General Emergency Procedures

• Assess the situation.

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- Do not take any action that would put yourself or others at risk.
- Alert others in the vicinity and, if appropriate, raise a building-wide alarm (*e.g.* in the event of fire, activate a fire alarm call point *and call out to people in the vicinity*. Otherwise, inform UofE Security, by telephoning internal extension 29289 or 29290, from where steps may be taken to broadcast awareness of an incident more widely).
- Draw upon the willingness of others to assist by, for example, making telephone calls and seeking out specialist assistance (*e.g.* first aiders, spill response teams, *etc*).
- If appropriate, and as circumstances warrant, commence evacuation, either of the immediate area or perhaps the whole building, proceeding to the relevant Evacuation Assembly Point and reporting to, or acting as, an Evacuation Assembly Point Controller.

Specific Arrangements for a Fire Emergency

- Upon discovering fire, raise the alarm by activating the nearest fire alarm call point, *but also call out to everyone in the vicinity*.
- Upon hearing continuously sounding alarms, evacuate the area immediately *by the nearest exit* and proceed to the designated Evacuation Assembly Point for the affected building.
- Evacuation Assembly Points are located as follows:
 - Chancellor's Building Around the totem for Car Park 1E adjacent to the west-facing wall of the Infirmary, opposite the main entrance to the Chancellor's Building;
 - Queen's Medical Research Institute (QMRI) Outside the Chancellor's Building's common room (Jex Blake Suite), immediately to the left of the main entrance doors;
 - Edinburgh Imaging Facilities (QMRI)) Into the car park for QMRI;
 - Child Life & Health (located within the Royal Hospital for Children and Young People) Into the RHCYP car park adjacent to the Old Dalkeith Road;
 - Institute for Regeneration and Repair (North) Along the path alongside Little France Drive;
 - Institute for Regeneration and Repair (South) Along Fairfield Walk;
- USHER Institute, ECTU etc within Building NINE Along Fairfield Walk;
- Do not take time to collect personal possessions, or return to buildings to retrieve these, while alarms are sounding continuously.
- In areas where alarms are sounding only intermittently (which is a possibility only within Chancellor's Building or the Royal Infirmary of Edinburgh on this campus), people should be preparing to evacuate if the alarm state escalates to begin sounding continuously, perhaps by uplifting personal possessions such as house and car keys, but it would be sensible to use the time also to make your workplace safer by (*e.g.*) returning flammable chemicals to solvent storage cupboards, securing radioisotopes and pathogens, *etc.*
- People with mobility impairment should, however, always evacuate immediately, even if alarms are sounding only intermittently (lifts will remain usable while alarms are sounding only intermittently).
- Provide information updates to the Scottish Fire & Rescue Service, prior to their arrival, by dialing 2222 from any extension at a safe location. Do not assume that someone else has already done this; it is better that several people provide updates, than for you to assume that someone else has, when in fact no-one has done so.
- Do not re-enter an evacuated building until you have been told, clearly and unequivocally, and by someone in authority, that it is safe for you to do so.
- See Section 5 (Fire Procedures) of this Manual for further details.
- See Section 6 (Mobility Impairment and Buildings Emergencies) of this Manual for further details pertaining to mobility impairment *etc* and buildings emergencies, including the provisions of Personal Emergency Assistance Plans.

• The names and roles of Fire Stewards (and their designated areas of responsibility within both buildings), Fire Coordinators, Evacuation Assembly Point Controllers and members of Recovery Teams are listed at Appendix 1 to this Manual.

Specific Arrangements for a Medical/First Aid Emergency

- Assess the situation.
- Do not take any action that would put yourself or others at risk.
- If it is safe to do so, remain with the casualty. If you yourself are not first aid trained, send someone for a qualified First Aider and first aid kit, and perhaps also am automatic external defibrillator (usually located at Reception within UofE buildings on this campus), and remain with the casualty until relieved by a person with more training. Appendix 6 to this Manual lists trained First Aiders and the locations of first aid kits, defibrillators *etc* within UofE buildings on Edinburgh bioQuarter campus.
- If requesting support from the Scottish Ambulance Service, send someone to the front door to meet attending firefighters and paramedics.
- If the situation is clearly more than trivial, and the casualty's injuries seem to warrant it, consider sending for an ambulance. One may be requested by sending someone to dial (9)999 from any extension at a safe location. Do not do this yourself. Providing that it is safe for you to do so, you should remain with the casualty until relieved by a person with more training. Ask whoever you are going to send to telephone for an ambulance to report the *precise* location and nature of the medical emergency (*i.e.* specify the full name, address and postcode of the building, and the location of the casualty within the building, and describe the casualty's condition). It is particularly important to inform the Ambulance Service if the casualty has stopped breathing.
- DO NOT call 2222, or phone the Infirmary's Accident and Emergency Department directly. NHS Lothian "crash teams" will *not* respond to medical emergencies arising within one of the University buildings by coming into our buildings. Phone (9)999 from any extension at a safe location, or 999 or 112 directly using a mobile telephone, to ensure that *all* of the necessary information is passed directly to the Ambulance Service, so that most appropriate degree of priority can be attached to your request for their attendance. Once the 999 call has been made, UofE Security (based in the QMRI) should also be informed by dialing internal extension 29289 or 29290.
- Send someone to Reception (for whatever building the emergency has arisen within) to meet responding paramedics and lead them to the casualty.
- Meanwhile, check that the casualty's airway is clear and open, and clear any obstructions.
- Check that the casualty is breathing by tilting the casualty's head back and lifting their chin up, place the side of your face close to the casualty's mouth, looking down towards their feet, so that you can look for chest movements, listen for sounds of normal breathing, and possibly feel their breath against your skin. If after 10 seconds, there is no evidence that they are breathing, put your hands in the centre of the bony sternum and commence cardiopulmonary resuscitation by giving thirty chest compressions at a rate of 100-120 per minute, pressing downwards on their sternum to a depth of 5-6cm with each compression.



• If you are a trained first aider or a suitably qualified health care professional, deliver two rescue breaths to the casualty, taking no more than five seconds to deliver both.



- Repeat cycles of thirty chest compressions and two rescue breaths (if appropriate) until the casualty begins to breathe for themselves and their heart resumes beating, or until you are relieved by another first aider, paramedic or doctor, *etc*.
- Place an unconscious but breathing casualty into the recovery position (see below) and remain with them, continuing to monitor their condition.



- Assess and record changes in the casualty's level of consciousness, and look for evidence of injuries that they may have sustained.
- Apply a dressing and localised pressure to open wounds in order to control bleeding.
- Keep the casualty comfortable until an ambulance arrives.
- For less severe injuries, where the casualty has expressed clear willingness to walk to the Accident & Emergency Department of the Infirmary, and in your view they are fit to do so, one or two colleagues may assist by supporting the casualty walking over the short distance to reach the Infirmary, but a wheelchair is available at Reception in the QMRI, and patient transport chairs are usually available within the Infirmary (immediately through the entrance doors into the main ground floor atrium adjacent to the Chancellor's Building), and these might be a preferable method of transporting a conscious, relatively lightly injured casualty to Accident & Emergency.
- In the event of suspected poisoning or exposure to harmful substances *etc*, send any relevant material safety data sheets and COSHH risk assessments together with the casualty.
- Ensure that any blood and other body fluids from the casualty, together with soiled dressings *etc*, are properly cleaned up and disposed of consistent with arrangements set out Section 18 (Waste Management) of this Manual.
- Report the circumstances of the incident, and actions taken, to the University's centrally-based Health and Safety Department, and also to your senior manager, consistent with the policies and procedures set out in Section 11 (Accidents and Near-Miss Reporting) of this Manual.
- Replenish first aid consumables used during management of the casualty's injuries.

[Note that the above guidance on aspects of first aid management of a casualty should not be taken as definitive; guidance changes periodically. Reference should be made to an approved first aid manual and, preferably, first aid should be provided by a suitably trained and properly qualified person.]

Specific Arrangements for Management of Spillage of a Hazardous Substance

- Assess the situation.
- Do not take any action that would put yourself or others at risk.
- Evacuate all non-essential personnel from the immediate area, to a distance consistent with the risk represented by the spillage. If in doubt, always err on the side of caution. But ensure that people

are marshaled to an area where they can later be interviewed, assessed and, if necessary, decontaminated and/or treated without spreading contamination further than is strictly necessary.

- Consider the possibility that contaminated people may need to use emergency showers; these are located as follows:
 - Chancellor's Building Ground Floor: GU415 and GU515;
 - Chancellor's Building First Floor: FU512;
 - QMRI Level 1: East end of centre block, signposted at the location;
 - QMRI Level 2: East end of centre block, signposted at the location;
 - o QMRI Level3: East end of centre block, signposted at the location; and
 - IRR(N) Ground Floor: Opposite G09 and opposite G48
 - IRR (N) First Floor: Yellow Lab (1.48) and Blue Lab (1.39)
- Ensure that any attending first aider, ambulance service staff and/or medically qualified person is made aware of the circumstances and nature of possible contamination.
- If requesting support from the Scottish Ambulance Service, send someone to the front door to meet attending paramedics.
- If the involvement of flammable chemicals is suspected, extinguish Bunsen burners *etc* in the vicinity, and warn everyone in the vicinity to avoid introducing sources of ignition.
- Do not directly handle broken glass or sharps; use a dustpan and brush to gather these up for safe disposal.
- If the nature and composition of the substance is known, refer to the relevant COSHH Risk Assessment that should be filed within the laboratory, and any associated material/product safety data sheets, which should contain guidance on management of spills see Section 8 (Risk Assessment and Supervision) of this Manual.
- If it is safe to do so, remain at the perimeter of the area within which the spill has occurred, control access, and send someone for a spill management kit.
- If the situation is clearly more than trivial, seal off the area, and send for a senior laboratory manager to direct a spill management team.
- If the spillage contains radioactive substances, send for a Radiation Protection Supervisor (see Appendix 2 of this Manual).
- If the spillage contains infectious biological material, send for a Biological Safety Officer (see Appendix 2 of this Manual).
- Only if you feel perfectly safe and competent to manage the spill yourself, make use of all relevant personal protective equipment, which is likely to include a properly fastened laboratory coat and gloves (after taking into account breakthrough times relevant to the glove material and chemicals being handled) and possibly also an apron, a face shield, respiratory protection (mask or powered hood) *etc.*
- Ensure that substances recovered from a spillage are properly disposed of, consistent with the policies and arrangements set out in Section 18 (Waste Management) of this Manual.
- Do not dispose of substances by decanting them into a sink unless you are certain that it safe and acceptable to do so see Section 18 (Waste Management) of this Manual.
- For spillages of substances hazardous to health, it is generally necessary to send an incident report to the University's centrally-based Health and Safety Department, consistent with policies and arrangements set out in Section 11 (Accidents and Near-Miss Reporting) of this Manual; but, in any event, the relevant senior laboratory manager *must* be informed as soon as possible after the occurrence.

Specific Arrangements for Emergencies involving Liquid Nitrogen Plant Rooms and Cryogens

- Assess the situation.
- Do not take any action that would put yourself or others at risk.
- Do not enter an area where an unsafe state is indicated by sounding alarms and/or red (or amber) lights at the doorway leading into the area, and/or by personal oxygen depletion monitors.
- Do not enter a LN₂ plant room area where *no* indicator lights are illuminated above the entrance door. Report this as a fault, and enter the room only after defects have been remedied and safety has been confirmed.
- If you can see people inside a LN₂ plant room that is in an alarm condition, call out to them from the doorway, and order them to evacuate the room. If they do not respond, or disregard your order,

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or if you can see that someone has collapsed inside the room, **DO NOT ENTER**. Phone (9)999 from any extension at a safe location, or 999 or 112 from a mobile telephone, describe the precise location and nature of the emergency, and ask for urgent attendance by the Scottish Fire & Rescue Service and Scottish Ambulance Service. Send someone to the front door to meet attending firefighters and paramedics.

- Evacuate all non-essential personnel from areas where leakage of LN₂ is suspected.
- For further information, consult written guidance on safe procedures and emergency arrangements at Section 14 of this Manual, copies of which are also attached to the doors leading into each LN₂ plant room on-site.

Specific Arrangements for a Buildings Security Emergency

- Section 20 of this Manual describes steps to be taken in the event of discovering a suspect package within or around one of our buildings.
- Section 20 of this Manual describes steps to be taken in the event of a suspect items having been received in the post.
- Section 20 of this Manual describe measures to be taken in the event of threats having been made by telephone.
- Section 20 of this Manual describes steps to be taken in the event of threats having been made in person.

Key Telephone Numbers

	CEVED AL EVED CEVEN TELEDITONE VILLADED	2222
•	GENERAL EMERGENCY TELEPHONE NUMBER	2222
٠	Campus Operations Manager (Sharon Hannah)	29195
•	Health & Safety Manager (Lindsay Murray)	26390
•	Reception (Chancellor's Building)	26200
٠	Reception (QMRI)	29100
•	Reception (IRR)	0131 651 9500
٠	Security (EQUANS for the Chancellor's Building) from an	
	internal extension	27074
•	Security (EQUANS for the Chancellor's Building) from outside	0131 242 7074
٠	Security (UofE based in the QMRI) from an internal extension	29289 or 29290
٠	Security (UofE based in the QMRI) from outside	0131 242 9289 or 9290
•	EQUANS Help Desk (Chancellor's Building):	24242
٠	UofE Estates & Buildings Works Division	0131 650 2494
٠	UofE Estates & Buildings Works Division (outside normal	
	working hours) via UofE Security (Appleton Tower)	0131 650 2257

Please notify the Health & Safety Manager of any relevant changes to detail shown in this Section.

Last reviewed/updated: 04th July, 2024