

POLICIES AND PROCEDURES

POLICY NO: 311.F9

SUBJECT: Fire Safety Plan
"Code Red Response"

EFFECTIVE: 10/97

REVISION: 6/06 REVIEWED: 6/08

SECTION: **SAFETY**

DISTRIBUTION: All Departments

SOURCE: Safety Director

REVIEWED: Governing Board/ Safety Committee

I. PURPOSE:

- 1.1 To provide essential information to all staff at <<Facility Name>> Hospital/Health Care Center relative to fire safety and fire protection for the benefit and well being of all patients/residents/visitors/staff.
- 1.2 To provide for a uniform Fire Response and Evacuation Plan for <<Facility Name>> Hospital/Health Care Center, which must be learned and regularly practiced by all staff.

II. POLICY:

- 2.1 All staff and employees of <<Facility Name>> Hospital/Health Care Center shall be familiar with fire safety information and evacuation techniques, which are applicable to health care institutions for the safety of patients/residents/staff and visitors.
- 2.2 All staff and employees of <<Facility Name>> Hospital/Health Care Center shall know and be able to respond and implement the "Code Red" Immediate Fire Procedure and Evacuation Plan of <<Facility Name>> Hospital/Health Care Center.
- 2.3 All staff and employees of <<Facility Name>> Hospital/Health Care Center shall participate in regularly scheduled fire drills, fire safety orientation, and other general fire safety programs.
- 2.4 Fire Drills shall be planned by the Safety Officer and held each month in such a manner that at least one drill is scheduled for each work shift during each calendar quarter. Fire drills shall involve a discussion of the evacuation of all residents to a safe assembly point outside of the smoke compartment.
- 2.5 Residents who are capable of assisting in their own evacuation shall be instructed in evacuation routes and techniques and may participate in drill exercises.
- 2.6 The results of fire drills shall be documented and used to educate staff on fire procedures.

III. GENERAL FIRE SAFETY INFORMATION:

- 3.1 **Rapid Response.** Know your Fire Plan and location of all extinguishers and fire alarm pull stations so that in case of emergency you can act quickly. Fire extinguishers are easily accessible and located in cabinets throughout the corridors and in certain higher hazard area (i.e. Laundry, kitchen, mechanical rooms, etc.).
- 3.2 The <<Facility Name>> Hospital/Health Care Center utilizes mainly ABC multi-purpose fire extinguishers that can be used for a variety of fire situations.
- 3.3 **Fire Alarm System.** Know the location of automatic detectors and how to tell if they have been set off. A fire may originate in a storeroom or other remote area, which may set off a smoke or heat detector. If the alarm sounds and no one has informed you of the location or of their awareness of a fire, you should immediately check the annunciator panels located at the Hospital Nursing Station or at the Main Admitting Desk for the location of the fire. Search this area and when the fire is located immediately implement the Immediate Fire Procedure.
- 3.4 Know evacuation procedures and methods of moving patients with limited help. The escape route will, of course, depend on the location of the actual fire.
 - 3.4.1 Consideration must be given to those patients and residents who are impaired with loss of hearing, vision, or other sensory functions to insure that they receive notification, assistance, and immediate attention when in endangered areas.
 - 3.4.2 Never evacuate patients/residents to basement areas. If the fire is localized or segregated from other parts of the building it is not necessary to move patients outside of the building, but rather out of the smoke compartment to areas of refuge within the facility, which are protected by fire doors and smoke barriers. If it appears the fire may be out of control, the decision for complete evacuation shall be made by supervisory personnel in the fire area and/or by the fire department.
 - 3.4.3 When moving patients/residents, non-ambulatory patients shall be lowered to a blanket on the floor and pulled to the area of refuge, "Blanket Drag". If further evacuation is necessary, patients will have to be carried.
 - 3.4.4 Ambulatory patients/residents shall be instructed to crouch below the smoke level and be assisted to safety.
 - 3.4.5 Newborns will be given to their mothers for care and evacuation. Isolette and incubator babies will be the responsibility of the staff.
 - 3.4.6 Newborns and/or patients needing or using oxygen shall be provided with portable tanks. Additional tanks are available in the Med Gas storage area.

- 3.4.7 Because of potential power failure, the elevator should not be used for patient evacuation during a fire.
- 3.5 The fire alarm system is connected to an "automatic dialer" or digital communicator, which is located just outside the boiler room. This dialer automatically dials a UL Listed Monitoring Company and gives them a recorded message whenever the fire alarm is activated. This is an additional safety precaution taken to insure a quick response by our local fire department. However, when you discover a fire, the person or station discovering the fire should also call "911" as an added precaution in case the automatic equipment should fail.
- 3.6 The main air handling units located in mechanical rooms and on the roof are also inter-connected to the fire alarm system. Thus, when the fire alarm is activated all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system.
- 3.7 The period of least staff coverage occurs during the 11-7 shift in the <<Facility Name>> Hospital/Health Care Center.
- 3.7.1 Staff members are to remain awake at all times.
- 3.8 Escape routes shall be free from obstructions at all times. All corridors are to be kept free from obstruction at all times (IE. Carts, patient lifts, chairs, etc.)
- 3.9 No furnishings or decorations shall be explosive or highly flammable in characteristics.
- 3.9.1 All pre-construction/remodeling evaluations shall include a fire retardant evaluation.
- 3.9.2 The Safety Director shall maintain all fire ratings for furnishings, products, carpets, etc.
- 3.9.3 All heat generating equipment shall be identified and strategically placed to insure safe operation.
- 3.10 Storage rooms located on nursing floors shall not exceed the normal "fuel load" of a family dwelling except the main basement materials storage room which is enclosed with fire rated doors and equipped with a sprinkler system.
- 3.11 All employees shall be trained in appropriate staff response to a fire emergency.
- 3.11.1 All new employees shall receive the Fire Safety Orientation which encompasses:
- A. Employee responsibilities
 - B. Fire prevention

- C. The fire detection and extinguishing system
 - D. Fire plan protocols including RACE (Rescue, Alarm, Confine, Extinguish)
- 3.11.2 Departmental supervisors shall orient new employees to the fire detection and extinguishing systems located in their departments.
- 3.11.3 All employees will be in-serviced annually on fire plan protocol.
- 3.11.4 Any deficiencies noted during a fire drill will be discussed immediately with applicable personnel. Such deficiencies in drill completion will be documented and presented to the Safety Committee.
- 3.11.5 Fire drill deficiencies will be used to develop in-services for departments.

IV. **IMMEDIATE FIRE PROCEDURE:**

- 4.1 **IF YOU DISCOVER FIRE OR ARE ALERTED THAT FIRE IS IN YOUR AREA, FOLLOW THESE STEPS:**
- 4.1.1 **R.A.C.E.:** Remember R.A.C.E. Rescue, Alarm, Confine, Extinguish.
 - 4.1.2 **Use of Alarms:** Sound fire alarm or assign co-worker to do so while you move patients from immediate danger beyond the next set of corridor fire doors to a safe area outside the smoke compartment. Fire Alarm Pull Stations are located by every exterior exit door. Push in and pull down hard on the station to activate the alarm. There will be a few second delay before the horn/strobes will activate. Use telephone paging (#880) to notify other nursing stations and personnel of fire location. Announce “CODE RED” and give exact location. On evenings or weekends, notify Administrative Person on-call and Maintenance on-call staff person.
 - 4.1.3 **Transmission of Fire Alarm to Fire Department:** Call 911 Emergency Dispatch to notify the Fire Department. Dial 9-911 and give them the location and best entrance to use when they arrive. The automatic dialer will notify the UL Listed Alarm Monitoring Company who will in turn notify County 911 Emergency Dispatch.
 - 4.1.4 **Isolation of Fire:** Close all patient/resident room doors to prevent the spread of fire and smoke. Turn on lights if dark. The magnetic door holders will automatically release all held open doors when activated by the fire alarm. When instructed by charge nurse, shut off zone oxygen valve in hallway in fire area. If there are patients/residents on oxygen, take portable oxygen carts from storeroom for use.

- 4.1.5 **Evacuation of Immediate Area**: Remove any patient/resident or other person from immediate danger. Patients/residents restricted to bed shall be removed utilizing emergency evacuation procedures such as the blanket drag or two person carry.
 - 4.1.6 **Evacuation of the Smoke Compartment**: Page for all available personnel to report to fire area to assist in moving patients/residents from any areas of immediate danger. The area of safe haven will be beyond the next set of smoke/fire doors and away from the fire area. Instruct staff who report from other areas to take the evacuated persons to an identified congregation point.
 - 4.1.7 **Preparation of Floor and Building for Evacuation**: Close patient/resident doors behind you as you evacuate patients/residents. Clear hallways of all obstructions.
 - 4.1.8 **Extinguishment of Fire**: Available personnel who have been properly trained in the safe use of hand-held portable fire extinguishers shall help fight fire using portable fire extinguishers. Remember P.A.S.S. Press, Aim, Squeeze and Sweep to use fire extinguisher. If fire occurs after 9:00 p.m., staff must open secured entrance doors for fire fighting personnel to enter.
- 4.2 **IF YOU HEAR THE FIRE ALARM AND FIRE IS NOT IN YOUR AREA, THEN FOLLOW THESE STEPS:**
- 4.2.1 Check the annunciator panel located at the Hospital nursing station or at the Main Admitting desk. Dispatch available personnel to fire area to assist. Never leave patient areas unattended. An RN or LPN should remain at the nurses station in the event of an emergency.
 - 4.2.2 Follow steps 4.1.1 through 4.1.8 above.

V. **FIRE DRILL PROCEDURE:**

- 5.1 At least one scheduled drill will be held each month.
- 5.2 Drills will be rotated on each shift so that each work shift has one drill each quarter.
- 5.3 Those responsible for the drill will assign observers to assist in carrying out the drill and documenting the events of the drill.
- 5.4 The "Report of Fire Drill" form will be carefully completed for each drill and personnel shall be critiqued on their reaction to the drill and their proper adherence to the fire plan by the Safety Director.

- 5.4.1 The written report shall include the date, names of participants, types of instruction, observations of patient/resident response and a general critique to improve performance.
- 5.5 Drill situations, locations and times shall be sufficiently varied to benefit all departments and personnel. Drill locations shall be rotated from department/general location to department/location so that all areas of the facility participate.
- 5.6 Departmental in-service meetings shall include discussion and instruction on these drills and personnel lacking an understanding of the fire plan as demonstrated by the drills shall be properly counseled and re-evaluated.
- 5.7 Drill situations shall be realistic and personnel shall be required to move patients if in danger area, know location of alarm stations and how to sound the alarm, know locations of extinguishers and practice getting them during drills.
- 5.8 Before conducting a live drill the monitoring company shall be notified by Maintenance to prevent the dispatching of the Fire Department. They shall be notified when drill is complete to confirm the alarm signal was received.
- 5.9 It is not necessary to activate the fire alarm during drills on evening and night shifts to prevent the disruption of sleep for patients/residents. These drills should simulate these conditions.

<<ADD FACILITY FLOOR PLAN DRAWING SHOWING EVACUATION
ROUTES, FIRE EXTINGUISHER LOCATIONS, FIRE ALARM PULL STATIONS
AND SMOKE COMPARTMENTS>>

SAFETY POLICY AND PROCEDURES

POLICY NO: 311.E5

EFFECTIVE: 7/02

SUBJECT: Building Evacuation Plan

REVIEWED: 6/08

SECTION: SAFETY

DISTRIBUTION: All Departments

SOURCE: Facilities Management

REVIEWED: Governing Board

I. PURPOSE:

- 1.1 To provide direction for a safe and effective evacuation of all or part of <<Facility Name>> Hospital/Health Care Center facilities.

II. POLICY:

- 2.1 In most cases, evacuation will not be necessary or advisable. If it is determined, however, that some or all of the facility may not be suitable for occupancy, partial or total evacuation may be warranted. The order to evacuate is given by Administration or the Fire Department's Incident Commander. (Exception: All business occupancies will evacuate for fire, an order is not needed).

III. PROCEDURE:

SECTION I Decision To Evacuate - Factors upon which the decision to evacuate include, but are not limited to:

- A. Structural Integrity of the Building (following an episode such as an explosion).
- B. Emergency/Life Threatening Conditions i.e., fires, chemical releases

SECTION II Building Occupant Procedure

- A. Do not evacuate unless you have been instructed to do so or danger is imminent (i.e. explosion, fire).
- B. The Fire Department or Administration will identify a safe area of refuge. The charge nurse/department supervisor will assign patient priority, and, in consultation with Administration or the Fire Department, provide directions to the safe area of refuge and/or which stairway to use.
- C. Imminent Danger: Evacuate using the nearest EXIT or stairwell. Do not use elevators unless directed to do so by Administration or the Fire Incident Commander.

SECTION III AMBULATORY PATIENTS/RESIDENTS will be the first to leave. Line patients up in a single file and walk them hand in hand to the designated area of safe refuge. KEEP NEAR WALL AND USE HANDRAILS. Personnel will escort patients to the safe area of refuge.

SECTION IV NON-AMBULATORY PATIENTS/RESIDENTS will be evacuated per instructions of the Incident Commander and Administration. Personnel assigned to the patients will remain with them until “all clear” and responsibility has been reassigned.

SECTION V PATIENTS IN SURGERY or INVASIVE PROCEDURE AREAS

- Obstetrics
- Emergency Department
- Endoscopy
- Special Procedures

When an evacuation is warranted:

- A. Personnel will be informed that an evacuation is necessary
- B. Procedures will be completed as soon as possible
- C. Obtain portable oxygen tanks and ambu bags for those patients requiring ventilation.
- D. Transport to nearest safe refuge

SECTION VI PATIENTS IN PACU/PRE-OP

When an evacuation is warranted:

- A. Patients will be transported to ICU and/or Nursing Unit dependent upon the patient’s status.
- B. Some patients may need to be transported with oxygen tanks and ambu bags.
- C. Pre-op Holding Room patients that are ambulatory may be transported to the nearest and safest protected area.
- D. Patients that are not ambulatory will be transported by stretcher / bed to the nearest and safest protected area.
- E. Personnel will be assigned to the patients and will remain with them.

SECTION VII PATIENTS ON LIFE SUPPORT SYSTEMS

Ambulance personnel will assist with the evacuation of patients on life support systems.

- A. Obtain portable oxygen tanks.
- B. Transport in their bed/crib if possible; otherwise per stretchers or blanket, provide manual ventilation (ambu) as necessary for life support.

- C. Small children can be carried with someone manually ventilating (ambu) the patient.

SECTION VIII INFANTS

- A. Nursery infants will be taken to Mother's Room when possible during evacuation.

SECTION IX DISABLED EMPLOYEES AND VISITORS (Americans with Disabilities Act)

Will be evacuated in the same manner as patients who require assistance in transporting/evacuating.

SECTION X HORIZONTAL EVACUATION

- A. Move patients who are closest to the danger first.
- B. During ambulatory evacuation, alternate the older and younger children in the evacuation line.
- C. Move ambulatory patients toward the nearest and safest protected area. Personnel will be assigned to the patients and will remain with them.
- D. Move wheelchair patients to a safe area on the same floor. Return chairs for additional patients.
- E. Move non-ambulatory patients via stretchers. If stretchers are unavailable, use the cradle drop method to place a patient on a blanket, which has been set on the floor. Then, pull the patient out along the floor to a safe location.

SECTION XI VERTICAL EVACUATION

- A. Lead ambulatory persons up or down the nearest and safest protected exits/stairways. Administration and/or Incident Commander will identify the area of safe refuge. Do Not Use Elevators!
- B. Non-ambulatory persons should be moved up or down stairways by means of the two-man swing carry or the three-man and four-man blanket carries.

SECTION XII EVACUATION OF THE FACILITY

Administration coordinates confirmation /acceptance / and transfer of patients to off-site facilities. <<ADD MAP OF FACILITY CAMPUS SHOWING EMERGENCY EVACUATION ROUTES OUT OF FACILITY AND ASSEMBLY POINTS>>