

DOCTORS COMMUNITY HOSPITAL
HOSPITAL POLICY/PROCEDURE

SUBJECT: FIRE SAFETY

POLICY NUMBER: 2.28

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Executive Management
Prepared by/Department

SUPERSEDES POLICY
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Approved by/Title

2.28.1 PURPOSE

This regulation outlines a concept of fire prevention and established authority, requirements, and uniform practices to be effected in anticipation of or in the event of fire or any other emergency which might occur under the jurisdiction of Doctors Community Hospital.

2.28.2 POLICY

- A. Doctors Community Hospital employees will be able to explain fire prevention methods and their roles in a fire in their departments and/or in the Hospital.
- B. All fires, even though they may appear to be insignificant or controllable by Hospital personnel, must be reported immediately to the Hospital switchboard operator. This also applies to fires that appear to be extinguished. No employee shall assume that a fire does not need to be reported.

2.28.3 AUTHORITY

- A. The Director, Environment of Care/designee will be responsible for coordinating the activities of Hospital personnel during a fire or emergency situation.
- B. The Administrative Nursing Supervisor will be responsible for coordinating nursing service personnel and will coordinate necessary arrangements for evacuation.
- C. Department directors/designees will be responsible for their respective areas and will initiate appropriate action in the event of a fire or emergency.

2.28.4 Exits, exit accesses, and exit discharges are clear of obstructions or impediments to the public way, such as clutter.

- A. During an emergency, code carts are allowed in a hallway.
- B. Isolation carts are allowed outside an isolation patient's room.
- C. Monitors on wheels are allowed in hallways only when charting is being performed.

2.28.5 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit.

2.28.6 PREVENTION

- A. All departments are responsible for eliminatng all unnecessary combustibile materials from the building.
- B. All medical equipment is to be inspected and maintained by clinical engineering to prevent fire hazards.
- C. All other electrical equipment is to be inspected and maintained by Plant Operations to prevent fire hazards.
- D. All fire protection devices and alarms are to be inspected and maintained by a fire specialty company and records maintained in Plant Operations.
- E. All Prince George's County fire inspection forms are kept in Plant Operations.
- F. All overhead speakers are checked annually by Telecommunications. Staff are instructed to notify Telecommunications of any problems hearing pages in their work area or anywhere in the hospital.
- G. All combustibile decorations that are not flame retardant are prohibited.
- H. Portable space heaters within smoke compartments containing patient sleeping and treatment areas are prohibited.
- I. Staff are trained annually and as needed per the ISLM policy on fire safety and reporting any flame, smoke or odor of smoke immediately and use of fire extinguishers. Documentation of training is located in Healthstream.
- J. Fire Drills
 - a. Fire drills in the Hospital will be conducted at least once on each shift every month as per Prince George's Ordinance. All fire drills are unannounced.
 - b. The Prince George's Fire Department is notified of every drill.
 - c. Staff, volunteers, agency and licensed independent practitioners are included in the drills, critiques and tests after a drill.
 - d. The Security Department is responsible for keeping records of all drills.

2.28.7 FIRE PROCEDURE

- A. Hospital
 - 1. Whenever a fire occurs in any part of the building occupied by patients, it shall be the duty of the person finding the fire, or evidence of there having been a fire, to immediately:
 - a. Rescue any patient(s) from the room in which the fire is in progress.

- b. Alarm sounding by proceeding to the nearest fire alarm "pull station" and pulling the lever all the way down. If no pull station is nearby, dial the emergency number "222."

AND

Call the Hospital switchboard and give the operator the following information:

- * exact location of fire;
- * what is burning, if known; and
- * your name and title.

- c. Confine the fire by closing the door to the fire room.
 - d. Extinguish the fire.
2. If the person's clothes or bedding is on fire "SDR"
 - a. Stop the person - do not let them run
 - b. Drop the person to the floor
 - c. Roll the person on the floor to extinguish flames
 3. Code Red

Upon hearing the building fire alarm system, Telecommunications will:

- a. Check the enunciator panel to determine the location and type of alarm.
 - b. Announce "Code Red" three times followed by the location of the fire.
 - c. Maintain open telephone lines with the Fire Floor/ Area and Operating Room.
4. Initiate Fire Team
 - a. The Administrative Nursing Supervisor or designee will go to the scene of the fire when notified by the switchboard to assume overall command of the fire area and evacuation of patients.
 - b. If fire or smoke is detected, the Administrative Nursing Supervisor will notify Telecommunications to call 911.
 - c. If the fire cannot be extinguished and/or patient's safety is at risk, the Administrative Nursing Supervisor will notify Telecommunications to page a Code I.
 - 1) When hearing a Code I page, all employees will report back to their assigned areas using the stairs.

- 2) No one will enter the fire floor using the door closest to the fire. Employees will use the stairs opposite the fire area (e.g., use east side if fire is on west side).
 - 3) The Incident Command system will be initiated. See Hospital Policy 3.20 Incident Command System.
- c. The Director of Plant Operations/designee will report to the scene of the fire, evaluate the scene, and will act as Fire Brigade Chief until the arrival of the county fire department; then he will coordinate with the fire department officer-in-charge.
 - d. A Security Officer/ designee will report to the west side of the building and direct the fire department to the scene of the fire.

5. Fire Brigade

It shall be the duty of the Fire Brigade to attempt to contain the fire and, at the same time, maintain essential services within the institution (water, medical gases, electricity, etc.). The Fire Brigade shall consist of personnel from each of the following departments:

- * Plant Operations;
- * Security;
- * Environmental Services;
- * Nursing Staff of patient care unit involved as delegated by Charge Nurse;
- * Administrative Nursing Supervisor; and
- * Others as assigned by the Administrative Nursing Supervisor.

6. When fire or smoke are visualized, the staff in the fire area will begin evacuation. See Hospital Policy 2.93 Evacuation Plan and Shelter in Place.

7. Security

The Director of Security or designee will shut off the elevators and go to the west end of the building to direct the fire department to the scene of the fire. Any other available Security personnel will report to the scene of the fire to assist the Fire Brigade.

8. Oxygen on Fire Floor

Any patient who is on oxygen therapy in the fire area shall immediately be moved to a safe area and therapy continued. The oxygen in the room will be turned off. Department oxygen valves will be closed when ordered by the Fire Marshall/Director of Plant Operations by the charge person in the area.

9. Elevators

When the fire alarm goes off in an area, the elevators in that area travel from the level of the fire and hold on a

level away from the fire. Elevators located away from the fire will continue to function as normal. These elevators can be used for evacuation, unless the Fire Department specifies not to use any elevators.

10. Employees on Nursing Units Not Involved

- a. Employees on floors other than the fire floor shall close all doors in their area. There is a staff member assigned to each area enclosed by the fire doors. The corridors will be cleared of equipment, carts, and furniture. If these cannot be moved out of the corridor, they will be moved to one side of the corridor. Visitors will be asked to stay in patient rooms.

Upon request of the Charge Nurse, Licensed Independent Practitioners may participate with evacuation of patient's by assisting a trained staff member in transport.

- b. Basic occupant-protection strategies are evacuation and defend-in-place. Defend-in-place strategy occurs mostly in healthcare facilities. Patients are relocated to a safe location on the same floor rather than being evacuated. The safe locations are created by subdividing the floors of the building into two or more smoke compartments or fire compartments, separated by specially constructed walls designed to limit the transfer of smoke or restrict the spread of fire from one side to the other. The defend-in-place strategy might be more appropriate when evacuation is during a weather emergency, such as a tornado. Occupants will likely be safer if moved to a protected location, away from windows, inside the building rather than outside. An area such as the building core - typically the center of the building where elevators are commonly located - or a basement level might be considered a safe location for such an event.
- c. The Nurse Manager on each unit shall maintain staffing to ensure that both medical and fire emergencies are protected against danger. Upon notification by the Administrative Nursing Supervisor, non-essential nursing personnel may be reassigned to the fire floor to aid in evacuation and fire fighting activities.
- d. If the Licensed Independent Practitioner is not needed to assist with evacuation he/she is to report to the command post for instructions.

11. Operating Room, Pre Op, PACU, Post Surgical Care Unit, Cardiac Cath Lab and Angiography - Not Involved

- a. All doors will be closed immediately upon "Code Red" announcement and audible alarm.
- b. Unit Clerk (at Main OR control desk location)

will immediately maintain an open communication line with the switchboard and repeat the "Code Red" announcement via intercom to all areas.

- c. All unassigned personnel will report to the OR control desk/PACU (i.e., those not involved in direct patient care activities) for specific instructions from supervisory personnel.
- d. Those personnel assigned to the OR, PACU, PreOP, Cath Lab/Angio, or Post Surgical Care Unit areas and not in their respective units at the time of the "Code Red" announcement will immediately report back to the OR control desk for assignment when a Code I is paged.
- e. The following protocol will be implemented upon "Code I" following a "Code Red" announcement and audible alarm:
 - 1) No patient is to be transported during a Code Red. No patient is to be transported from OR to the Nursing units, Pre Op units, OR's, Cath Lab/Angio, DCAS, ENDO or Post Surgical Care Unit during a Code Red.
 - 2) No patient is to be transported from the nursing units to the patient holding area.
 - 3) No patient is to be transported from the OR to PACU.
 - 4) Any surgical procedure that has not yet begun, although the patient has been anesthetized, shall not proceed until the "all clear" announcement has been made.
- f. Anesthetic induction which has not yet begun shall not proceed until the "all clear" announcement has been made.
- g. A life-threatening surgical procedure may be initiated at the medical discretion of the Chief of Anesthesiology, Operating Surgeon, and Charge RN, with the understanding that a possible interruption of the procedure would occur if the fire spread to Surgical Services and required evacuation of the unit(s).
- h. All surgeons, anesthesia and nursing staffs are informed that a fire is in progress by the unit clerks and the Charge RN's. (Although surgical procedures in progress are not interrupted at this point, the surgical team needs to be aware that such "suspension" may occur if the fire emergency escalates and evacuation is required.)
- i. The OR call team is to notify the switchboard regarding in which room they will be operating, each time they are called in for a case. This will enable the switchboard to locate and notify personnel

immediately in case of a fire or internal disaster.

12. Fires in Surgical Services

- a. Evacuation of patients from fire zone will begin if the fire has not been successfully contained. An exit and location away from the fire zone is utilized to safely relocate patients. (Those patients in PACU will be moved by stretcher, wheelchair, or, if ambulatory, assisted to new location.)
- b. Notify all physicians who are operating of the fire and request that every effort be made to bring the surgery to a safe conclusion or to a point where the patient could be moved if it became necessary.
- c. Only the surgeon or the Chief of Surgery in consultation with the anesthesiologist and Charge RN shall have the authority to terminate or order termination of a surgical procedure.
- d. The Fire Marshall and/or fire department representative will actively communicate with the Chairman of Anesthesia and the Administrative Director/designee (Clinical Supervisor) about current status of fire to assist with evacuation decision.
- e. The Chairman of the Department of Anesthesiology or designee, in conjunction with the Fire Marshall, will decide whether to shut off main gas supply lines. Notification of same will be made to each OR to utilize tanks of anesthesia machines, and portable oxygen will be used in all other locations.
- f. Should it become necessary to move a patient already in surgery, the patient shall be moved to a predetermined area as directed by the Chief of the Anesthesia Department or designee and the Fire Marshall.
- g. Should it become necessary to evacuate, all ambulatory patients and/or families in the Surgical Reception areas/DCAS reception area are to be escorted laterally to the parking lot behind DCAS.

All patients who can be transported via wheelchair and do not require monitoring, will be transported horizontally to the parking lot behind DCAS

All patients who need to be monitored and/or are on life saving devices in the Operating Room, PACU, Endo, Cath Lab/angio, or Post Surgical Care Unit will be evacuated horizontally beyond fire doors.

If a fire occurs in Endoscopy, ambulatory patients will be transported horizontally to the nearest exit and out to the parking lot behind DCAS. Patients who require monitoring will be evacuated beyond fire doors to the loading dock or emergency department.

- h. Security and Plant Operations will report to the OR

control desk as soon as the alarm is sounded.

- i All visitors in the Outpatient waiting area will be escorted to the cafeteria by an outside route or to the parking lot west of the Medical Office Building.

13. Fires in MICU, SICU and IMCU

- a. Patients will be moved horizontally beyond fire doors. The Incident Commander will determine what area will be the relocation area.
- b. Personnel from Respiratory Therapy, upon notification of a fire in Critical Care, shall immediately report to that area to assist in possible movement of patients.

14. Evacuation of Patients in Fire Area

Follow Hospital Policy 2.93 under Emergency Preparedness - "Evacuation Plan".

B. Fires in Medical Office Building and/or Annex

- 1. When the fire alarm goes off, a signal reading "trouble" will go off in Telecommunications.
- 2. The Director of Plant Operation/designee will go to the panel located inside the door to the second floor and locate area of the fire.
- 3. This information will immediately be called to Telecommunications.
- 4. Telecommunications will overhead page 3 times Code Red and the location of the fire.
- 5. When the fire alarm sounds in the Medical Office Building and Annex (MOB), all employees, physicians, visitors and patients are to evacuate the building to the West Parking Lot.

Exception:

- a. DCAS
 - * Will immediately establish an open line of communication with Telecommunications and continue until an "all clear" is called.
 - * The Nursing Administrative Supervisor will notify Telecommunications of need for DCAS to evacuate and Telecommunications will forward this information to DCAS.
 - * When the alarms are sounded, DCAS will immediately finish all surgery in progress. No new surgery will be started until an "all clear" is called.
 - * Evacuation will proceed as stated in 10 g.

b. Speech Therapy

If Speech Therapy has patients in their office, they will call 222 to request assistance with evacuation.

c. Physician Offices

All ambulatory patients will be evacuated according to the evacuation map in their area.

If they have patients that need assistance with evacuation, they will call 222 and notify them of the number of patients that need assistance.

6. If the fire alarm system requires maintenance, the offices in the Medical Office Building will be notified in advance. A Code F.W. will be instituted. Testing of the alarm will not require evacuation.

7. Drills will be announced in advance. Evacuation is expected during a drill. NOTE: JCAHO requires one drill per year.

2.28.8 Fire Out

- A. If a fire is put out before the switchboard was notified or alarm pulled, it must be reported to the switchboard.
- B. When the fire is extinguished, Telecommunications will be notified to page an "All Clear".
- C. All fire outs must be reported to the fire department.