

Dialysis Unit Emergencies: Challenges of Simulating a Fire Evacuation

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Dialysis Unit Emergencies: Simulating a fire evacuation

Introduction

Our dialysis centre provides haemodialysis across six sites, one central unit and five satellites across a large geographical area. Our dialysis training is delivered through theory sessions, practical skills and simulation training. Due to recent changes, fire training is only provided through e-learning. We have procedural guidance which had not been tested in practice due to these changes. To evaluate whether the procedural guide would be effective, we met with our trust emergency planning team and local fire service to put together a simulated fire evacuation drill.

Method

Our first stimulated fire drill took place in 2016 at the centre unit. The drill was led by the renal nursing team collaborating with the trust's health and safety officer, site co-ordinators porters, switchboard, estates and the out of hours operational leads.

For the purpose of the drill staff were asked to participate as patients. They were given scenarios with information such as: ability to walk, assistance with mobility/ bed bound, type of vascular access, any particular medical symptoms, communication needs or cognitive difficulties. All of which required some amateur acting.

The stimulated evacuation was held in the evening with 10 staff and 20 "patients" to resemble a normal afternoon dialysis shift. The unit was filled with artificial smoke prior to the alarm being raised and the staff proceeded to evacuate the patients as per the theoretical plan. The emergency planning team briefed everyone prior to the evacuation.

Results

The evacuation was a training exercise facilitating learning for the nursing, emergency planning teams and fire service. During the debrief sessions the learning highlighted for the nursing team related to the co-ordination of relocation of patients, the importance of ensuring emergency equipment was to hand and on-going management of vascular access. The key learning for the fire team and emergency planning team was gaining access to the plant room and location of the blue prints of a unit as a casualty was missed. This simulation has influenced changes in practice including the updating of the evacuation procedure.

Discussion

Following the initial evacuation at our centre unit we ran a further session in 2017 to see if lessons learnt from the first evacuation were embedded within the fire, emergency planning and nursing teams. As these simulated evacuations have been of great benefit we held one in the remotest of our satellite units in 2018. This gave different challenges such as being on a second floor with limited out of hours support. Lack of on-site support resulted in delays with the fire team accessing the building and effectively evacuating the patients which meant further adjustments needed to be put in place. This was repeated in 2019 with the agreed adjustments in place.

Implications for Practice

We would like to be able to do this in all our units on a regular basis. Since undertaking this within renal, the trust has recognised that other areas such as theatres would benefit from using simulation training for fire evacuation.