

# **Emergency Handbook**

**Warren G. Magnuson  
Clinical Center**

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## Clinical Center Emergencies

**“New” Fire Department and Rescue Squad 911**

**CPR Team (code Blue) 111**

**“New” Police 911**

**Engineering 108**

**STAT Page Operator 112**

Use the emergency numbers under the following circumstances:

**“New” Dial 911** for NIH Fire and Rescue Squad

- to report a fire, fire odor, chemical, radiological or biological spill or odor and for medical situations
- to request immediate medical assistance

**Dial 111** for CC Cardiac-Pulmonary Resuscitation Team (Code Blue)

- to request immediate medical assistance for chest pains, trouble breathing, or other life threatening emergencies

**“New” Dial 911** for NIH Police

- to report a crime in progress or suspicious activity

**Dial 108** for Engineering services

- to report the failure of building equipment and utilities, as well as flooding conditions and problems that may pose an imminent physical hazard or cause loss to buildings, equipment or scientific research

**Dial 112** STAT Page Operator

- to request immediate assistance in locating an individual who is needed for an emergency situation.
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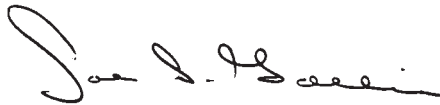
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## Foreword

Preparing in advance for that feared emergency situation builds self confidence and saves lives. This pamphlet will prepare you to respond to problems you might encounter. It is clear on how to get help and tells you how to deal with emergencies both in the hospital and the adjacent laboratories in the wings and clinics. It deals with prevention of emergency situations. So read it now, in advance of an emergency.

This pamphlet should be displayed in a prominent place, not in the bottom of a pile or trash basket. Punching a hole in the corner and hanging it in a patient care unit bulletin board will bring it to the attention of new staff and remind you and your colleagues to refresh your memory from time to time on what to do. Please read this pamphlet and be prepared to save a life. Encourage your colleagues to read it too.

A handwritten signature in black ink, appearing to read "John I. Gallin". The signature is fluid and cursive, with a large initial "J" and "G".

John I. Gallin, M.D.

Director

Warren Grant Magnuson Clinical Center

## Introduction

Please read this guide carefully. Your safety and that of patients, visitors, and staff may depend upon how you follow these simple instructions. Safety is a daily responsibility for everyone on the staff. Some of the suggestions in this guide may seem obvious but, too often, neglecting the obvious leads to disaster. Keep your work area safe for yourself and others. Take 10 seconds to ask yourself:

1. Do I know the location of fire alarm pull stations, extinguishers, and exits in my area?
2. Do I know what to do if a fire, chemical spill, radiological, or biological incident should occur?

Emergency and evacuation plans are posted in the elevator lobbies throughout the building. Take a minute to review them the next time you are waiting for an elevator.

This guide tells how to report fires and other emergencies, what to do until fire or rescue personnel arrive, and what to expect from others.

Emergency telephone numbers are listed inside the front cover. Instructions for using a fire extinguisher are listed inside the back cover.

The National Institutes of Health has its own fire fighters, emergency rescue staff, and police officers who are under the Division of Public Safety. These individuals are always on duty and have the specialized training and equipment to handle any emergencies and hazardous situations that may occur in the CC.

**To Report A Fire—Activate the Nearest Fire Alarm Pull Station and Call the Fire Department by Dialing 911.**



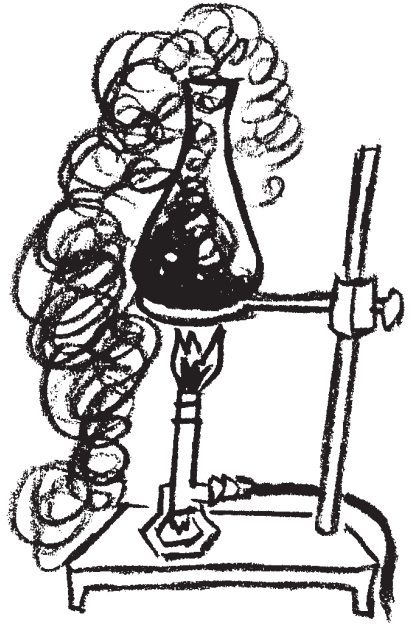
## Fire Prevention

### **Introduction:**

Data from the NIH Fire Department indicates that small fires occur each month in the CC. Smoking materials, faulty electric equipment, and the careless use of heat-generating appliances such as microwaves or hot plates are the major cause of these fires. Most of these incidents are preventable. Each one, however, has the potential to become a life-threatening disaster.

Steps should be taken to prevent fires. Should a fire occur, action can be taken to minimize its effects.

- Smoking is not permitted in any of the buildings on campus.
- Turn off equipment or appliances when not in use.
- Do not leave hot plates and microwave ovens unattended while they are in use.
- Do not accumulate trash, soiled linen, and other combustibles that could start a fire.
- Keep all doorways, corridors, and stairways clear.
- Observe the correct handling and use procedures for medical gas cylinders and flammable agents.
- Keep fire doors to stairways closed.
- Keep linen and trash chute doors closed.
- Report all fire hazards to your supervisor; examples include worn or frayed electrical wires, missing electrical box covers, damaged fire or smoke doors, damaged exit signs, or damaged fire extinguishers.



- Know the location of fire alarm pull stations and fire extinguishers.
- Be familiar with evacuation routes and procedures.
- Do not underestimate warning signs. Report odors of smoke as well as fire emergencies to the fire department.

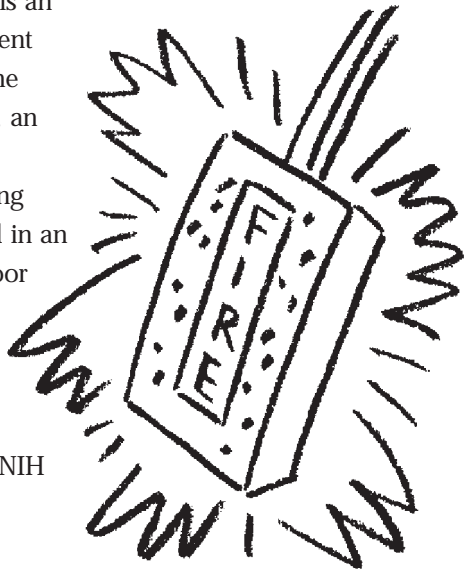
## “New” Clinical Center Fire Alarm System

In 1999, the CC commissioned a new fire alarm system that vastly improves fire protection for all of its occupants. The state-of-the-art system divides the CC into zones based on the risk of fire. Zones are separated by fire-rated barriers and doors. The fire alarm system is activated by pull stations, smoke detectors, and water flow switches in the sprinkler system located in each zone. When activated, the fire alarm system automatically flashes white strobe lights and broadcasts an electronic signal over fire evacuation speakers, followed by recorded instructions to the occupants. Except for patient care units, alarms are broadcast only in the zone where the incident occurs.

The broadcast is different for patient care units. When an alarm is activated in a patient care area, flashing white strobe lights, chimes, and a coded overhead announcement are used to alert the staff of an emergency in their area. If there is an emergency in a patient or treatment room, the red strobe light over the door to the room will flash. Also, an amber visual light located in all patient care units alerts the nursing staff when an alarm has sounded in an adjacent zone or area on their floor only.

The fire alarm system serves three major functions:

1. It automatically summons the NIH Fire Department along with other designated personnel.
2. It automatically notifies staff to evacuate an area or zone when an alarm is activated within that zone.





- 3.** It can be used to notify all occupants to evacuate the building in the rare event that it is unsafe to remain in the building.

The fire alarm system is electronically monitored to detect faults in the wiring and controls. In case of an electrical outage, the fire alarm system is connected to emergency power.

The fire alarm system has:

- Pull stations
- Automatic smoke detectors
- Automatic sprinkler systems
- Audible and visual alarms
- Automatic controls on the fans to control smoke
- Automatic recall on the elevators
- Automatic fire door release devices
- Control and annunciation panels
- Overhead fire evacuation speakers

When an automatic device or pull station is activated, the exact location of the emergency is transmitted to the NIH Emergency Communications Center. Dispatchers in the Emergency Communications Center alert the NIH Fire Department. There is an agreement with local fire departments to provide additional fire fighters if necessary.

The Emergency Communications Center also notifies the Clinical Center page operator. The operator makes an announcement over the public address system in the case of emergency. The announcement is coded, so that patients and visitors will not be alarmed. The operator repeats “100 paging 100”—and the location of the emergency. In this way all staff are alerted to the location of an emergency in the facility.

In rare and severe situations, a general evacuation of the building may be necessary. If so, the fire officer-in-charge will activate the fire evacuation lights and recorded instructions throughout the facility. In some cases, the fire fighters may use the address system to broadcast special instructions to occupants.

### **Public Address System**

The public address system, sometimes called the doctor's page, is not part of the fire alarm system. However, it is used along with the fire alarm system to alert the Clinical Center staff of an emergency situation or other important information. In the case of an emergency, the codes are as follows:

- 1.** "100 paging 100" followed by the location.

Example:

"100 paging 100, 6N242" indicates the emergency is on the sixth floor north corridor, room 242.

- 2.** "The 100 period has ended" is announced when the emergency is over.

## Types of Emergency Situations

### **Fires**

#### **Activate Fire Alarm Pull Station and Dial 911**

A fire incident involves fires as well as other hazardous conditions (odor of smoke, overheated electrical equipment, or electrical arcing). All of the situations above should be reported to the fire department.

Fires can be classified dependent on the material that is burning. In some cases, a fire extinguisher may be used to contain the fire until the fire department arrives.

Multipurpose fire extinguishers are located in the corridors throughout the Clinical Center. These extinguishers are effective for extinguishing small fires involving ordinary combustible materials such as wood, bedding, draperies, paper, plastics, trash and linen. They may also be used on electrical fires and small fires involving flammable liquids.

The fire department also provides other types of extinguishers for special hazard areas.

### **Hazardous Spills**

#### **Dial 911**

Chemical, biological, and radioactive spills should be reported to the fire department.

### **Chemical Incident**

A chemical incident involves an accidental, uncontrolled release of flammable, reactive, or toxic material that can cause a fire, explosion, or injury to personnel as well as serious damage to, or contamination of, property.



**Radiological Incident**

Radiological spills may involve chemicals and/or other hazardous material. Such incidents may result in exposing an individual to a higher than normal dose of radiation, or may result in contaminating personnel and property. Due to the potential for exposing other personnel and areas, it is extremely important to prevent tracking radioactive materials into adjoining spaces.

**Biological Incident**

Spills of biological agents may result in the generation of aerosols that may serve as a source of infection for personnel both inside and outside the area. Therefore, prompt action to evacuate and isolate the area is important. Isolate the spill area by closing all doors until assistance arrives.

## Emergencies: General Procedures

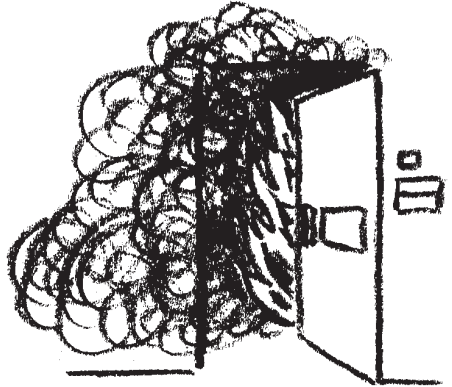
**If You Discover a Fire,  
Remember “R.A.C.E. for FIRE”**

**R**=Rescue

**A**=Alarm

**C**=Confine

**E**=Extinguish or Evacuate



Alert other personnel in the area. Team up with a co-worker and take the following actions:

*Remove anyone in danger.* If you need help, call out to others nearby. If you can do so **without endangering yourself**, take immediate steps to ensure safety of patients, visitors, and others in danger.

*Activate the fire alarm.* Pull the fire alarm pull station and then dial 911 on any phone and report:

- Building, floor, wing, and room number.
- Nature of the emergency.
- Your name and telephone number
- Designate someone to meet the NIH Fire Department and direct them to the scene.

*Confine fire* by closing door to the area.

*Extinguish the fire* only if you can do so without endangering yourself or others, **only** after notifying the NIH Fire Department. When using a fire extinguisher, fight the fire from a position accessible to an exit to avoid entrapment. If in doubt, evacuate the area and wait for the NIH Fire Department to arrive.

Do not return to the area until it has been evaluated and deemed safe for occupancy by the fire officer-in-charge.

## **In the Event of Accidental Release of Hazardous Chemicals, Radioactive or Biohazardous Materials**

Alert other personnel in the area. Team up with a co-worker and take the following actions:

- *Exit* the room.
- *Close the door* to minimize the spread of contamination.

*If the release is in a corridor, or spreading to the corridor, evacuate the entire area and close the cross corridor fire doors.*

*Call the NIH Fire Department (911)* for assistance. Advise them of the name of the spilled or released material, quantity, concentration, location of affected areas, and assist anyone who may have been exposed or injured. Also alert them to any unusual hazards that may be present in the area.

*Assist anyone who may have been exposed.* In case of personnel exposures, use safety showers and eyewash fountains as necessary. Remove all contaminated clothing immediately. The fire department will provide first aid to injured persons as well as minimize contamination of the worksite.

All persons exposed to any hazardous materials should report their exposure to the Occupational Medical Service as soon as possible.

During off hours, the Occupational Medical Service staff are available by calling the page operator on 6-1211. Note: If using the “emergency red phones” located in the nursing station, contact the page operator by dialing 496-1211.



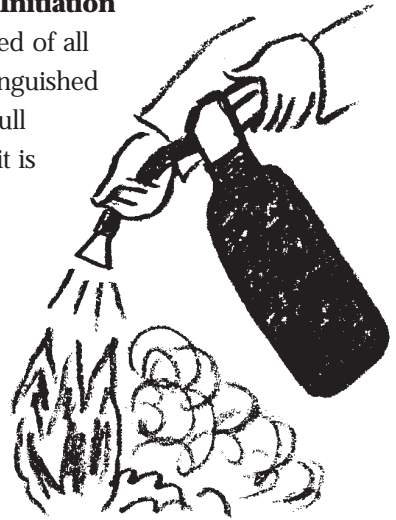
In the event of a hazardous materials exposure which necessitates immediate medical attention, contact the NIH Fire Department for assistance (911). This applies both during and after the operating hours of the Occupational Medical Service.

Do not return to the area until it has been evaluated and deemed safe for occupancy by the fire officer-in-charge.

### **Fires Extinguished Without Alarm Initiation**

NIH Fire Department should be notified of all fires. Occasionally, small fires are extinguished by staff members and the fire alarm pull station is not activated. In such cases it is possible that a fire could break out again, especially if it involves a mattress, upholstered chair, or combustible material.

Whenever any fire has been extinguished, call the NIH Fire Department (911) and report the incident. This will allow the fire department to investigate the incident in order to assure that the fire will not reignite and replace the used fire extinguishers.



### **What To Do When An Emergency Alarm Is Sounded**

Employees should listen for the alarms and recorded emergency instructions and watch for flashing lights. Also, when you hear “100 paging 100,” you will know that an emergency situation exists and where it is located.

*Staff*—If you are not in your department when the “100 paging 100” is heard, you should remain where you are unless otherwise instructed. If you are in a patient area where the nursing staff begins to prepare patients for evacuation, report to the nurse manager for instructions.

If you are in your work area and you are not affected by the emergency, remain within your department and wait for instructions from your supervisor. Clear corridors of any materials or equipment to ensure access by emergency personnel and their equipment. **DO NOT GO TO THE SCENE OF THE EMERGENCY UNLESS INSTRUCTED TO DO SO.**

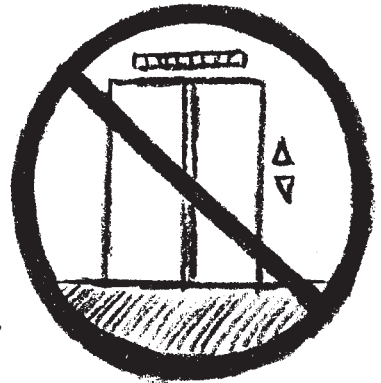
*Visitors*—Remain with patient being visited.

*Patients*—Remain in your room or in the treatment room. If on a patient care unit, go back to your room and shut the door.

### **Use of Elevators**

Do not attempt to use the elevators in the section of the building where the fire or emergency is reported.

Elevators are needed to transport NIH Fire Department personnel or may be needed to relocate patients. Also, the emergency situation may render elevators unsafe due to smoke, heat, or toxic fumes.



### **Resumption of Normal Duties**

When the fire alarm system is activated within a CC zone, staff members will be kept informed through the overhead speakers on the fire alarm system. When the emergency is over, the operator will announce “The 100 period has ended” over the public address system.

### **Drills**

A drill is intended to familiarize staff with proper procedures in the event of an emergency. In most cases, only the staff in the immediate area of the simulated emergency will know the situation is a drill. Others will react just as if there were an actual emergency.



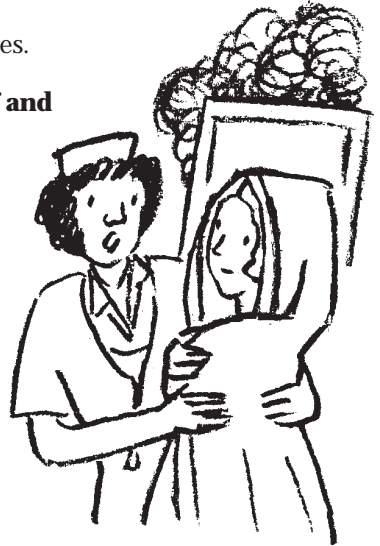
## Special Instructions for Patient Care Personnel

Refer to Emergencies: General Procedures.

### **Responsibilities of Supervisors, Staff and Nurse Managers**

Make sure your staff understands this guide and the basic steps to be taken in the event of a fire or other emergency.

The nurse manager in the area of the emergency is responsible for the patients, any visitors, and subordinate staff in that area until the arrival of the NIH Fire Department.



The nurse manager or designee assigns staff to close doors, turn off equipment, remove carts and equipment from corridors, and prepare patients for evacuation, when necessary.

### **Inpatient Care and Critical Units**

These are the areas in the Clinical Center where patients' ability to escape is compromised due to their condition or treatment.

### **Fires Involving a Patient**

Remove the patient from the fire if possible. If the patient's clothing or bedding is on fire, extinguish the fire with anything at hand. The method used will vary according to the circumstances.

- 1.** Wrap the patient in a blanket, sheet, or towel to smother the flames. Then remove the patient from the room and call for help.
- 2.** Flames near a patient may be put out with a towel or similar object. A pitcher of water at bedside can be used to extinguish a small fire.
- 3.** A fire extinguisher can be used, but precious seconds may be lost while obtaining one.

4. Depending upon the type of extinguisher, exercise care if the patient is connected to electrical equipment.
5. If a patient's mattress is involved, remove the patient as quickly as possible. Call for help. Try to extinguish the fire. Confine fire by closing door to room, evacuate as necessary and await arrival of fire department personnel.
6. Shut off any oxygen.

### **Fire in a Patient Room**

1. Remove patients from the room to a safer area. Close the door as you leave.
2. Call for help, activate the fire alarm pull station, and call 911.
3. Close other patient care room doors. Shut off oxygen (at the corridor valve) for the room involved.
4. Extinguish the fire, if possible.

### **Fire Elsewhere in the Patient Care Unit**

1. Rescue anyone in direct contact with the fire or in the fire area.
2. Close all the patient room doors to keep out smoke and toxic fumes. Try to keep visitors in the room with the patients. Reassure patients and keep them informed without alarming them.
3. A nurse should stay with small children in the pediatric unit during the emergency period.
4. Staff have keys to locked areas should evacuation become necessary.

### **Remember "R.A.C.E. for FIRE"**

**R**= Rescue

**A**= Alarm

**C**= Confine

**E**= Extinguish or Evacuate

### **Patient Care Units Adjacent to an Emergency Area**

1. When the “100 paging 100” is heard or the fire alarm amber light near the nursing station is illuminated, alert other staff, continue duties, and wait for instructions.
2. Keep the use of the telephone to a minimum, as it may be needed to obtain instructions.
3. If smoke or toxic fumes threaten your patient unit, prepare patients for horizontal evacuation away from the emergency area.

### **Evacuation**

For the safety of patients and staff, horizontal evacuation of areas adjacent to the fire or emergency may be necessary. Nurse managers and senior supervisor staff in charge of these adjacent areas are authorized to initiate a local evacuation as they deem necessary without waiting for authorization or the activation of the fire alarm in their area.

Alarms in numerous zones will be sounded only in very serious situations when the emergency indicates the need to evacuate a wing or several floors. The decision to evacuate multiple areas of the building is made by the fire officer-in-charge. The fire fighters can notify staff to evacuate via the fire alarm system or by using the special “fire phones” located in the nursing station.

In patient care areas, the nurse manager is responsible for ensuring that all patients, visitors, and staff are accounted for and removed safely from the area of danger.

### **Order of Evacuation**

1. Those in immediate danger.
2. Bedridden patients.
3. Semiambulatory patients who can be put in wheelchairs.
4. Ambulatory patients who can walk to safety.

**Note:** Patients should be wrapped in blankets, if possible, before moving to another area.

There are two stages of evacuation, horizontal and vertical.

### **Horizontal Evacuation**

This is the removal of patients, visitors, and staff from the immediate area of the emergency to an adjacent and safer area on the same floor. Usually, this is beyond a set of cross corridor doors. In the Clinical Center patient care areas, staff should evacuate through a set of cross corridor doors to a safe area known as “refuge.”

### **Vertical Evacuation**

This is the relocation of persons who have previously been horizontally evacuated or where the horizontal escape route is blocked by the fire emergency. Since elevators are not to be used during emergency conditions, and unless otherwise instructed by fire department personnel, stairwells shall be used for vertical evacuation. Ambulatory patients and visitors may be led down the stairs in a human chain formed by holding hands and moving in single file. Non-ambulatory patients and persons with disabilities will be carried or moved on mattresses and blankets.

### **Patient Treatment and Diagnostic Units**

Patients in these areas may not be able to respond appropriately in the event of an emergency. The same emergency procedures apply in these areas as in patient rooms except that the senior supervisor is responsible for patients, staff, and visitors as detailed in the department or service emergency plan. Listed below are some of the Clinical Center departments and services that fall into this category:

- Diagnostic Radiology
- Nuclear Medicine
- Recreation Therapy
- Rehabilitation Medicine
- Transfusion Medicine
- Outpatient

- Dental
- Radiation Therapy

Refer to the previous section (Fires Involving a Patient) for instructions concerning protection of patients. A therapist or technician should remain with the patients until the emergency has passed. Patients awaiting treatment or diagnostic services should remain in a supervised area. If the emergency is nearby, have patients get dressed. Check all dressing rooms and rest rooms. Reassure patients and keep them informed without alarming them.

### **Operating Rooms and Surgery Units**

If a fire occurs in an operating room, the surgeon, anesthesiologist, nurse manager, or designee are responsible for directing proper emergency procedures.

- 1.** Remove patients from the operating room and adjacent areas.
- 2.** Follow appropriate general procedures and turn off gases and equipment. Provide portable oxygen where necessary.
- 3.** Refer to special instructions above concerning protection of patients.

If the fire is not in the immediate area of the operating rooms, but an emergency signal has sounded and surgery has not yet started, the operation should be delayed until the emergency period is over.

## Special Instructions for Designated Personnel

This section covers certain NIH employees or Clinical Center staff who have specific responsibilities during emergencies. These persons are referred to as designated personnel. When an emergency is announced, designated personnel perform certain duties or provide special services. Such personnel are not normally in patient-occupied areas, but are responding to safeguard patients, visitors, staff, and property.

During an emergency, there is a chain of command that determines who has the authority to issue orders during the emergency. This command organization is as follows:

1. The fire or police officer-in-charge.
2. Clinical Center director or designee.
3. Staff supervisor on duty in each department.

### **Emergency Communications Center**

The NIH Emergency Communications Center dispatches all emergency calls to the Police and Fire Departments. Staff also maintain a direct telephone line to the page operator. During a fire emergency, the staff notify the Clinical Center page operator to announce "100 paging 100" and identify the location of the emergency.

### **NIH Fire Department**

Responds to the scene of the emergency and assumes command.

Evaluates the emergency and directs an action plan for the safety of personnel, confines and extinguishes the fire, and controls the emergency situation.

Confers with the Clinical Center director or designee regarding the necessity of evacuation of areas adjacent to the emergency.

Requests assistance from the Occupational Medical Service if injuries occur to visitors and employees.

Requests additional fire and rescue support from other fire departments, if necessary.

Notifies the senior NIH police officer at the scene when the emergency has ended so that the area can be secured.

Directs cleanup operations to remove debris. Notifies personnel when the area is safe to enter.

### **NIH Police on Scene**

Assumes command until the NIH fire officer-in-charge arrives and:

Closes doors in the area of emergency.

Removes unauthorized personnel from the area.

Directs pedestrian traffic.

Clears entrance for fire and rescue personnel and equipment.

Assists in evacuation, as needed.

### **Clinical Center Page Operator**

Announces "100 paging 100" and the location of the emergency upon receiving a call from the Emergency Communications Center.

Announces "The 100 period has ended" when notified.

### **Clinical Center Safety Officer**

The Clinical Center safety officer confers with the NIH fire officer-in-charge about the necessity for evacuation. The safety officer is also responsible for keeping the Clinical



Center director or designee informed and for making requests for additional support personnel from the Clinical Center staff.

### **Clinical Center Admissions Desk**

After normal working hours, the Clinical Center admissions desk contacts the lead admissions clerk who informs the senior administrator on call.

When the emergency affects a patient-occupied area, the lead admissions clerk reports to the charge nurse in the emergency area and assumes administrative duties until relieved.

### **Elevator Operators**

Each day, the Clinical Center housekeeping and fabric care department chief will designate which elevator will serve to transport designated personnel.

Upon notification of an emergency, the elevator operator waits at the first floor and transports emergency personnel to the emergency.

If necessary, the elevator operator returns to the first floor to transport additional designated personnel, then returns to service unless otherwise directed. The elevator operator remains on alert until the emergency is over.

### **Housekeeping and Fabric Care Department**

When notified by the NIH fire officer-in-charge, designated housekeeping personnel are dispatched to assist in cleaning after the emergency is cleared.

### **Escort Services**

Patients and escorts en route to treatment or diagnostic areas at the time of a "100 paging 100" signal should proceed unless the emergency is in that area. If the patient and escort are in a treatment or diagnostic department, they should remain there and are subject to the emergency procedures of that department.



Escorts should report by telephone to their assigned units at the time of an emergency.

### **Maintenance Engineering**

Many emergencies involve electrical or mechanical equipment. Electric, water, and gas services are sometimes lost. Some emergency situations require ventilation to remove smoke or fumes.

Upon hearing the announcement "100 paging 100," a designated staff member will proceed to the emergency and stand by to terminate electrical circuits, close valves for water or gases, start fans, or perform other engineering services as needed.

In cases where electrical power is lost, fuel-driven generators automatically operate to provide emergency power to essential equipment. These must be monitored and maintained during the emergency.

Maintenance engineering will notify the affected departments when it is likely that various utilities will be out of service because of the emergency.

## Special Instructions for Support Personnel

This section covers those departments that provide important support functions. Patients are not normally found in these areas.

### All Personnel

Refer to Emergencies: General Procedures.

### Department Heads and Supervisors

In conjunction with Clinical Center requirements, the NIH Fire Prevention Section conducts evacuation drills for hospital areas on a regular basis.

Make sure your staff understands the procedures in this guide, and the basic steps to be taken in the event of a fire or other emergency.

The senior person in the area of the emergency is responsible until relieved or until NIH Fire Department personnel arrive. All orders given are to be followed by staff members, visitors, patients, and others.

The person in charge assigns staff to:

- Close doors
- Turn off electrical equipment, oxygen, gases
- Remove equipment and carts from corridors
- Remain near a telephone when possible
- Assist individuals with disabilities
- Carry out other duties depending upon the circumstances



## **General Office Areas**

Should a fire or other emergency threaten a general office area such as the Office of the Director, Information Systems Department, Social Work Department, or the Spiritual Ministry Department, staff should follow general procedures and evacuate the area.

If the emergency situation threatens the admissions desk area, staff should direct anyone in the waiting areas to a safe area or instruct them to evacuate the building. Anything of value should be secured or otherwise safeguarded from damage or loss.

If an emergency situation appears to be a threat to the Medical Records Department, personnel should begin to remove patient records as directed by their supervisor.

Red Cross and volunteer workers should evacuate whenever other Clinical Center personnel nearby begin evacuation.

## **Public Areas**

If the auditoriums are in use and the fire alarm is activated, occupants need to evacuate the area.

The librarian in charge of the NIH Library is responsible for ensuring that anyone in the library evacuates the building.

## **Supply Areas**

In case of an emergency situation in the Materials Management Department, those personnel should follow general procedures and evacuate the area.

Housekeeping and fabric care personnel on a floor with an emergency situation should report to the charge nurse, and ensure that carts and other equipment do not block corridors, and that doors across corridors are closed. If on a non-emergency floor, report to the supervisor.

Nutrition personnel should not deliver food during an emergency alert. Any nutrition personnel in a patient care unit during an emergency should report to the charge nurse.

Nutrition personnel in the kitchen should follow the fire plan for that area.

If an emergency threatens the pharmacy, staff on duty should lock narcotics vaults, if possible, before evacuation.

### **Laboratory Areas**

Because of the nature of such laboratories as Clinical Pathology and Pathological Anatomy, personnel in these departments should follow the special instructions for laboratories and evacuate the area if the fire alarm activates.

## Special Instructions for Laboratory Personnel

This section covers all types of laboratories within the Clinical Center. Laboratories may consist of areas having chemicals, or radiological or biological materials in use or storage. Laboratories may also have electronic, electrical, and mechanical equipment in use. Often, laboratories resemble offices with their attendant accumulation of papers and books.

If a fire or other emergency occurs in a laboratory, evacuate the zone in alarm. Ensure that all gases and equipment are turned off, flammables are secured, and fume hood sashes are closed, if possible.

If the emergency is not on the laboratory floor, or in an adjacent area that immediately threatens the laboratory, work may continue. The laboratory safety officer or supervisor for that section must remain alert for additional information.



## Special Instructions for Non-Clinical Center Personnel

Concessions, shops, stores, and the bank are responsible for following general procedures. Managers are responsible for informing their customers of the emergency and directing them to an evacuation route.

If the cafeterias are operating during an emergency and either the kitchen or seating area is threatened, it is the responsibility of the manager on duty to ensure that all personnel are advised of the emergency. Evacuation will be to the outside of the building. Cafeteria employees will follow general procedures as well as their organization's emergency plan.



Construction personnel are subject to these procedures while working in the Clinical Center. It is the responsibility of the contractor to brief workers on fire prevention and emergency procedures.

The Occupational Medical Service (OMS) is a function of the Division of Safety with responsibility for employee health matters. In an emergency, they do not respond to the scene, because the NIH Fire Department provides the initial emergency medical assistance.

OMS personnel should refer to sections above for instructions concerning protection of patients.

## How to Use a Fire Extinguisher

Remember the **PASS**-word:

**P**ull the pin to unlock and operate the lever on the handle of the extinguisher.

**A**im the nozzle (or hose) at the base of the fire.

**S**queeze the lever above the handle to discharge the extinguishing agent.

**S**weep the extinguisher from side to side while you move carefully toward the fire.

Also:

- Keep your back to a clear exit and stand at least 6 feet away from the fire.
- Always call the NIH Fire Department on 911 to inspect the fire site.
- Fires can reignite! Keep watch until the fire department arrives.

