, there may also be patients in other areas, i.e. treatment room, school room, playroom and quiet room (opposite SCU). The Special Care Unit is also present on the same level (8 cots – comprising 7 cots within the unit and one in the Transitional Care Room opposite SCU).

The ward is divided into 3 main fire compartments, plus a small area outside the lifts. The fire break doors are located at the entrance to the ward, between SCU and the dirty and clean utility rooms, and between Bay 2 and CAU. If evacuation is necessary patients, visitors and staff should be moved beyond a fire break door in the first instance, this may involve using both ends of the ward, both of which have a stairwell leading down to ground level. It may be necessary to use portable oxygen cylinders when moving patients, these are located in the following areas: behind Nurses' Station x 1, Treatment Room x 2, Resus Trolley (located outside side room 3) x 1 and High Dependency Unit (store cupboard to right of entrance to unit) x 2. The portable suction machine is located on the wall above the Resus Trolley.

Only in the event of a serious fire/emergency situation will vertical evacuation be considered and this would usually be on the advice of the fire brigade, except in extreme emergency when the decision will be made by the ward co-ordinator. Activation of the fire

alarm does not release the door locks. The main doors at each end of the ward can be unlocked with key on the CD bunch held by the ward co-ordinator. These two sets of doors and the doors into SCU can also be released by pressing the green emergency opening buttons located beside each set of doors. Once pressed these cannot be reset by staff. Staff in SCU must be kept fully informed at all times.

Visitors – Parents/carers visit and participate in their child’s care. Parents/carers may visit at any time, and may have other children with them. Additional visitors may be present during visiting hours (14:00 – 20:00), and at other times with permission from ward co-ordinator.

Staffing – Monday-Friday 07:30-20:00: 4 members of staff on ward + 1 in HDU, 1 in CAU (11:00-21:00), ward clerk, playleader and school teacher (term-time only) (08:00-16:00), Sodexho staff and doctors. Saturday-Sunday (and Bank Holidays) 07:30-20:00: 4 members of staff on ward + 1 in HDU, Sodexho staff and doctors. There are usually two members of staff on SCU (sometimes three) on duty on each shift. There are usually three staff on duty on each day/night shift on Bassett ward.

Fire compartments have been provided in order to reduce the necessity for patients to be moved, or to allow for evacuation to take place from the compartment involved in the fire to another compartment. This means that should a fire occur anywhere other than the ward areas, the policy on the wards should be to “stay put” during the initial period of the fire, or if patients are located within that sector, move to beyond the closed fire door. This does not mean that the ward staff should do nothing, as they should prepare for the possibility that the fire will eventually spread. What should be emphasised is the importance of the fire doors and their effectiveness in restricting both fire and smoke.

In event of serious fire/emergency situation - if a fire should occur on CTW, there are two possible directions of evacuation; through fire doors onto either end of the ward (horizontal evacuation) and if necessary out through CTW back exit to the back stairwell, and down the stairs to Bassett Ward or the ground floor (vertical evacuation), or through fire doors in the opposite direction onto the front stairwell beyond the lifts, and down the staircase to Bassett Ward or the ground floor. Staff will be alerted to the early development of a **fire** by the fire alarm system which includes smoke detection. The fire alarm panel is on the wall above the notes trolley, in front of the ward office.

In the event of a **major incident**, the major incident plan folder is located in the ward office which contains all necessary paperwork to implement the plan.

In the event of a fire where evacuation is necessary

- Priority is given to the ward area affected, followed by ward areas that are in close proximity to the affected ward area.
- All other doors and windows on this level should be closed immediately.
- A horizontal or vertical evacuation procedure should be carried out moving patients away from the source of the fire.
- Horizontal evacuation – Cots and beds (**if necessary**) can be wheeled through the fire compartment doors, accompanied by their parents/carers /visitors. Any necessary equipment that may be needed in the event of evacuation, plus notes on prescription chart should be taken with them.
- Vertical evacuation –
 - Enlist the help of parents/carers/any available staff to aid evacuation.
 - Parents may carry their children (if medically stable) to safe designated area.
 - Patients who are unable to walk or be carried by a parent/carer will be evacuated using the ski sheets which are provided on all mattresses, or the use of the EVA chair situated at either end of the stairwell. This applies to any visitor who is unable to manage the stairs. The lifts should not be used under any circumstances.
- The assembly point is at the front of the Ladywell Unit.
- Evacuation destinations – Bassett Ward, Central Delivery Suite, Petter Day Surgery, Intensive Care Unit (via link corridor) and other wards in the main building on direction of Bleep 500 holder.

Recommendations to reduce the risks when having to evacuate the ward:

1. Oxygen cylinders should be stored in the designated areas and are checked daily for oxygen level and changed when not in green zone.
2. Thermal foil blankets are kept on the linen trolley.
3. The corridor must be kept clear of furniture or any other objects at all times to allow a clear passage for evacuation.
4. All fire doors should be kept shut at all times.

