

## **EMERGENCY EVACUATION TRAINING: A WIN/WIN FOR ALL**

**By R. Dennis Chandler**

It was about 8:00 p.m. Thursday, April 9th, six (6) pregnant women, an asthmatic and a woman with a heart condition were among fifteen (15) people, trapped for twenty (20) minutes in two (2) different elevators at Yale-New Haven Hospital, in New Haven, Connecticut. In the case of the pregnant women, firefighters climbed into the stalled elevator car and boosted them as others stood on top of the elevator car pulling them through a 30in. (762mm) X 30in. (762mm) car top escape hatch.

*EXCUSE ME!* This course of action was *outrageous!* Implementing emergency evacuation procedures for removing passengers from stalled elevators must be based on commonsense and a high degree of safety. Someone may suffer a heart attack in a stalled elevator, but people have them in bed, while driving a car or shoveling snow. A woman may have a baby in a stalled elevator. Is this really any worse, than having one in a taxi or on a subway? Emergencies such as these are no reason to endanger lives by careless and dangerous rescue operations.

As an instructor, of training classes for when elevators are under emergency conditions, I find the above conduct, alarming and more likely than not unnecessary. It is beyond my comprehension, for anyone to think of removing stranded passengers through the car top exit, except under extreme conditions. The American Society of Mechanical Engineers (ASME) A17.4 (Guide for The Emergency Evacuation Of Passengers From Elevators) recognizes a rescue procedure for removal through the car top exit. However, firefighters boosting pregnant women up, while others on top of the elevator car and pull them through the escape hatch, appears to be in violation of that procedure.

Under emergency conditions, it is recognized that the preferred safe practice in evacuating passengers is to move the elevator car to a landing level. How many attempts were made to move the elevator cars to a landing level? Although, it is my understanding the elevator transporting the mothers-to-be suffered a circuit board failure and more likely than not any attempt to move the elevator car to a landing level by normal means,

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would have been unsuccessful. Only experienced elevator personnel could and would have moved the elevator car to a landing level.

Elevator service companies pride themselves on service and response time. All consider passenger entrapment as PRIORITY #1 response. Their arrival (when called), is normally within minutes of rescue personnel. If elevator personnel were delayed in arriving at the scene, the preferred safe practice would have been to send an emergency medical technician into the elevator car, to administer first aid (if required) and to reassure the stranded passengers of their safety. Eliminating the need for car top exit rescue.

It is also recognized, that before anything can be managed and managed successfully, it first must be measured. The level of success in managing anything is in direct proportion to your exposure level. Exposure Level is defined as the "window of vulnerability," the larger the window, the more vulnerable one is. It appears the Exposure Level being endured by the Medical Center and the fire department is enormous.

No one was injured and this is a beautiful thing! However, when we abandon commonsense and a high degree of safety, the window looms large. Education and training is a must. It places personnel who are designated to react when elevators are under emergency conditions and the stranded passengers, in a position to WIN. When these elements are present, it is referred to as WIN/WIN. WIN/WIN is a frame of mind and heart that constantly seeks mutual benefit for all.

It must be noted that all the particulars concerning these entrapments have not surfaced. However, it is abundantly clear that a full investigation into elevator emergency procedures by the Medical Center and the fire department is warranted. It's "IN THE PUBLIC INTEREST"!

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***"Elevator Safety Is No Accident"***