

Fire Response Plan - Code Red

SUMMARY & PURPOSE

The purpose of the Fire Response Plan – Code Red is to provide guidelines for hospital personnel to follow during a Code Red. As more fully described below, this plan provides for an organized and effective response to a fire within TJUH, Inc.-occupied buildings. Providing for the safety of patients, visitors, employees, staff, and other occupants of the building in a fire situation is the primary goal of the Fire Response Plan. Property loss is of secondary importance.

DEFINITIONS

Code Red: The hospital's emergency code word to initiate a response to a FIRE. A notification of “Code Red” alerts hospital personnel to respond properly to a fire while keeping patients, visitors, and the general public from undue alarm or panic.

Code Red All Clear: An announcement which indicates to hospital personnel that the danger of the fire or the fire drill has ended.

Fire's Point of Origin: Location in which the fire originated.

Near the Fire's Point of Origin: Proximate to the fire's point of origin – generally within the same smoke compartment in which the fire originated.

Away from the Fire's Point of Origin: The parts of the building that are remote from the fire, separated by firewalls, smoke doors, or smoke compartments.

R.A.C.E: An acronym that hospital personnel use to remember their duties in case of fire. It stands for RESCUE, ALARM, CONFINE, EXTINGUISH/EVACUATE.

P.A.S.S: An acronym that hospital personnel use to remember their duties for discharging a fire extinguisher. It stands for PULL, AIM, SQUEEZE, SWEEP.

SCOPE / APPLICABILITY

This plan is applicable to TJUH, Inc. employees and staff as they perform their duties within TJUH, Inc.-occupied buildings, including those located at Center City, Methodist Hospital, or off campus.

Due to increased responsibilities in a patient care environment, the procedures outlined below are applicable primarily to employees and staff working within hospital buildings designated as Healthcare Occupancies or buildings or areas where patient care may occur. Where employees and staff are not working in hospital buildings, and are not responsible for patient care, procedures pertaining to the rescue or evacuation of patients are not applicable.

Employees and staff working in off campus space or leased space not owned by TJU or TJUH, Inc. shall follow the fire response procedures established by the Landlord or building manager of the space they occupy. Standard procedures may include evacuation of building occupants upon activation of a fire alarm.

PROCEDURES TO ENSURE COMPLIANCE

General

Employees are required to know their department's fire response plan or procedures and follow the fire response plan and any instructions that are announced over the fire alarm and PA systems for ALL fire alarms. Employees are also required to know the locations of all manual pull stations in their work area.

Alarm Activation

When there are visible flames, visible smoke, smell of smoke, unusual heat, or other indications of fire – even if uncertain if the conditions are caused by a fire – employees and staff shall activate the manual pull stations and dial 811 or 77 (or 911 for off-campus and leased facilities).

Fire Alarm and PA System Notifications

Upon fire alarm initiation, for Center City and Methodist locations, the location of the alarm activation will be shown on the fire alarm system control panel in the Security Response Center (Center City) and telecommunications office (Methodist). At the Center City campus, the fire department shall be notified by call from a Security Officer. At the Methodist campus, the fire department shall be notified by Methodist's alarm company. For off campus and leased facilities, the fire department will be notified via the initial alarm call to 911.

Upon fire alarm initiation, visible and audible alarms will be signaled throughout the building where the alarm was activated. In areas with fire alarm annunciation capabilities, in addition to visible and audible alarms occupants will hear the following:

- At the point of origin, adjacent areas, and floors below and above, the alarm annunciation message:

May I have your attention please! (2 - Times)

A Code Red condition has been detected in the building, initiate Code Red procedure at once. (3 - Times)

- For all remaining areas of building, the alert notification message:

May I have your attention please! (2 - Times)

A Code Red condition has been detected in the building, please await further instructions. (3 - Times)

In addition to automatic fire alarm notifications, the hospital Page Operator will announce “Code Red and the location” (3 – Times) over the PA system.

Employee and Staff Response

Personnel, including physicians and Licensed Independent Practitioners (LIP’s), who are at or **near the fire’s point of origin**, shall follow the procedures outlined by the R.A.C.E acronym:

- **Rescue** all patients, visitors, employees, staff and volunteers from immediate danger.
- **Alarm** by pulling the closest fire pull-station and by dialing 811 or 77 (or 911 in off-campus and leased facilities) and reporting the location of the fire.
- **Confine** the area by closing all doors.
- **Extinguish** the fire if the fire is small (use P.A.S.S). **Evacuate** patients from the area if instructed to do so by fire officials or hospital leadership.

Upon activation of a Code Red, personnel, including physicians and LIP’s, who are **away from the fire’s point of origin** shall do the following:

- Be ready to accept patients from near the fire’s point of origin if required (especially for areas adjacent to the fire’s point of origin). Also, be aware that the fire event in the facility may have an effect on their ability to effectively care for patients.
- Listen for additional instruction.
- Keep patients and visitors in rooms if possible until directed to do otherwise.
- Keep all fire doors closed except when passing through them in order to avoid the spread of smoke and fire.
- Be ready to evacuate if directed.
- DO NOT use Elevators.

In addition to the above, upon activation of an alarm, physicians and LIP’s are specifically requested to:

- If in a patient area, go to the nurses’ station to be available for response to a medical emergency.
- Assist other staff (when needed) in moving patients and visitors to safety, and evacuate with the other staff.

Oxygen Shut-Off

The RN, respiratory technician in charge, or manager/supervisor in charge of area has the responsibility and authority to direct the shut-off of a medical oxygen gas valve in any life threatening situation. Provisions will be made to provide patients with portable O2.

It is the responsibility of staff in all clinical areas to know the location of the shut-off valves.

Emergency Response Team (ERT)

For Center City and Methodist campus buildings, response to fire incidents will be handled by the PFD and the ERT. The ERT is a coordinated team of TJU/TJUH Security, Facilities, and EH&S personnel who respond to Code Red incidents.

Upon notification of the alarm, Security Officers will respond to the location of the fire or alarm. In the event of an actual fire, responding officers shall assist as needed and also call backup security officers to ensure free unobstructed access for emergency response vehicles and personnel. The Security Officers will meet the PFD and direct them to the fire location, maintain communication at the fire location, and may direct those not involved in the emergency response to evacuate the area. Security Officers will also prevent non-emergency responders from entering the building.

Upon receipt of the fire alarm, the Control Room operator will dispatch via mobile radio all ERT responders to the fire location. The Control Room operator will notify Security to ensure that they received the fire alarm notification. Facilities Operations and Facilities Management personnel shall respond to assist and to manage any building related issues.

Environmental Health & Safety (EH&S) personnel shall respond, when available, to the scene to render assistance as necessary and monitor life safety in the area.

All ERT responders should bring an extinguisher with them when responding to a Code Red.

Fire Department

Once the Fire Department arrives, the ranking officer will have authority at the fire scene.

Evacuation

In buildings where immediate building evacuation is not required, patient, visitor, employee, and staff evacuation shall be initiated when there is immediate danger due to fire, smoke, chemical release, structural failure, or similar condition.

Evacuation of patients by bed or mattress from a room or floor may not be practical due to the large number of non-ambulatory patients. If required, direct evacuation of patients shall be conducted per the following guidelines:

- Partial Evacuation - Partial evacuation or relocation to other areas of the building may be used depending on the particular emergency and the level of danger that it poses. When partial evacuation is indicated, horizontal followed by vertical evacuation will be used.

- Horizontal Evacuation - Horizontal evacuation is preferred over vertical. As directed, patients will be moved typically to an adjacent smoke compartment on the same floor, away from the fire's point of origin.
- Vertical Evacuation - If necessary and as directed, patients may be moved to another floor - typically the floor below. If it becomes necessary to evacuate patients to a lower floor, stairwells should be used.
- Complete Patient Evacuation - Should the emergency condition persist or be of a severity such that the building is endangered, a complete evacuation of the building shall be initiated. Directions given by the senior officer in charge of the fire department shall be carried out immediately.
- Patient Removal - Patients are to be removed horizontally by stretcher, wheelchair, blankets, or other method of transportation to an adjacent fire/smoke compartment. Patients in immediate danger shall be removed first - including those who might be subject to danger should the fire spread into their area. Ambulatory patients should be accompanied or directed to an appropriate fire/smoke compartment, depending on the situation. Non-Ambulatory patients should be moved using wheelchairs or stretchers when available to an appropriate fire/smoke compartment. Patients being evacuated should be wrapped in blankets before placing in wheelchairs.

Code Red All Clear

The Philadelphia Fire Department (PFD), TJUH Fire Marshal, Safety Officer or Hospital Incident Commander at the scene will verify that the situation has been resolved. Any of these individuals can declare the incident "All Clear". The page operator will be notified and will announce "Code Red All Clear" (3 – Times) over the PA system. Security will advise of the "All Clear" to any in areas not covered by the PA system.

Employees and staff shall continue Code Red procedures until a "Code Red All Clear" signal has been announced.

Training and Education

Each department shall ensure that employees are sufficiently trained on Code Red procedures. This is accomplished by New Employee Orientation, department-specific education, and annual recurrent education.

All employees are required to attend New Employee Orientation upon the start of their employment. New Employee Orientation education includes the following:

- RACE procedures
- How to initiate a Code Red / Use and function of the alarm system in the hospital.
- Procedures all personnel should follow to contain smoke and fire through building compartmentalization.
- Emergency Evacuation Procedures.

Each department is also required to conduct department specific training that details the responsibility of personnel within the department's fire plan. The department training must be reviewed with personnel at department orientation at the start of employment and periodically at staff meetings. The department's training must include the following (as applicable):

- How to initiate a Code Red
- Primary and alternate exits and fire/smoke compartments to be used in a fire
- Specific roles of staff related to fire response
- Location and proper use of equipment for transporting patients between fire/smoke compartments
- Location and proper use of fire-fighting equipment, pull-stations, fire/smoke compartments and other important fire related equipment within the department
- Specific departmental responsibilities in preparation for evacuation
- Anything that makes the department unique from a life safety standpoint (chemicals, flammable liquids, special patient's needs)
- Emergency Evacuation Procedures

Annual recurrent education required of every employee typically includes a fire safety module which educates on RACE and PASS procedures.

SUPPORTING/REFERENCE DOCUMENTATION

Not applicable

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS

FIRE DRILLS (Policy No. 118.27)

11/16/2012