LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

HOSPITAL FIRE PLAN
(CODE RED)

Purpose: Provide procedures and minimize risks to patients, visitors, and employees during a fire.

Policy:

I. Introduction

If a fire should occur in the hospital, we cannot evacuate like most other types of businesses. Many of our patients are non-ambulatory to varying degrees and many are on life support systems. Therefore, we must be prepared to fight, control, and contain the fire while the building is occupied. The responsibility of initial containment and control of a fire rests with hospital personnel. It is imperative that every employee be familiar with the hospital's fire plan and knows the appropriate action to take if a fire should occur. Your actions in a fire emergency could be the difference between a minor incident or a tragic event.

II. Procedures if You Discover a Fire

A. The basis of this fire plan is a four-step procedure:

Rescue
Alarm
Confine
Extinguish/Evacuate

1. Rescue: Escort or carry anyone in immediate danger of fire or smoke to a place of safety.

2. Sound the Alarm:

a. Go to the nearest red fire alarm pull station and activate the alarm by pulling down the handle.

b. Call University Police at 56165 and give them your name, exact location of the fire, and type of fire (Example: Jane Doe, 2J-room 37, mattress on fire).

3. Confine the Fire: Disconnect medical gas flow meters in the room and close all doors in the fire area as you leave the room. This will contain
the fire and smoke in the fire area and give you time to evacuate patients in your wing to an area of safety.

4. Extinguish/Evacuate: If the fire is small attempt to extinguish the fire with a fire extinguisher. If necessary, begin evacuation of the area.

B. General instructions during fire response:

1. See that all patients and visitors return to their rooms when possible.

2. Close all doors leading into the corridor (patients' rooms, treatment rooms, etc.).

3. Station someone at stairwell doors and fire/smoke barrier doors to prevent movement of personnel, patients, and visitors in the hallways.

4. Remove all moveable equipment from corridor (wheelchairs, stretchers, carts, etc.).

5. Unit Oxygen Shut-off Valve. The unit nursing supervisor/designee is authorized to shut-off the wall oxygen valve. This decision will be based on location of fire, magnitude of fire and condition of patients on oxygen.

III. Alarm Activation

When a fire alarm device is activated, the alarm will sound, strobe light will activate, and an audible message will be given only on the floor on which the device is activated and the floor above and below the area on which the alarm device is activated.

UPD will report to the area in which the device is in alarm to verify it is a fire. If UPD verifies it is a fire, the alarm will be sounded throughout the facility.

IV. Procedures if Fire is Not in Your Area

A. Station one person at the telephone to relay instructions. Keep the phone open for official use only.

B. See that all patients and visitors return to their rooms and waiting areas.

C. Close all doors to patient rooms, offices, treatment rooms, etc.

D. Remove all moveable equipment from corridor (carts, wheelchairs, stretchers, etc.).
E. Station someone at stairwell doors and fire/smoke barrier doors to prevent movement of personnel, patients, and visitors in hallways.

F. Prepare to evacuate if the order is given.

V. Evacuation Procedures

In a health care facility, total evacuation or even partial vertical evacuation (down stairwells) is not desirable except in the most extreme of circumstances. Therefore, we must look to horizontal evacuation of patients. When possible, patients will be moved horizontally from the fire area through the fire/smoke doors to a safe area of refuge on the same floor (Example: G-wing fire area - move patients through G-wing smoke doors to J-wing or K-wing).

The Shreveport Fire Department, Hospital Administration, Nursing Administration, or House Manager will be responsible for initiating the evacuation order.

A. Order of Patient Evacuation:
   1. Patients nearest the fire
   2. Ambulatory patients
   3. Helpless/non-ambulatory patients

B. Guidelines for Patient Evacuation:
   1. Patients nearest the fire and smoke will be moved first through the smoke/fire doors to a place of safety.

   2. Ambulatory patients will be instructed to link hands and will be led to a place of safety beyond fire doors. One assigned person will head up the chain and another will bring up the rear.

   3. Non-ambulatory patients will be moved with life support equipment when possible. Oxygen shall not be used when going through a fire area. Patients can be moved by wheelchairs and stretchers or placed on a blanket and pulled to a place of safety. Also, various emergency carries can be utilized to move non-ambulatory patients.

   4. When possible, patients’ records will be moved during evacuation (see Hospital Evacuation Plan).
C. Evacuation Procedures for Patients with Special Needs

1. Very Obese Patients: When possible, place obese patients in a room near the fire/smoke doors and plan on moving them to an adjacent wing (smoke compartment). Move obese patients in their specialty bed.

2. Ventilator-Dependent Patients
   a. If the ventilator has a battery back-up, leave the patient on the ventilator and move the patient to a safe area with an emergency electrical outlet. Keep the patient attached to portable oxygen.
   b. If the ventilator does not have a battery back-up, remove the patient from the ventilator and manually ventilate “bag” the patient while transporting to an area of safety.
   c. If the hospital becomes uninhabitable, ventilator-dependent patients must be evacuated directly to the nearest acute care hospital.

3. Bed bound patients: Nursing staff shall be knowledgeable in evacuating patients using lifts, carries or movement of patient on a blanket to a safe area.

D. Fireman Carries for Evacuation

1. Pack Strap Carry: Approach the patient as though you are going to shake hands, except you take the patient’s wrists. Your right hand goes on top of the right wrist. Your left hand goes under to the left wrist. Pull the patient to a sitting position. Turn with your back to the bed and cross the patient's arm over your chest. Lean forward, pulling the patient onto your back, and walk off.

2. Hip Carry: Place your left hand to the patient's left hand. Duck your head under the patient's left arm and put the patient's arm around your neck. Pull to a half sitting position. Reach around the patient's back with your right arm, and with your left arm behind the patient's knees, clasp securely to your hips and walk off.

3. Cradle Drop Carry: Place a blanket on the floor at the edge of the bed. Pull the patient to edge of bed. Kneel on your left knee and put your arms beneath the patient's back and thigh. Pull the patient off the bed and onto your knee. Lower the patient’s head to the floor first and then the legs.
4. **Swing Carry:** This carry takes two people. Bring the patient to a sitting position. The patient's arms are placed around the necks of the movers. The movers lock arms behind the patient's back and beneath the patient's thighs. Lift and carry off.

5. **Extremity Carry:** This carry takes two people. Pull the patient to a sitting position in the proper manner. The person grasps the patient around the chest and under arms. The second person swings patient's legs off bed. The second person then backs between the patient's legs and grasps beneath the patient's knees. Lift the patient and walk off.

VI. Departmental Responsibilities

A. **Hospital Administration**

1. Administrator will report to scene of the fire and, if necessary, give the order to evacuate.

2. Administrator will determine the area to which patients will be relocated.

3. Administrator will request additional personnel to report to fire scene to assist with evacuation.

B. **Nursing Service**

1. Nursing Service Administrator will report to fire scene and supervise evacuation.

2. If after hours, weekends, or holidays, the House Manager will report to the fire scene and, if necessary, give the order to evacuate.

3. If Nursing Supervisors are not in their unit when the alarm sounds, they will immediately report back to their unit.

4. If the order for evacuation is given, care must be taken by Nursing personnel that all patients are accounted for.

5. If patients know of the existence of fire, reassure them that the alarm has been turned in and that the emergency plan is in operation. Let the patients know that the situation is under control and that there is no cause for panic.
C. University Police

1. Upon notification of a fire, the University Police will relate all pertinent information to the Shreveport Fire Department. There will be no verification of the alarm for authenticity before reporting it to the Fire Department.

2. University Police will notify Switchboard as to the location of the fire.

3. University Police Officer(s) will report to the scene of the fire and remain in radio contact with the University Police Dispatch to relay pertinent information to staff until the Fire Department arrives.

4. University Police Officers will direct traffic and direct fire department personnel to the scene of the fire. UPD Officers carry access keys to all campus elevators and building doors 24/7 and will assist fire department personnel.

5. If the order to evacuate is given, University Police will immediately proceed to unlock the stairwell doors between the Medical School and G-wing.

D. Physical Plant

Physical Plant Supervisor will report to the scene of the fire and lend technical assistance in location of oxygen, air, electrical cut-offs, etc.

E. Safety Office

The Safety Office will respond to the fire alarm upon receipt of a phone call from Switchboard and provide assistance.

F. Switchboard

1. Upon notification of fire location by University Police, the Switchboard will page "Dr. Red, 2J", etc.

2. Telephone lines will be kept clear for emergency use.

3. Switchboard will call the following people immediately at office or home:

   a. Hospital Administrator – 55058 (Office). On nights, weekends, and holidays, contact the House Supervisor and On-Call Administrator.
b. Safety Officer – 55410 (Office). On nights, weekends, and holidays, contact the On-Call Safety Officer.
c. Physical Plant – 56319 (Office). On nights, weekends, and holidays, the Switchboard will radio the maintenance man on duty to report to fire scene.

4. Upon notification of fire location, the Switchboard Operator will then page the entire Hospital in the following manner:

"ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL
PAGING DR. RED. PAGING DR. RED.
State area where fire is located"
(i.e., "Paging Dr. Red, 2J")

This code will not unnecessarily alarm the patients, but will notify all personnel of the fire and its location.

5. Switchboard will page the "All Clear" when the emergency situation is over.

VII. General Information

A. It is the direct responsibility of every Department Head/Supervisor to instruct every employee under his/her supervision as to the employee's duties in the event of a fire.

B. Personnel will not use elevators during a fire alert.

C. Most fire extinguishers used in the hospital are class A-B-C.

1. A - used on wood, cloth, paper
2. B - used on grease, propane, flammable liquid fires
3. C - used on electrical fires

D. Most extinguishers in the hospital are general use and may be used on all the above described types of fires by using PASS:

P - Pull the pin
A - Aim low
S - Squeeze the lever
S - Sweep from side to side
E. During fire emergencies and fire drills in the hospital, Physicians are asked to:

1. If in a room with a patient, remain in the room pending the conclusion of the drill or fire emergency and continue to treat the patient. Close room doors if practical. If not practical, other staff will close room doors.

2. If not in a patient care room, go to the nursing station and be available for response to a medical emergency.

3. If in another area (non-patient care area), remain in that location until the “all clear” order is issued.

F. Volunteers and students will be treated as visitors and asked to go into a room and stay until the “all clear” order is announced or evacuation order is given.

G. After the “ALL CLEAR” has been given and fire alarm has been reset, Nursing Service must re-lock card access control doors on for the following areas: 4G stairwell, 4J stairwell, 4J to K doors, 5G stairwell, 5J to K doors, and 4K Stairwell doors 1,2, and 3. Locking/Unlocking button switches are located at the Nurse Stations of each unit. (4J, 4G, 4K, and 5H)