



Title: **Hospital Fire Response Plan**

EH&S – 2-1

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Pages 7

PURPOSE: To provide a plan for Hospital staff to follow in case of fire, outlining roles and responsibilities.

SCOPE: Hospital only.

PROCEDURES:

I. General

When a building such as the University Hospital affords protection because of its construction and fire suppression systems, "evacuation" will mean removal of patients, to areas deemed fire-safe for as long as it may be necessary to decide further action. The plan of action for the Hospital is for horizontal evacuation to an adjacent fire-safe area protected by fire/smoke barriers until the area is deemed safe by fire department officials and Environmental Health and Safety (EH&S) staff, or until further evacuation is necessary

II. Discovery of Fire – Follow R.A.C.E. Procedures:

- ✓ **R** – Remove endangered persons
- ✓ **A** – Alarm by activating fire alarm and dialing 321
- ✓ **C** – Confine fire by closing door
- ✓ **E** – Extinguish or evacuate

A. The code phrase “Code Red” shall be used under the following conditions:

1. When an individual discovers a fire and immediately goes to the aid of any endangered persons, they shall call out “Code Red”. When someone hears this phrase, they will activate the nearest fire alarm pull station.
2. During a malfunction of the building fire alarm system.
3. During an actual fire and/or smoke condition to alert building staff of the emergency.

B. Remove all people from immediate danger. In patient care areas, the room that has the fire, the adjacent rooms and the room directly across the hall should be evacuated first. Visitors to inpatients will be told to stay in the room with the person they are visiting, door closed, and await further instruction.

C. If the fire alarm has not activated automatically, the person discovering a fire shall either

follow Paragraph A.1 above, or pull the nearest fire alarm pull station. Dial 321 and announce a Code Red, giving information on the location, and fire/smoke condition present.

- D. Contain the fire by closing the door to the fire room. All patient room doors shall be closed to keep smoke out.
- E. If the fire is being fed by piped oxygen, the Fire Warden, charge nurse, or respiratory therapist shall direct the oxygen control valve for that room be shut off. Prior to this, it must be assured that other patients on that oxygen zone are not dependent on the flow of the oxygen.
- F. As part of the E.D. Full Capacity Protocol, patients awaiting in-house acute care bed assignments are allowed to be admitted to acute care unit hall beds. These patients are most exposed to fire and smoke conditions and need immediate relocating to either the nearest patient room if ambulatory, or the adjacent area of refuge if non-ambulatory. All equipment associated with this patient shall be cleared from the hall.
- G. Corridors shall be cleared of all obstructions. Do not place items in patient rooms which could to obstruct the removal of patients. If all obstructions cannot be removed, they will be place on one side of the corridor only.
- H. Any individual trained to use an extinguisher shall attempt to extinguish the fire if they can do so without injuring themselves. However, do not delay turning in the alarm or starting an evacuation simply to attempt to extinguish the fire.
- I. If the fire cannot be immediately extinguished or contained, and/or conditions warrant relocation rather than stay-in-room protection, the Fire Warden or charge nurse shall direct that all patients be moved horizontally to an adjacent fire compartment and area of refuge.
- J. All available persons on the unit to include nurses, doctors, and volunteers will be made available to the Fire Warden as necessary to assist in clearing the corridors, closing doors, and patient relocation.
- K. Use any means of transport available to evacuate patients. Ambulatory patients shall be led to the adjacent smoke compartment.
- L. On network levels, all visitors and non-critical staff will evacuate the alarm area to the outside or an adjoining fire safe area located past a set of fire doors.
- M. Areas other than alarm floor or area, no action is required other than checking the fire alarm annunciator to determine the alarm location, and being aware of a possible fire situation in another area, being ready to receive evacuees from that area or to evacuate based on input from the incident commander. Preparedness includes clearing corridors.

- N. On an alarm floor/area with no visible fire/smoke present, the staff will check the annunciator described in III.C to determine area of alarm and follow items II.D, F, G, & J
- O. Fire Wardens or charge nurses will direct activities until Fire Marshals, University Police or Setauket Fire Department arrive.

III. Fire Alarm Notification System

- A. The University Hospital is protected by a fully supervised fire detection and alarm system, consisting of fire/smoke detection, manual pull stations, connection to fire suppression systems, and occupant notification speakers and strobes. All alarms are automatically transmitted to the University Police Headquarters dispatch center. The police in turn immediately notifies the Setauket Fire Department, Hospital/Campus Fire Marshals and hospital security of the alarm. Other system functions include automatically closing fire doors and shutting down air handlers and fire dampers to isolate fire and smoke. The fire alarm system acts in concert with the facilities rated smoke compartmentation guiding horizontal evacuation by activating notification appliances allowing staff to determine both the compartment of fire origin and smoke compartments that are not affected and are areas of refuge.
- B. Occupant notification goal of the hospitals fire alarm system is to alert staff of a fire situation, providing information on what happened, where it happened, and what relocation actions need to be initiated.
- C. Annunciator Panel: Annunciator panels are located on all floors of the hospital in the areas listed. The annunciator panels graphically display the fire alarm zone. This specific compartment of origin will only show on the fire floor itself; all other floors will just display the floor in alarm.

Tower Floors - across from the main bank of elevators.

Network Floors - in the F, G and H core stairwells.

- D. Bell: Bells sound on the fire floor or area of fire alarm origin. This indicates that evacuation, whether actual or preparing for such, in that area will be necessary. The bell will alarm initially for 30 seconds. After 30 seconds, the bell will resume on the fire floor, and will remain on for 2 minutes. The sequence will begin again if a second alarm is activated.
- E. Chimes: Chimes indicate that a fire alarm has activated on some other floor or area. Chimes will also sound on the fire floor. The chimes will sound for 30 seconds. On those floors where chimes sound, follow instructions listed in Paragraph II.M above.

- F. Strobe Lights: Strobe lights will activate on the floor or area where a fire condition exists. They will remain on until manually reset at the fire alarm panel.
- G. Public Address System: The Telephone Operators will broadcast a message over the public address system, notifying where the fire is located preceded by the phrase, "Code Red". The phrase "Code Green" over the PA signifies all clear.

IV. Responsibilities

- A. **ADN** – During an active code red situation, the ADN shall proceed to the fire area and come in contact with the Fire Warden, Fire Marshal, and other on-site command personnel. The ADN shall activate the Hospital Emergency Incident Command System (HEICS) as necessary to support the relocation and evacuation efforts as well as assure continuity of hospital operations.
- B. **Environmental Health and Safety**
 - 1. The Fire Safety Manager acts as campus emergency response forces Incident Commander (IC) and coordinate 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.
- C. **Hospital Staff**
 - 1. Fire Wardens are specially trained staff members, tasked with taking charge of their areas during fire and fire alarm situations. They will investigate all fire alarms within their area of the Hospital by first inspecting the annunciator panel located closest to their area. Fire Wardens take the lead in coordinating an evacuation for their area, directing where patients will be evacuated to, keeping account of who has moved.
 - 2. Nurses take lead role under the direction of the Fire Warden or charge nurse in the evacuation and accountability of patients.
 - 3. Doctors will assist the nursing staff and be under the direction of the Fire Warden or charge nurse, clearing halls, closing doors, and evacuating patients. They will then remain in the evacuation area, providing care as appropriate to the evacuated patients.
 - 4. Volunteers will assist the nursing staff and be under the direction of the Fire Warden or charge nurse, clearing halls, closing doors, and evacuating patients. If at the time of fire alarm activation they are responsible for patients, the volunteer will stay with those patients and assist in their evacuation under the guidance of the Fire Warden.

5. All other hospital staff present on the unit will remove any of their items such as housekeeping, food, and linen carts from the corridors. They will assist in patient evacuation if necessary, or evacuate the floor or area if not necessary.
6. Medical students will evacuate the area unless they are specifically tasked by the Fire Warden or charge nurse to assist in patient evacuation.

D. Hospital SSAs

1. Respond to all fires and fire alarm events in the hospital. During fires, assist with evacuation as appropriate, as well as keep unauthorized personnel out of the fire zone.
2. Meet responding fire department personnel at the Fire Command Room directing them to the fire location.
3. Assist Fire Marshals in finding cause of alarm as well as keeping unauthorized personnel out of the fire alarm zone.

E. University Police

1. Prevent entrance of unauthorized persons into fire and staging areas.
2. Control traffic and direct the fire department to the area.
3. Safeguard valuable property.
4. Perform other duties requested by their supervisors.

F. Physical Plant

Shift supervisors to report to the designated command post and make themselves available to the Incident Commanders of the Fire Department and Fire Safety staff.

V. Operating Room/ICU/Recovery

- A. OR Policy, Fire Emergency Guidelines for the OR, Code F:1, shall be referenced for full guidance.
- B. The Fire Wardens of PACU and OR, OR Nursing and Anesthesia Coordinators, Nurse Managers of OR and PACU are responsible for coordination of activities in the event of a fire.

- C. No cases will be started after the fire alarm has activated or a fire is announced. Surgeons and Anesthesiologists with cases in progress will be informed of the situation and advised to complete procedures as quickly as possible and report the minimum length of time before evacuation of the patients can take place.
- D. The surgical team will stay with their patient in the room until instructed to evacuate.
- E. If evacuation becomes necessary (ie: extreme smoke and fire) from the OR, the patient will be stabilized surgically and moved as quickly as possible to the adjacent OR suites which are separated by fire barriers. Reference posted fire evacuation plans for location of barriers and direction of travel to areas of refuge. The supervisor at the nursing control desk can direct evacuation over the internal PA system as appropriate.
- F. For fires in the PACU, patients will be moved to the ORs, or adjacent fire evacuation zones, per the evacuation plan.
- G. For fires in the OR trailer suite, move patients to the adjacent smoke compartment which is Radiology, and into the main surgical area, per the evacuation plan.
- H. The decision to shut off oxygen flow to the affected OR will depend on the circumstances of the fire. Emergency shut off valves are located and clearly marked in the clean corridor outside each OR. The surgical team will decide if this measure is necessary immediately, and shut off the supply valve themselves.

VI. Vertical Evacuation

The Hospital fire response plan's primary method of evacuation is horizontally to adjacent areas of refuge, protected by fire rated smoke barriers and/or horizontal exits. Patients and staff are to remain, evacuated in place while the combination of the facilities fire suppression system and local fire department extinguish the fire. Should there be a need to conduct an evacuation of an entire floor, or complete evacuation of the facility due to a fire not being held to a fire compartment, the following evacuation procedures will be followed. This plan is a companion plan to the Hospital's Emergency Management P&P Manual Total Evacuation Plan which must be referenced for complete emergency planning details.

- A. On Floors 8 through 19, after patients have been evacuated horizontally, and the Incident Commander has determined that further evacuation of the entire floor is necessary, patients will be moved across the bridge to the Health Sciences Center (HSC) if the bridge is on that floor and fire is not endangering that access. If evacuation is occurring on a non-bridge floor, move down one, preferably two floors for staging. Further evacuation from here, consider still using available bridges to the HSC, or as an alternate, on down the stairtower to level 6, across to the outside stair which is designated by exit signage.

- B. Patients in imminent danger should be immediately evacuated, with ambulatory patients moving first. Ambulatory patients should be instructed to line up outside their rooms, and form a chain by holding hands. An employee should be at the beginning and end of the chain to guide the patients to safety. As ambulatory patients are being guided to a safe area, all available staff should begin assisting non-ambulatory patients with the evacuation. Due to the extreme effort required to move the amount of bedridden patients, the hospital IC will, when acting in unison under the Unified Command with the local fire department, have firefighters provide manpower for carrying patients down.
- C. Stretchers, wheelchairs, and Parasyde evacuation sleds can be used to move non-ambulatory patients. Never use an elevator unless it is under the control of the Fire Department personnel or Fire Marshals. The Emergency Management Total Evacuation Plan details evacuation equipment and methods to include Respiratory Cares portable vents. Alternate care sites and transportation methods are also outlined in the same plan.

INQUIRIES/REQUESTS:

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

RELATED FORMS:**RELATED DOCUMENTS:**

Code Red, Policy 5-15
Fire Warden Program, Policy 5-7
Fire Emergency Guidelines for the OR/PACU, Code F:1
Emergency Department Full Capacity Protocol,
Administration P&P LD:0065
NFPA Life Safety Code 101-2000
Joint Commission Resources Hospital Accreditation
Standards, EC.5.10
Emergency Management P&P Manual Total Evacuation
Plan