



Title: **Ambulatory Care Pavilion Fire Response Plan**

EH&S – 2-3

Revision: 8/1/08

Date 12/06

Pages 7

PURPOSE: To provide a detailed fire response plan outlining responsibilities and procedures for Ambulatory Care Pavilion staff to follow in the event of a fire.

SCOPE: Ambulatory Care Pavilion.

DEFINITIONS:

Severe mobility impairment: a person that has the ability to move to the stairs but does not have the ability to use the stairs. An example is a wheelchair bound person, and in the case of the Ambulatory Care Pavilion, those persons brought in on gurneys, for treatment.

PROCEDURES:

I. General

- A. The fire alarm, which is a fully addressable system, can be activated by the following mechanisms:
 - 1. Manual pull station
 - 2. Fire sprinkler system
 - 3. Smoke and/or heat detection devices
- B. All alarms are automatically transmitted to the University Police (UPD), who notifies the Setauket Fire Department and Hospital/Campus Fire Marshals of the alarm.
- C. A horn sounding along with flashing strobe lights, indicates that a possible fire condition exists. This sound indicates evacuation or relocation in the building will be necessary, following the procedures in Section III below.

II. Responsibilities

A. Environmental Health and Safety

- 1. The Fire Safety Manager acts as the emergency response forces Incident Commander (IC) and coordinates activities with local fire departments, University Police, and hospital command structure.
- 2. Fire Marshals will immediately response to all alarms. They will take action as appropriate.

B. Ambulatory Care Pavilion Staff

1. Fire Wardens are specially trained staff members, tasked with taking charge of their area during fire and fire alarm situations. Fire Wardens take the lead in coordinating an evacuation, directing where patients will be evacuated to, keeping account of who has moved, and performing a final pass through of space making sure no one is left behind.
2. Nurses take lead role under the direction of the Fire Warden or Charge Nurse in the evacuation and accountability of patients. Those involved with direct patient care will provide care as appropriate to the evacuated patients. Refer to the Cancer Center Policy and Procedures “Fire Emergency Guidelines” for information regarding clinical care of the patients during an emergency.
3. Doctors will assist the nursing staff and be under the direction of the Fire Warden, evacuating patients.
4. All other staff, if not needed for patient removal, will evacuate.

III. Procedures**A. Discovery of Fire – Follow R.A.C.E. Procedures**

- ✓ **R** – Remove immediately endangered persons
- ✓ **A** – Alarm by activating fire alarm and dialing 911
- ✓ **C** – Confine fire by closing door
- ✓ **E** – Extinguish/Evacuate

B. Under the following conditions, when a fire is discovered, the code phrase “Code Red” shall be shouted out.

1. When the individual who discovers a fire must immediately go to the aid of an endangered person. When someone else hears this phrase, they will activate the nearest fire alarm pull station.
2. During a malfunction of the building fire alarm system.

C. If the fire alarm has not activated automatically, the person discovering a fire shall either follow Paragraph B.1 above, or pull the nearest fire alarm pull station. Dial 911 (or 631-632-3333 from cell phone), giving information on the location, and fire/smoke condition present.**D. If the fire is being fed by piped oxygen, the Fire Warden or Charge Nurse shall direct the oxygen control valve for that room be shut off.**

- E. Fire alarm activates with no visible smoke or fire
1. Visitors, ambulatory patients and non-essential staff (those not involved with non-ambulatory patients) will evacuate.
 2. Fire Wardens will:
 - a) Proceed to the reception desk on the 1st floor, check the fire alarm panel for the incident location, pick up their fire warden radios and vests, then continue to their assigned fire zones.
 - b) The warden assigned to the zone in which the alarm originated in, will verify if fire conditions exist, reporting status to other wardens. In the event of a sprinkler zone activation, the zones will be either the 1st or 2nd floor, not individual rooms as is the case with the addressable detection devices.
 - c) The fire wardens on the second floor will advise the Peds and Adult Oncology areas as well as Pain Management of the fire alarm zone so that they will have an awareness of whether to move to adjacent zone or stay in place.
 - d) Advise any persons with disabilities as described in section VI. which area of refuge they should move to.
 - e) All wardens will sweep their areas, making sure there is an evacuation. This action will assure an accountability of all persons in the building.
 - f) Brief emergency responders upon their arrival of the situation and their actions
 3. All evacuees shall meet outside in the vicinity of whichever exit door they emerge from, but clear of the building and away from any responding emergency vehicles.
 4. Areas that contain patients that are rendered incapable of self preservation will follow Section IV below.
- F. Actual fire and/or smoke conditions present
1. Immediately sound the alarm by activating the nearest fire alarm pull station and call 911. If your duties meet the criteria of Section II.A.1 above, sound the code phrase.
 2. All personnel shall be evacuated following procedures outlined above.
 3. Areas that contain patients that are rendered incapable of self preservation will follow Section IV below.

IV. Relocating Non-Ambulatory Patients.

- A. The facility is divided on each floor into two smoke compartments by a one hour rated smoke barrier (reference attached drawing). These compartments are designed as areas of refuge so that non-ambulatory patients can be relocated to a safe portion of the building instead of to the outside, while the fire is being handled by the sprinkler system and fire department. During a fire alarm and/or active fire, the following will occur in these areas.
1. Current configuration of the building has non-ambulatory patients on the second floor in Peds and Adult Oncology and Pain Management. These are the only areas that will move to horizontal areas of refuge.
 2. Actions for compartment of fire/fire alarm origin. Relocate horizontally past marked smoke doors to adjacent smoke compartment. Provide care to patients as described in the Cancer Center P&P Fire and Emergency Guidelines. Monitor the situation for possible further evacuation which will be to the outside. One fire warden with radio will be detailed to this compartment, staying in communication with other fire wardens at evacuation assembly areas.
 3. Actions for non-fire compartment. Do not start any more procedures. If actual fire is occurring, terminate current procedure and prepare for possible evacuation. Assist with evacuees from adjacent fire compartment.

V. Full Facility Evacuation

- A. If the fire department or fire marshals determine that the area of refuge which the evacuees are housed in, is in danger of becoming untenable, they will then need to be evacuated to the outside. To accomplish this, there will need to be a coordinated effort, utilizing persons that have already evacuated, as a manpower pool to move patients down the stairs.
1. Upon notification by the fire department or campus fire marshals that the area of refuge will have to be evacuated, the fire warden that has been detailed to the area as outlined in Paragraph IV.A.2 above, will communicate to the other Fire Wardens, advising how many people will be needed to assist with evacuation
 2. Those other Fire Wardens will then escort the manpower pool up the one staircase that leads into the area of refuge that has to be evacuated. This will be the only staircase being utilized since it leads from a protected compartment, to the exterior, via a protected exit.
 3. Upon completion of evacuation and after verifying that the area is entirely clear, the lead fire warden will communicate this fact to the fire department.

VI. Evacuation for People with Disabilities

- A. Persons on the 2nd floor with a severe mobility impairment, whether they are staff, visitors, or patients will be allowed to relocate to areas of refuge the same as patients

being rendered incapable of self-preservation. The following procedures will be followed for persons with severe mobility impairment during fire alarm and actual fire conditions.

1. Persons on the 1st floor will evacuate to the outside along with all others.
2. Persons on the 2nd floor will relocate to the adjacent smoke compartment.
3. For full facility evacuation, there is a stair chair in each stairwell to remove individuals in wheelchairs.

INQUIRIES/REQUESTS:

Environmental Health and Safety
L1-059 HSC
Zip 8017
Main Office: 444-6783
FAX: 444-6845

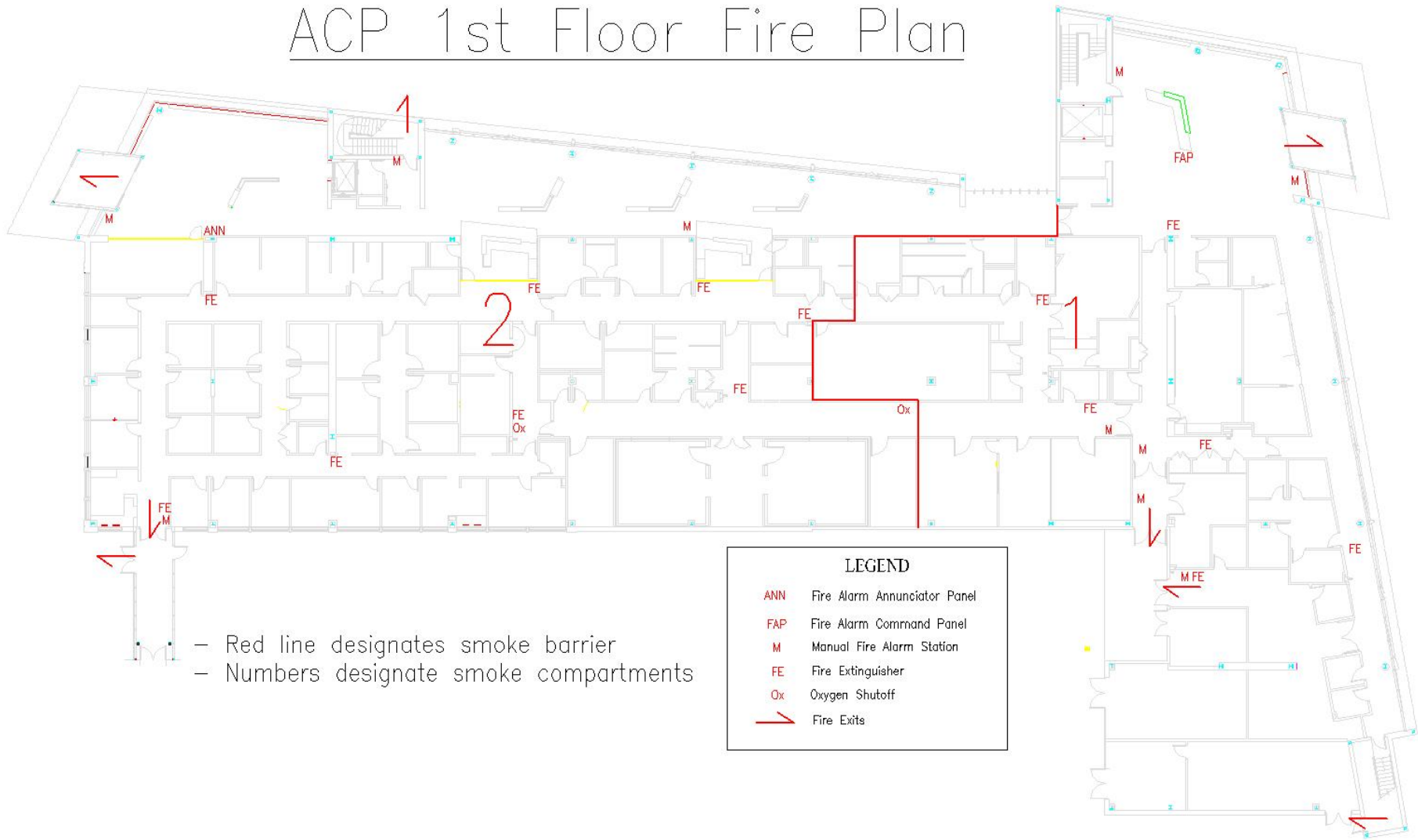
RELATED FORMS:

Ambulatory Care Pavilion Evacuation Plans

RELATED DOCUMENTS:

Fire Warden Program, Policy 5-7
NFPA Life Safety Code 101-2000
Cancer Center P&P, Fire Emergency Guidelines

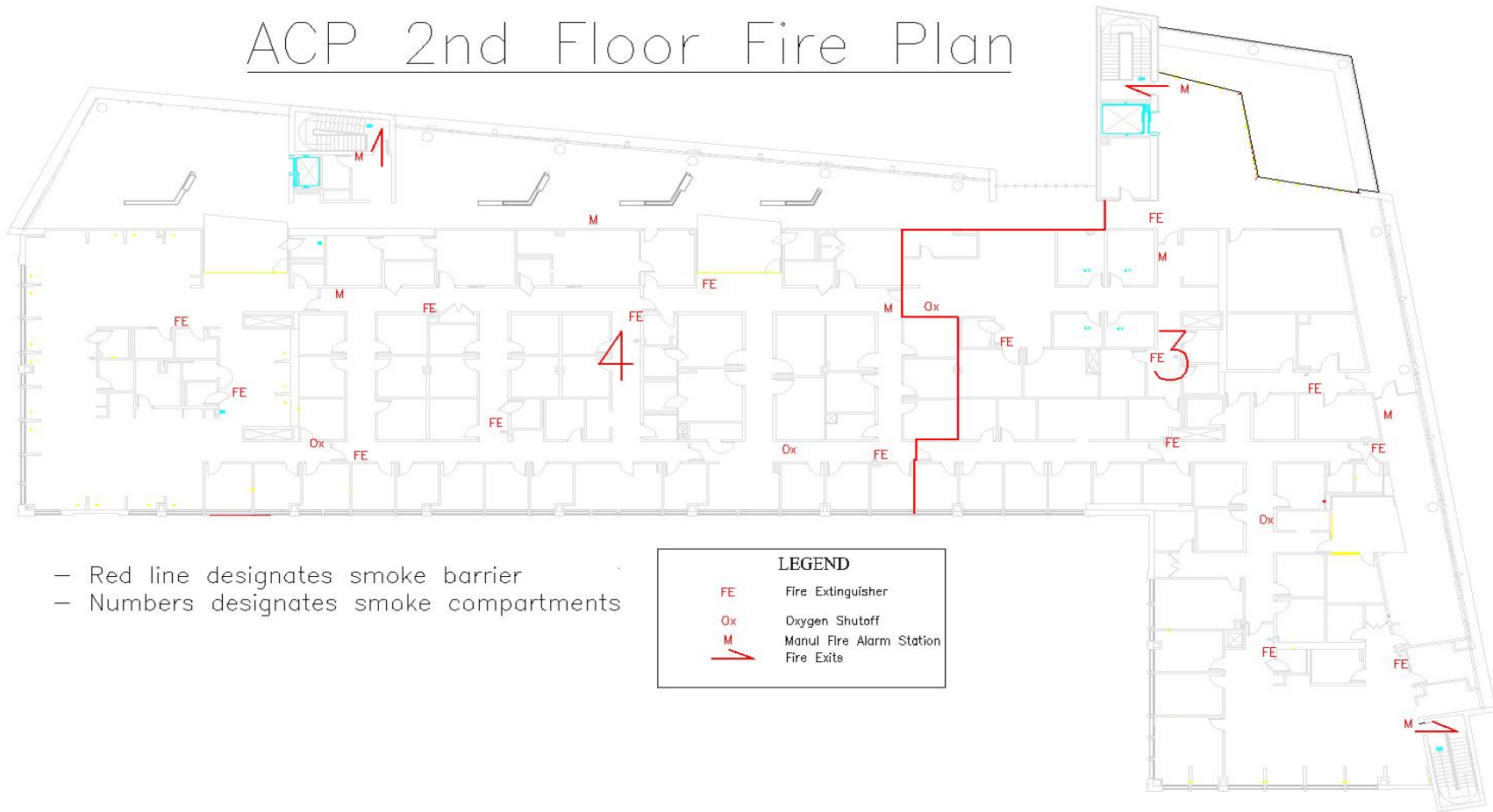
ACP 1st Floor Fire Plan




- Red line designates smoke barrier
 - Numbers designate smoke compartments

LEGEND	
ANN	Fire Alarm Annunciator Panel
FAP	Fire Alarm Command Panel
M	Manual Fire Alarm Station
FE	Fire Extinguisher
Ox	Oxygen Shutoff
	Fire Exits

ACP 2nd Floor Fire Plan



- Red line designates smoke barrier
- Numbers designates smoke compartments

LEGEND	
FE	Fire Extinguisher
Ox	Oxygen Shutoff
M	Manul Fire Alarm Station
	Fire Exits