

FIRE PLAN

PURPOSE

In order to assure the safety of patients, visitors and staff, a standard response to fire or the potential of fire is required.

This fire plan sets out the standard response for all staff within the hospital buildings, to an alarm, or to conditions, which indicate, or seem to indicate the presence of a fire in the hospital.

POLICY

In the event of a fire, or fire situation, the staff will follow the basic plan of "R.A.C.E." Staff will use the same plan for fire drills. Relocation will be done under the direction of the senior administrative member at the scene, or in the absence, the nursing supervisor. The need for relocation will be based on the situation, and the direction of that senior staff. When Fire Department staff are present, they will be ceded the command authority.

DEFINITIONS

Fire – A fire is any situation where flame, or visible smoke is seen and/or where a strong smell of smoke is noted. Where any staff member has a strong sense of, or feeling that a fire is occurring, that will be enough to implement this plan. Operation of the Fire Alarm System either automatically, or by manual instigation is also considered a fire, even where no cause is later found. All fire alarms will be treated as fires, until the cause is found, or no cause can be identified, but the fire alarm system will reset.

R.A.C.E. – R.A.C.E. is the standard acronym for the steps of the fire response plan. They stand for:

- R** - Rescue persons in the room or where the fire is located (press emergency call button in patient room prior to removing patient).
- A** - Activate the Fire Alarm System by pulling the Fire Alarm Pull Station in the area, AND by phoning the Operator ("0") and stating the situation and the location.
- C** - Close all doors to rooms, in corridors, and at stairs. This prevents spread of smoke.
- E** - Extinguish the fire, if practical, and without undue risk to life.

RELOCATION

The actions taken to move patients, if needed, from the immediate scene of a fire, through smoke or fire doors, to an area of safety, generally on the same floor, although often in a different building. Relocation may be implemented by the staff in the area, if conditions warrant.

EVACUATION

Removal of all persons from a building. This is rarely done in a hospital, however there must be a plan for its implementation. Evacuation would only be done on the direction of senior management AND the Fire Department. Evacuation should be considered as an extension of relocation, to move all patients outside of the building. Evacuation will always trigger the Evacuation/Alternate Care Site section of the Emergency Preparedness Plan.

FIRE PLAN PROCEDURES

The Fire Plan should be implemented:

- A. Upon activation of the Fire Alarm System, unless it is an announced test.
 - B. During a fire or suspected fire.
 - C. During a fire drill.
 - D. During training relating to fire preparedness.
1. General Response to fire situation or drill:
- R - Rescue persons from the room or area. Immediately push the emergency button in the patient room. This will alert the nurses at the station or the floor that an emergency exists and to respond immediately to assist. Remove the persons from any room where a fire, smoke, or strong smoke smell exists. Close the door after all persons are out. Do not remove patients from the room of the fire on their beds, as this will possibly jam the door, and permit smoke to escape. If practical, assist the patient out of the room. If they are non-ambulatory, use a wheelchair, ordinary chair, or blanket drag; or if staff is available, lift and carry.
 - A - Sound the Alarm. When alarm is pulled, it will automatically send an audible signal and verbally announce code red with the numeric code for that pull station or detector. Do not verbally shout, "Fire!" as this may cause panic. Pull the nearest fire alarm pull station. This activates the alarm and indicates the location of the fire automatically. It also activates the chime system with a coded pattern, to enable other staff to know where the alarm was instigated, to direct assistance.

In the event you do not hear the alarm, call the Operator ("0"). The operators will phone the Fire Department with what additional information they have, and to assure that the alarm was received. They will also page "CODE RED" and the location, as additional direction to responding staff.

- C - Close Doors! This is a most critical step, to minimize the spread of smoke. In most multiple patient death fires, the deaths have come from smoke going into patient rooms. Closing all doors is the most critical step to prevent additional deaths or illnesses. All room (corridor) doors should be closed, as quickly as practical, even if no smoke is seen. Patients should be returned to their rooms, or into other rooms, with closed doors. This is the primary task of all staff in all areas of the hospital during a fire emergency.

 - E - Extinguish the fire, if reasonably safe. In many cases the fire can be extinguished by a fire extinguisher with little risk, and quickly. Because of hospital staffing, most hospital fires are found while incipient, or very small. If the fire has spread to proportions that make it unsafe, or the staff person feels unsafe attempting to try extinguishing the fire, close the door, and wait for the Brigade or Fire Department to respond.
2. Relocation. If the fire situation is such that smoke invades other patient rooms, or the Fire Department directs that patients be removed from rooms adjacent to the fire area, patients will be relocated to areas beyond the fire and smoke barriers. Where practical, the patients will be moved inside rooms at the relocation destination.
 3. Elevators should not be used in the building where the fire is located. It is acceptable, as necessary for fire response or patient safety, to use elevators in the adjacent building (beyond fire separations) to move patients to other floors, where they may more effectively receive care.
 4. Remain where you are during a fire alarm or fire drill. To protect patients and staff, the fire and smoke doors will close automatically, and staff should open those doors except to relocate patients (on command). Stay where you are, do not move from zone to zone. Only a limited number of staff is designated to respond to the scene of a fire. **ALL OTHERS SHOULD REMAIN WHERE THEY ARE.** This is important, to reduce the spread of smoke and flame, and to maintain the compartmentalization of the buildings.
 5. **DO NOT TURN OFF OXYGEN**, except as told to do so by the Fire Department, and after all oxygen dependent patients have been provided with portable oxygen, or relocated to areas where they can be served.

GENERAL PRIORITIES FOR RELOCATION AND EVACUATION

- A. Ambulatory patients will be moved one-on-one by staff, and situated.
- B. Non-ambulatory patients, without attachments will be moved next, on wheelchairs or gurneys, if practical, and on ordinary chairs, or using blanket drags, or multi-staff lifts as appropriate. They will be moved to the areas of refuge, and situated.
- C. Critical patients, and those with monitoring, multiple IV's, orthopedic attachments, etc. will be moved last, when the maximum number of staff are available, and when gurneys, wheelchairs, or similar equipment is most likely to be available. It

may be necessary to move them to areas beyond the nearest area of refuge, to assure they have the appropriate medical services warranted by their condition.

- D. In the event patients are moved from the area, you are required to make a checklist with the patients' names to verify that all patients are accounted for. In addition, when possible, transport the patient with their records.

BUILDING CONSTRUCTION – (Fire compartmentalization)

Hospital buildings are different than any other type of building in the area. Because patients cannot be expected to save themselves, or to evacuate on their own, the buildings are designed to defend the patient (and staff) in place.

Hospital buildings are designed in compartments, expanding in size. The first element is the ROOM. Rooms are designed with intact walls, solid wood doors, and other elements to make the room a “fire-safe lifeboat.” The room is designed to protect the patient for a minimum of 20 minutes, from smoke or fire. In most situations, the patient and the staff are safer in the room than they would be moving away from the fire.

The second element is the SMOKE COMPARTMENT. These are identified by the doors, generally near the middle of the patient care unit; and the fire doors. This breaks the unit or floor up into at least two compartments, with a smoke-tight membrane barrier so that if necessary, you can move from one side to the other (horizontally) to an area of refuge.

The third element is FLOOR SEPARATIONS, which assure a fire from one floor won't spread to another. The floor assemblies are generally rated for two hours. Penetrations of the floor are sealed and protected so the fire, and/or smoke won't get to other floors or areas.

The fourth element is BUILDING SEPARATIONS. Each building is designed to provide fire separations where buildings meet. These are the sets of doors you find along corridors, where buildings come together. These provide a completion of the two-hour separation represented by the walls and other elements. This means that when you move from one building to another, the fire or smoke would not penetrate for at least two hours – clearly safer than even going outside.

The last element is EXITS. Even though the building is constructed in to resist fire and smoke, there must be effective exits. There must be two exits from all areas, one, which must be a stair, and the other may be a horizontal exit to another building or area. These exits must be kept clear and usable, and wide enough to get equipment and even beds through. (While you should not move patients on beds during a fire emergency, this is still standard, that a bed be able to be moved, with staff at the side, through the halls.)

FIRE DRILLS

In order to assure the safety of staff and patients, and that all staff know their role, and what to do, frequent fire drills are done throughout the hospital. In a fire drill, staff is expected to react the same as they would in a fire situation.

- A. At the scene of drill instigation, the staff should react as they would in a fire, reporting the fire, closing doors, and assuring fire extinguishers are available. They should also know where to relocate patients, and where to get equipment as needed.
- B. All other areas should also react as though the fire was adjacent to their area. They should close doors, and assure fire extinguishers are available. They should also discuss where they would relocate, and the methods and routes.
- C. Responding staff will respond to the nominal scene of drill instigation, to assure other systems, such as fire doors, dampers, fans and similar systems are operating appropriately.
- D. Observers' reports of the drill, evaluating response, and knowledge should be sent to the Safety Officer and aggregated for Safety Committee usage.

EVACUATION

Evacuation of a hospital is not anticipated in many cases, as the risks to the patients are very great. Evacuation should however, be planned as a foreseeable situation, and staff should know the basic plans for it's implementation. In a fire situation, evacuation would imply that a fire had broken through several layers of compartmentalization and the building was no longer tenable. The order for an evacuation will verbally be given by the Fire Department with Administration and Nursing Supervision coordination.

If evacuation is necessary, the staff would:

1. Activate the Mass Casualty Plan, via the Disaster Plans, alert the Fire Department, EMS and other receiving hospitals to receive patients.
2. Move all patients to an adjacent building, through horizontal exits, as practical. Patients may be moved on an elevator in the adjacent building.
3. If patients cannot be moved via elevators in adjacent buildings, move them vertically using the fire stairwells. Patients that cannot walk should be transported on ordinary chairs (of sufficient strength) or special stretchers (stoke's baskets). It is inadvisable to move patients in a stairwell on stretchers or gurneys. Where no other method is available, use a two-person carry.
4. Patients should be moved in the same order as for relocation, i.e. ambulatory, non-ambulatory, critical, or special patients.
5. Ambulatory patients should be moved to the main lobby and admitting areas, preparatory to moving them out of the front door. Non-ambulatory patients should be moved to areas near the ER, and in the cafeteria, preparatory to moving them via ambulance.
6. Where practical and safe, move patient records with the patient. Where patient records are involved in the fire scene, contact the Fire Department Officer in command of the scene to retrieve them, if possible.

7. Where the records are in the area of the fire, generally they will be only smoke or water damaged, and except in unusual situations, should not be moved if there is a significant risk of injury to staff.

SPECIAL STAFF ROLES

Security is Fire Marshall. At the time of an alarm, Security will automatically respond to alarm location. One security guard will go to the main entrance to the hospital on Montauk Highway, and by two-way communication with the security officer at the fire scene, direct the Fire Department to the proper location.

ENGINEERING

Designated Plan Engineering staff will respond to the fire scene to evaluate the needs, control ventilation and smoke evacuation, key utility systems, including the oxygen system and, as appropriate, to assist other staff in their response.

The senior Engineer will confer with Security, and the senior Nursing Staff and Administration to determine the necessary course of actions. This would include relocation, discontinuing piped oxygen, and other actions. The Fire Department Officer will assume command of the fire scene on arrival, with the advice and recommendations of staff present.

PHYSICIANS

During fire emergencies (and drills) Physicians, Residents and Interns are requested to;

1. If in a room with a patient, remain in the room pending the conclusion of the drill or fire emergency.
2. If in a patient care area, go to the Nursing Station where you will be available for response to a medical emergency.
3. If you are in another (non-patient care) area, including the dining room, and medical staff offices, remain in that location until the ALL CLEAR, then return to your activity.

VOLUNTEERS

Volunteers will receive training during their orientation. In most cases they will assist staff in closing doors, and may be requested to reassure patients during activations, of the plan. Volunteers with more specific roles will be trained individually.

STUDENTS

Students will be trained by their instructors prior to arrival at the hospital. They will be expected to act as visitors, going into rooms during activations, unless specifically trained to assist staff during plan activations.

EQUIPMENT

Good Samaritan Hospital Medical Center is equipped with three general types of fire extinguishers. It is important that all personnel familiarize themselves with the proper techniques of operating this equipment and what kind of fire each extinguisher may be used on.

1. Dry Chemical ABC – For use on burning wood, paper, cloth, rubber and many plastics, burning liquids for smothering action, or live electrical fires where non-conductive extinguishing agents must be used.
2. Carbon Dioxide (CO₂) – For use with electrical or flammable liquids. (HALON types of extinguishers may be found near some high-value electronic equipment.) The dry chemical and carbon dioxide extinguishers will be found in red or yellow canisters.
3. Pressurized Water – For use on paper, wood, excelsior, cloth, and general combustible fires requiring cooling and quenching. Pressurized water extinguishers come in silver canisters and are generally found in fire cabinets recessed in the walls. NEVER USE PRESSURIZED WATER ON A BURNING LIQUID OR ELECTRICAL FIRE.

All extinguishers are used in basically the same way:

- P - Point the nozzle, pull the pin, and squeeze the handle.
 - A - Aim the nozzle at the base of the fire.
 - S - Squeeze the trigger.
 - S - Sweep at the base of the flames from side to side.
- Nozzles should be pointed at the base of the fire, not on the flames.

All personnel should know where the fire extinguishing equipment can be located in their work area. It is also a good idea for everyone to familiarize themselves with the location of such equipment throughout the hospital.

All fire extinguishers are routinely inspected and recharged per NFPA 10. During fire drills, the Fire Brigade must check all nearby fire extinguishing equipment to ensure that they are in working order. If it appears that an extinguisher has been tampered with, or if the seal is broken or it sustains any type of damage, immediately report this to the Security Officer on duty so the extinguisher can be replaced. If your extinguisher was discharged during a fire, contact the Security Officer on duty so the extinguisher can be replaced.

When a fire alarm sounds, fire and smoke doors will automatically close. The fire alarm system will automatically visually (by strobe light in patient and visitor areas) indicate a fire alarm and will announce "CODE RED" three times and the numerical code three times. All staff should respond immediately and appropriately according to the fire plan. In addition, the switchboard operator will announce "CODE RED" and the location three times.

The fire alarm system can be set off automatically or manually. The signal is given automatically by smoke, and heat detectors throughout the building, or by activation of the sprinkler system. You can also activate the alarm manually by pulling the handle of the fire alarm boxes. If you detect a small fire, which has not yet set off an automatic

alarm, you will gain precious time by using an alarm box. To activate an alarm box, pull down the lever marked "PULL." By doing so, you will automatically activate the alarm system in the hospital as well as the alarm system at the Fire Department and the 911 Emergency Dispatch Center. The alarm box will be reset by the Hospital Engineering personnel after the emergency.

It is also important that everyone knows the location of fire alarm pull boxes in their work areas.

GENERAL INFORMATION

The first of the following officials to arrive at the scene of the fire will immediately assume control and direct the fire plan:

Engineering Supervisor
Security Officer (Fire Marshall)
Administrative Person On Call
Highest Ranking Administrative Officer on Duty
Senior Nurse Manager

As soon as the senior official present arrives at the scene, he/she will assume charge of the plan. When the Fire Department arrives, they will take control of the scene, with the advice and recommendations of Hospital staff.

During night and weekend shifts, the Administrator on call will:

1. Immediately proceed to the scene of the fire.
2. If it is a drill, direct the authorized Engineering personnel to silence the alarm bells.
3. In an actual emergency situation:
 - Assure staff has closed doors and patients are protected.
 - Evaluate cause of the alarm, with the assistance of other response staff. If no cause can be determined, or if the cause is not a fire or potential fire, the Fire Department will be notified of the findings by the operator.
 - If the cause of the alarm is a fire, smoke, or other emergency, evaluate the situation to determine if patient relocation is appropriate.
 - Assist and direct, as needed, relocation of patients and staff. If not needed, meet the Fire Department and provide full information available.
4. Once the situation is clarified and controlled, contact the Switchboard and (as appropriate) the Security Officer to issue the "all clear" after the Fire Department advises the emergency is over.
5. Document the situation on a Fire Drill Observers report.

As needed, the Security Officer will be used the control center. In some cases, an administrator or available staff person will be assigned to coordinate the work of Security, Plant Engineering, and others. This person, as part of the Internal Disaster Plan, will correlate activities of personnel to meet the acute needs of the internal disaster, call physicians needed, inform department heads of emergency need from their departments, restrain outside intervention, and inform the Director of problems.

FIRST RESPONDERS

A defined team will respond to all fire alarms (except selected fire drills) to assess the situation, provide communications, and assist area staff as needed.

SECURITY

A Security Officer will respond to the identified scene of the fire to provided communications and direction to the Fire Brigade. That officer will continue to communicate with the security guard stationed in the front of the building and also the operator on the status of the fire.

ENGINEERING

Engineering staff will respond to the scene of the fire, to assist in assessment of the situation. Where no fire situation is found, that person will arrange for the silencing of the alarms, upon request of the senior administrative person on the scene, or the Security Officer. As needed, that person will also provide for control of ventilation and other utility systems as needed to control the fire, or mitigate its effects.

RESPIRATORY THERAPY

The Senior Respiratory Therapy person, or their designee will respond to alarms to provide assistance in identifying patients who may be oxygen dependent, and in providing those patients with oxygen if the piped supplies are requested to be shut down by the Fire Department. In non-patient areas, they may be released after response.

ADMINISTRATION

The Administrator On Call, or Senior Administrative Representative will respond to take administrative charge of the situation, and to make decisions about relocation, and other actions as recommended by the Fire Department or hospital staff. During weekday hours, the Safety Officer will respond as the representative of Administration.

ALTERNATIVE COMMUNICATIONS

The fire alarm system is the primary method of alerting staff and others about the existence of a potential fire emergency. In addition, there are other communications systems that may be appropriate and are used.

1. Public Address System. The Public Address System (audible page system) will be used in addition to the fire alarm system to alert staff to the location, and will be used to announce the "ALL CLEAR" at the end of the situation.

2. Pocket pagers. Pagers may be utilized by the telephone operator to contact key staff.
3. Other Telephones. The public pay telephones do not pass through the hospital switchboard, and may be operational.