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**Type: Procedure**

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**Name: Fire and Hazardous Materials**

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Immediate actions .....	3
If fire is discovered or suspected .....	3
If the fire alarms are sounding constantly .....	3
If the fire alarms are sounding intermittently .....	3
Scope of plan .....	3
Actions where fire is discovered or suspected .....	4
Remove people from danger .....	4
Activate the alarm .....	4
Confine the fire.....	5
Extinguish the fire.....	5
Actions for a hazardous materials incident .....	5
Evacuation procedures.....	6
Authority to order an evacuation.....	6
Principles of evacuation .....	6
Evacuation of inpatient areas (patients in bed).....	7
Evacuation of other areas .....	7
Accounting for people following evacuation .....	8
'Standby' .....	9
Appointment and duties of wardens .....	10
Floor Wardens.....	10
Head Wardens .....	11
Other specific staff actions .....	11
All staff .....	11
Hospital Emergency Response Team .....	11
Call Centre staff .....	12
Medical staff.....	12
Fire systems.....	13

Fire alarms .....	13
Smoke detectors .....	14
Heat detectors.....	15
Sprinklers .....	15
Fire hose reels and fire extinguishers.....	16
Mimic panels and EWIS phones.....	17
EWIS phones .....	17
Fire and smoke doors.....	18
Fire exit signs.....	19
Fire training .....	19
Risk assessment .....	20
Fire.....	20
Hazardous materials incidents .....	20

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## Immediate actions

### *If fire is discovered or suspected*

#### **REMOVE ANYONE IN IMMEDIATE DANGER**

- Evacuate all people

#### **ACTIVATE THE ALARM**

- Switch on the nearest fire alarm
- Dial **777** and tell the operator where the fire is
- Alert other staff in your area

#### **CONTAIN THE FIRE**

- Close the doors and windows if it is safe to do so

#### **EXTINGUISH THE FIRE**

- Put out the fire, but only if it is small, and safe to do so

### *If the fire alarms are sounding constantly*

**Evacuate** – except that in clinical areas, if the cause of the alarm is known and it poses no further danger, patients and the staff caring for them can remain.

### *If the fire alarms are sounding intermittently*

**Standby** – the fire alarm has been activated in a nearby fire cell or another part of the building. Be prepared to evacuate if necessary.

## Scope of plan

This plan describes the procedures to be followed for the initial management of fire and hazardous material emergencies occurring on C&C DHB properties.

It also includes details of the planning, training, and equipment necessary to meet the requirements of the Fire Safety and Evacuation of Buildings Regulations 2006; The Fire Service Act 1975; The Building Act 2004 and relevant clauses of the building code.

It does not necessarily apply to DHB staff working in leased buildings (where the building owner may have developed procedures which are more appropriate to the specific needs of that building).

## Actions where fire is discovered or suspected

Fires can develop very rapidly, and even in their early stages, can cause damage, injuries, and deaths.

When fire is discovered or suspected, staff are expected to follow the 4 step "RACE" procedure:

1. **Remove** people from danger
2. **Activate** the alarm
3. **Confine** the fire if safe to do so
4. **Extinguish** the fire if it is safe to do so

In many cases it is expected it will be possible to carry out the actions concurrently.

### ***Remove people from danger***

Removing people from an area affected by fire should be the first priority.

The extent of the evacuation will depend on the type of the emergency and level of dependency of people occupying the area.

As a general rule, people should be evacuated from:

- an area where a fire, or danger of fire is present
- an area where the fire alarms are sounding constantly

Evacuation should be to a point outside the building, or at least to another fire cell (i.e. through a set of fire doors) where the alarms are sounding intermittently, or not at all. See **Evacuation Procedures** for more detailed information.

### ***Activate the alarm***

Take the following actions to raise the alarm:

### **Operate a fire alarm call point**

Fire alarm call points are located throughout all buildings. Operating one will:

- Turn on the fire alarms in the building
- Alert the Fire Service
- Alert hospital Call Centre staff that the alarms have been activated in the building concerned

See the **Fire Systems** section for more information on the type of call points used throughout the DHB.

### **Dial 777**

Placing a 777 call to the Call Centre will confirm the alarm alert has been received, and provide more information regarding the emergency, and its exact location.

Call Centre staff will pass that information to the Fire Service and to the Emergency Response Team.

### **Advise others in the area**

Warn others in the area of the problem, and seek their assistance.

It is especially important to advise patients and visitors why the alarms are sounding, and depending on the circumstances, to either reassure them, or arrange for them to evacuate.

### **Confine the fire**

Shut doors and windows to minimise the spread of fire and smoke if safe to do so.

### **Extinguish the fire**

Use available fire hoses and /or extinguishers to extinguish the fire if it is small and safe to do so.

See the **Fire Systems** section for more information on the type fire fighting equipment used throughout the DHB.

## **Actions for a hazardous materials incident**

If a hazardous materials incident occurs, the first 3 steps of the 'RACE' plan should be followed – i.e.:

1. **Remove** people from danger
2. **Activate** the fire alarm
3. **Confine** (the spill etc) if safe to do so

### **IMPORTANT**

**Hazardous materials incidents must be treated conservatively and seriously**

In addition, the following points should be noted:

- The first priority is to remove people from danger – evacuate the area
- If people have been contaminated or exposed to fumes, they must be medically assessed and if necessary, decontaminated
- Only staff with the appropriate training and equipment ( e.g. personal protection equipment, spill kits) should attempt to deal with spilt hazardous materials
- Staff with a knowledge of the materials involved should make themselves known to the Fire Service and the Emergency Response Team

## Evacuation procedures

All areas are required to commence evacuation in the following circumstances:

- A fire or hazardous materials incident is discovered or suspected in the area
- The fire alarms are sounding constantly (unless the cause of the alarm is known and it poses no further danger)
- There is danger of a nearby fire spreading to the area
- An evacuation is ordered by the Fire Service, Emergency Response Team, or other senior staff

### **Authority to order an evacuation**

The following personnel have the authority to order an evacuation of an area:

- The NZ Fire Service
- The Chief Executive
- General Manager Hospital and Healthcare Services
- The Emergency Management Service Leader or Coordinator/s
- A Duty Nurse Manager
- The Health and Safety Manager
- The Person in charge of the area
- The Floor Warden for the area

### **Principles of evacuation**

Planned evacuation routes must allow for all people in an area to be evacuated from the building.

Initial evacuation must be at least to another fire cell (i.e. through a set of fire doors).

Where possible the evacuation of inpatient areas should be sideways into an adjoining fire cell or building. In buildings with staged evacuation schemes, this should be to an area where the alarms are sounding intermittently or not at all.

Complete evacuation of an area must be able to be completed within a time that meets Fire Service requirements (usually approximately 5 minutes).

An evacuation may be stopped when at least one of the following applies:

- All people are out of the building
- The fire has been extinguished and/or no longer poses a risk to life
- The fire alarms are turned off signifying the end of the emergency
- The Fire Service or Emergency Response Team advise it is safe to do so

### **Evacuation of inpatient areas (patients in bed)**

The evacuation of an inpatient area is a serious matter – especially an area where high dependency patients are being cared for. In these areas, evacuation may lead to further injury, or the exacerbation of some patients' conditions.

To minimise this, it is important that staff working in these areas:

- Regularly review the level of acuity of each patient in their care (and therefore the amount of assistance each would need if evacuation was required)
- Remain familiar with the planned evacuation routes from the area, and where appropriate, the pre-determined destinations
- Maintain proficiency in the skills needed to evacuate immobile or dependent patients

If evacuation is required, the Nurse or Midwife in Charge will:

- Take control and coordinate the actions of all persons in the ward/unit
- Wear the yellow warden helmet in order to be easily identified
- Follow the evacuation guidelines on the **Warden Procedures** card kept with the helmet

The following points should be kept in mind when evacuating:

- Use the nearest safe exit route
- Move sideways in the building where possible
- DO NOT use lifts in a building where the fire alarms are sounding unless the Fire Service or Emergency Response Team gives permission
- Evacuate to a point where there is no further danger – in some cases this may be to another fire cell within the ward; or to an adjoining building; or outside
- Initial evacuation should be to a point where the alarms are sounding intermittently, or not at all
- If it is safe to do so, take patient records and property; and essential medication and equipment, etc

### **Evacuating patients on beds**

Generally speaking, patients should not be evacuated on beds (this may block corridors, and take up more space than may be available in the area to which the patients are being evacuated).

Only if a patient cannot walk, or be transported in a wheelchair should they be evacuated on their bed.

### **Evacuation of other areas**

All people are required to evacuate a building or fire cell when one or more of the following apply:

- A fire or a hazardous materials incident is discovered in the area
- The fire alarms sound constantly
- An evacuation of the area is ordered by an authorised person (refer to the section **Authority to order an evacuation**)

In these circumstances, evacuation should be to an area where the alarms are sounding intermittently or not at all.

If appropriate, essential patient notes and medications should also be taken when the area is evacuated.

Note: If there is no immediate danger:

- A patient undergoing urgent treatment may remain in an area together with the staff necessary to continue the treatment
- Any disabled persons may be allowed to remain in the area – but they must always be accompanied by a suitable escort, and if possible, kept close to a fire exit

In these situations the Floor Warden must ensure the Head Warden and/or Fire Service and Emergency Response Team are advised of the number of people remaining in the area; and the Head Warden must ensure the Checklist or Evacuation Board indicates the area has not been totally evacuated.

## Accounting for people following evacuation

**During evacuation, the emphasis is on ensuring an area is searched and cleared, rather than accounting for everybody**

Many hospital buildings are open to the public; and staff, patients, and visitors move freely between areas. Consequently it is difficult to be sure exactly how many people are in a specific area at any time.

Because of this, the emphasis **during evacuation** is on ensuring each area is **cleared of all people** rather than accounting for individual staff or patients.

For this to be effective:

- **All** rooms and spaces in an area being evacuated must be checked (including toilets, store rooms, service rooms etc)
- In some areas (e.g. Mental Health Units) it is appropriate to lock rooms after they have been cleared to prevent people re-entering them
- Staff should be posted at entry points as soon as possible to prevent people entering an area which has been evacuated

### **If there has been an actual fire**

As soon as the evacuation of an area affected by an incident is complete (and the Warden has advised the Head Warden, Fire Service, or Emergency Response Team of the status of the evacuation), every effort should be made to account for people known to have been in the area.

It is especially important to ensure all patients, and any staff known to have been on duty at the time, are accounted for.

The Fire Service or Emergency Response Team must be advised immediately if a person known to have been, or thought to have been, in the area, cannot be accounted for.

### **'Standby'**

The fire alarms may sound in 'standby' mode in zones not immediately affected by a fire – i.e. when the fire alarms are activated in another part of the building.

The 'standby' tone is an intermittent version of the 'evacuation' tone. It sounds for 3 seconds followed by a 3 second pause. This is repeated until the Fire Service cancels the alarm.

This feature is fitted to the alarm systems in:

- inpatient areas at Wellington and Kenepuru Hospitals
- all zones in the Wellington Regional Hospital building

When the standby tone is sounding, the warden will:

- Take control and coordinate the actions of all persons in the ward/unit
- Wear the yellow warden helmet in order to be easily identified
- Check the location of the incident on the mimic panel (see the **Fire Systems** section for more information)
- Follow the standby guidelines on the **Warden Procedures** card kept with the helmet

The key points in standby situations are:

- Nobody should leave the ward or unit while the alarms are sounding (e.g. visitors are asked to remain, and patient transfers out of the ward or unit are deferred)
- Procedures which may delay evacuation should be deferred (e.g. stop showering patients, changing dressings, or commencing new procedures)
- Doors and windows should be closed to prevent smoke / fumes entering the area
- Details of the location of the alarm should be established by referring to the fire mimic panel in the ward /unit

Preparations to evacuate should be made if it becomes necessary – e.g.

- Prepare to plug IV lines, drains etc; and arrange for portable oxygen if required
- Review the order in which patients may be evacuated
- Identify which patients may require assistance
- Collect essential notes and medication ready to be taken with patients

## Appointment and duties of wardens

### **Floor Wardens**

Every area is required to have sufficient Floor Wardens to ensure the fire procedures can be implemented effectively.

In clinical areas, the Nurse or Midwife in Charge of the area at any time is deemed to be the Floor Warden.

In non-clinical areas, the Emergency Management Service appoints designated staff as Floor Wardens. Deputies are also appointed to ensure cover when a warden is absent.

Floor Wardens are responsible for ensuring fire procedures are followed in their area when, either an incident occurs, or the fire alarms sound.

Their principal responsibilities are to ensure:

- They are identified by wearing the yellow warden helmet during incidents
- Evacuation is commenced, and the alarm raised immediately a fire or hazardous materials incident is discovered or suspected in the area
- Evacuation is commenced when the fire alarms sound constantly in the area
- Evacuation is stopped if or when there is no longer a risk to life (inpatient areas only)
- Standby procedures are followed when the fire alarms sound intermittently in the area
- They report to the building evacuation board and advise the Head Warden; Fire Service; or Emergency Response Team when the evacuation of the area is complete, and/or advising them of any people remaining in the area. Wardens in areas that 'stand by' are exempt from this requirement

Wardens may be required to guard an entrance to a building where the alarms are sounding, to prevent people entering.

Wardens are also encouraged to regularly check fire equipment and exits in their area and to report any problems they may discover such as blocked exits, and/or lost or damaged signs and fire fighting equipment etc.

### **Head Wardens**

Head Wardens are appointed in multi-level buildings. They are responsible for:

- Ensuring the Call Centre is advised when the fire alarms sound (i.e. dialling 777 to report the alarm – even if it is not known at that point why the alarm was activated)
- Overseeing the evacuation of the building from the Evacuation Board (individual Floor Wardens report to the Head Warden to advise the status of the evacuation from their areas)
- Providing the Fire Service or Emergency Response Team with information regarding the status of the evacuation; the cause of the alarm; or any other information they may require
- Advising the Emergency Management Service of any problems with the management of the incident

### **Other specific staff actions**

#### **All staff**

All staff are expected to maintain a current knowledge of fire and emergency procedures (including any specific actions expected of them because of their role in the organisation); and to implement them quickly in the event a fire is discovered or suspected in their area; or the fire alarms sound.

Any staff member who reports a fire (or suspicion of fire) is also expected to complete a Reportable Event Report.

#### **Hospital Emergency Response Team**

The Hospital Emergency Response Team is made up from the following persons;

- Emergency Management Service Leader and Coordinator/s
- Technical Services Engineers and On Call Trades staff
- Duty Nurse Manager
- Senior and Duty Security/Orderlies

The actual composition will depend on the time of day and the site.

Team members receive an urgent alert for all fire calls. They respond immediately to the location of the fire alarm and coordinate actions as necessary.

In the event of a real fire, further staff (management, operational and clinical) are also called.

The Emergency Response Team is responsible for:

- Ensuring the emergency response to the incident is being managed appropriately

- Liaising with the Emergency Services attending the incident
- Assisting the area concerned to return to normal operations as quickly as possible after the incident has been dealt with

### **Call Centre staff**

Staff in the Call Centre at Wellington Hospital area responsible for:

- Alerting the Fire Service and Emergency Response Team when a fire alarm is activated and /or a 777 fire call is received
- Advising 'standby' areas, Operating Theatres, and the Emergency Departments of the location of the emergency
- Completing an 'Record of 777 Call' for each incident.

### **Medical staff**

Medical staff may be called in the event patients are evacuated from an area affected by fire.

In these situations, their assistance may be required to treat any injuries sustained during the evacuation; and / or to review the condition of patients involved.

## Fire systems

Each building is fitted with fire detection and suppression equipment appropriate for the building use and type of occupancy. All or some of the following may be installed

### Fire alarms

All buildings are fitted with fire alarms which can be activated by operating a Fire Alarm Call Point. The alarms will also sound when a sprinkler, or a heat or smoke detector is activated. The alarm system automatically sends an alert to the Fire Service Communications Centre and to the CCDHB Call Centre.

### Types of fire alarm call points

Three types of fire alarm call points are used in DHB buildings



#### Glass fronted

A glass panel on the front of the alarm needs to be broken and the switch behind it turned on.

To prevent injury from broken glass, an implement (e.g. pen or shoe) should be used.



#### Plastic fronted

A 'push in' plastic panel is used instead of glass.

This is a safer type of unit and commonly used in low security mental health units and newer buildings.



#### Key operated

The alarm can only be operated by a key which is carried by all staff on duty in the area. There is no glass or plastic panel. This type is used in areas where false alarms are likely, and/or glass poses a risk.

The alarm systems in most hospital buildings are configured to operate in two stages:

### Constant or 'evacuation' mode

The alarms will sound constantly in areas where evacuation is required. This includes:

- All areas of buildings where no inpatient services are provided (e.g. administration, community health, hostels)
- All areas in Mental Health inpatient units
- Fire cells in hospital inpatient areas where a fire alarm, smoke detector, or sprinkler has been activated

- Any other inpatient areas where it has been decided an evacuation is required (e.g. areas in danger from spread of smoke, fumes, or fire)

### **Intermittent or 'standby' mode**

The alarms may sound intermittently in clinical areas at Wellington and Kenepuru Hospitals, and throughout the Wellington Regional Hospital building.

This signifies that the fire alarms have been activated in another part of the building, and that there is no immediate threat to the ward or unit where the standby alarm is sounding.

In these situations, standby procedures are to be followed and preparations made to evacuate should it become necessary.

The location of the source of the alarm will be displayed on the mimic fire panel installed in each area. The panels are usually located close to the Staff Station.

### **Alarm beacons**

Beacons are used to supplement the fire alarm sounders in areas where ambient noise levels are high (e.g. plant rooms and helipads); background noise needs to be eliminated (e.g. Audiology booths); and areas where the hard of hearing may be alone.

The beacon below is an example of the type fitted in the Wellington Regional Hospital.



#### **Alarm beacons**

The appropriate light flashes in conjunction with the fire alarm – the red beacon flashes when the alarms sounds constantly, the yellow when the alarms sound intermittently

### **Smoke detectors**

Smoke detectors are fitted in areas where patients sleep; in areas adjoining fire stop doors; and in many corridors, toilet areas and utility rooms. These detectors are connected to the fire alarm system; and will activate when even very small amounts of smoke are detected.



#### **Smoke Detector**

When the detector has been activated, the indicator lights glow constantly.

### **Heat detectors**

Heat detectors are fitted in some areas – usually where steam or dust may cause false activation of smoke detectors.

### **Sprinklers**

All hospital buildings are fitted with automatic sprinklers. A sprinkler head will operate when it is subjected to heat between 55<sup>o</sup> C and 68<sup>o</sup> C (depending on the type). When a sprinkler is activated, the fire alarms will sound automatically. Sprinklers can only be turned off by the Fire Service.



When heat melts a bulb in the unit, a large flow of water is released.

**Left :** The standard type used in most areas

**Right :** The type used in secure areas. It prevents tampering, or the unit being used as an anchor point.



### **Fire hose reels and fire extinguishers**

Fire hose reels are fitted throughout most work areas and corridors. In most cases the hose reels are positioned so that any point in an area can be reached by two hoses.

In the Wellington Regional Hospital, fire hose reels are only fitted in the Cancer Centre and basement car park.

Fire extinguishers are also installed in most wards and departments.



#### **Fire Hose Reel**

1. Open the water supply tap in the hose cabinet
2. Control the flow of water by rotating the nozzle on the end of the hose

In most situations hoses are positioned so that two can reach any point in the area.

In areas where they may be misused, the hose cabinets are kept locked. Staff working in these areas carry a key at all times.



#### **Fire Extinguishers**

Carbon Dioxide, water, and dry powder extinguishers are provided

1. Remove the locking pin
2. Test the extinguisher by pulling the trigger
3. Move close to the fire
4. Aim at the base of the fire
5. Squeeze the trigger and sweep back and forward across the fire
6. Keep the extinguisher upright

In areas where they may be misused, the extinguishers are kept locked in cabinets. Staff working in these areas carry a key at all times.

## Mimic panels and EWIS phones

### Mimic panels

At both Wellington and Kenepuru hospitals, fire alarm mimic panels are installed near the staff stations in many clinical areas and in some key reception areas.

Their only function is to indicate where an alarm has been activated. When the fire alarm is sounding, the display on the panel will give a description of the type and origin of the alarm – e.g. 'Smoke detector room 6'. If more than one alarm has been activated, the scroll buttons on the panel can be used to scroll through the list

### EWIS phones

EWIS ('Emergency Warning and Intercom System') phones are fitted to all areas in the Wellington Regional Hospital building, and to the Clinical Support building at Kenepuru.

The phones are intended to allow wardens or fire crews to communicate with personnel at the building fire control console.

- Calls can only be made to the console at the main fire panels
- Communication is not possible with any other EWIS phones
- The phones are not routinely used during fire calls, but are considered to be a resource to provide limited emergency communications during telephone outages

#### EWIS PHONE

For communication with staff at the main fire control panel only



#### MIMIC PANEL

The screen will indicate where the fire alarm has been activated. None of the buttons on the panel have any function. There are 3 types of panel in service all of which have a different appearance, but the same function

Mimic panels installed in Wellington Regional Hospital



Mimic panels installed in Kenepuru Hospital; and clinical buildings at Wellington Hospital other than the Regional Hospital.

## Fire and smoke doors

### Fire doors

Fire doors are fitted at the boundary of fire cells in hospital buildings.

They are intended to prevent fire spreading from one cell to another – in most cases they are rated to prevent the spread of fire for up to one hour.

Their characteristics include:

- They are labelled with 'fire door' signs
- They are heavy doors with small or no windows
- They are usually in corridors and are fitted with closers
- They are kept open with magnetic catches which release in some fire situations

Operations:

- Care must be taken to ensure they can close at all times – no trolleys or other equipment should be stored near them, they must not be 'chocked' open
- The doors can be closed manually by operating the door release button next to them
- The doors will release automatically when smoke is detected near them
- Those in non-clinical areas will release whenever the fire alarm is activated
- Those in inpatient areas will remain open during alarms (unless smoke is detected in the area) to allow patients to be evacuated unhindered. They should be closed when the affected area has been evacuated



### FIRE DOORS

Fire doors mark the boundary between fire cells.

Many are held open with magnets. They will close automatically in some fire situations.

Care must be taken to ensure they are not blocked with equipment, and can close quickly when necessary.

## Smoke doors

Smoke doors are intended to limit the spread of smoke. In most cases they are fitted to stairway entrances and are expected to be kept closed at all times

## Fire exit signs

**Standard** exit signs mark the established fire evacuation routes. They should be visible from any point in a corridor. Many are lit to provide additional guidance in the dark or through smoke.

**Programmable** exit signs will indicate whether or not the route is a safe exit, depending on where the alarm has been activated.



Standard exit sign



Programmable exit sign

## Fire training

The following fire training is offered by the Emergency Management Service:

<b>Orientation Sessions</b>	A fire and emergency training session is included in the following orientation programmes: <ul style="list-style-type: none"><li><input type="checkbox"/> Generic Orientation</li><li><input type="checkbox"/> House Surgeons' Orientation</li><li><input type="checkbox"/> Registrars' Orientation</li></ul>
<b>Floor Wardens</b>	Individual on site training is provided for staff appointed to fire warden roles. This is followed by an annual eLearning module.
<b>Emergency Response Teams</b>	Induction sessions are provided on demand for staff appointed to emergency response teams.
<b>Core Emergency Management Training Programmes</b>	Regular refresher sessions are provided to meet the requirement for the following staff to attend annual training: <ul style="list-style-type: none"><li><input type="checkbox"/> Floor wardens</li><li><input type="checkbox"/> Nurses "in contact with persons in care "</li><li><input type="checkbox"/> Response Team Members</li></ul> Specialist sessions are held for areas with specific evacuation needs (Theatres, ICU, NICU).
<b>Trial Evacuations</b>	Trial evacuations are held in each building every six months
<b>Ad hoc Training</b>	Additional presentations and exercises are provided to meet specific needs (e.g. when a new area is commissioned).

## Risk assessment

### **Fire**

Fire related calls are one of the more common non-clinical emergencies dealt with at both Wellington and Porirua Hospital sites.

Each year the Fire Service is called to approximately 80 fire related incidents in DHB buildings.

The calls include accidental and malicious false alarms; reports of smells of burning; burnt food; gas leaks; and small fires.

The common causes of actual fires in recent years have included:

- Burnt out electrical components
- Fires relating to cooking appliances
- Accidental fires in rubbish bags / bins
- Minor arson – most commonly in mental health units or public toilets

The risk of a large fire developing within a hospital building is very small – appropriate fire detection and suppression systems are fitted in all areas, and a high level of staff awareness of fire procedures is regularly demonstrated in both training sessions, and the management of fire emergencies.

However it is still conceivable that people could be injured or killed by fire in a hospital setting. Possible scenarios include:

- An explosive fire occurring or
- A person sustaining injuries while deliberately lighting fire

### **Hazardous materials incidents**

A number of potentially hazardous materials are used on both hospital sites. In the past, hazardous materials incidents have resulted in the total evacuation of Kenepuru Hospital; and the Clinical Services Block at Wellington Hospital; and the evacuation and temporary closure of the Radiology Department at Kenepuru, the Nuclear Medicine Department and the New Zealand Blood Service Building at Wellington Hospital. Areas have also been evacuated temporarily at both sites as the result of significant leaks of natural gas.

While it is considered that the management of the potentially dangerous materials kept on DHB sites is of a high standard, it is still conceivable that small localised spills could occur. Other possible sources of danger include incidents arising from contractors working on site, or contaminated patients arriving at a hospital following a hazardous materials incident off site (of particular concern to staff working in Emergency Departments).

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