



PLAN#: CH:DIS:03

# Children's National **Fire Plan**

**CODE RED**

**EOP Annex**

**August 15, 2015**

# **Children's National Code Red - Fire Plan**

## **Table of Contents**

- I. Purpose
  - II. Scope
  - III. Authority
  - IV. General Staff Roles and Responsibilities At and Away From the Scene
  - V. Fire Response Team Roles and Responsibilities (hospital only)
  - VI. Fire Response Team Command Role and Responsibilities (hospital only)
  - VII. Engineering Control Room Role and Responsibilities
  - VIII. Administration and Nursing Administration Roles and Responsibilities
  - IX. Evacuation (if necessary)
  - X. Termination of Code Red (Code Yellow/Caution, All Clear)
  - XI. Interaction with Media and Event Management
    - A. Media Interaction
    - B. Event Management - Assessment of Response Activity
    - C. Event Management - Stress and Crisis Counseling
  - XII. Application of Disaster or Fire Plan - Response and Recovery
  - XIII. Prevention and Mitigation Strategies
  - XIV. Procedure for Fire Drills
  - XV. Evaluation / Appraisal of the Plan
- Appendix A: RACE, PASS and EVACUATION Educational Poster

## **Children's National Code Red (Fire) Plan**

### **I. Purpose**

The purpose of this plan is to promote and maintain the safety of the environment, to provide means for rapid and effective response to smoke or fire and to minimize the destructive effects of a fire should one occur.

### **II. Scope**

This document is intended to provide a notification, activation, response and recovery plan for Children's National (*including all off-site facilities*) when a threat to the facility or its occupants is perceived.

### **III. Authority**

#### **A. Main Hospital Campus**

1. Activation of this plan may be done by any personnel who become aware of fire or smoke, or may be initiated automatically via alarming of monitoring and/or detecting devices. Once activated in the hospital, Communications is responsible for notification of key personnel via the Code RED paging group and via overhead announcement, or other hospital approved communication system.
2. The Fire Response Team Commander (FRTC)/security designee authorizes the Code Yellow (caution status, when no actual fire is found) and " All Clear " once the situation is resolved, or in their absence the engineer in charge may authorize these codes. Note: if the DC Fire Department responds to the scene, they are the Authority Having Jurisdiction and will give the "All Clear" to the FRTC/designee.
3. The highest ranking security officer/designee on site is the FRTC. In the absence of the above at the scene, the highest ranking hospital engineering staff member on-duty at the scene becomes the FRTC until relieved by security.

#### **B. Off-campus Children's National facilities**

1. *Any personnel who become aware of fire or smoke present at that location will determine the need to activate this plan, including calling 911 for fire assistance and calling the hospital operator to have them notify hospital Security and the CEO/AOC.*
2. *Once the fire department is called, as the Authority Having Jurisdiction they will determine when the "All Clear" should be given.*

#### IV. General staff roles and responsibilities at and away from the scene

##### A. At the scene of a fire or smoke - RACE

1. **RESCUE** anyone in immediate danger. If the fire/smoke is in a patient room, evacuate that room and the rooms on either side of that room closing the doors as you leave and marking the room as evacuated by placing a pillow against the door on the floor outside.
2. **ALARM** by **pulling the nearest alarm pull station** and **call** your emergency number as follows:  
Hospital = ext **3473** (FIRE)  
*Off-campus locations = call 911*  
Give the following information:
  - a. Your name
  - b. The exact location of the fire
  - c. Type of fire (if known)

It is imperative that the fire alarm pull box be activated (for the hospital *and other building having a pull box*). In the hospital this automatically closes fire doors, preventing spread of fire/smoke as well as instantly alerting other personnel. The hospital overhead paging system will be used by Communications to announce "Code RED (location)" three times.
3. **CONTAIN** fire, smoke and fumes by closing all doors and windows. Clear corridors of unnecessary traffic and obstructions immediately.
4. **EXTINGUISH** the fire, **or** if appropriate **EVACUATE**. To extinguish the fire, use an appropriate fire extinguisher and PASS, as follows:  
**P Pull** the pin, stand 8-10 feet from the fire, with your back to an exit, and crouch low;  
**A Aim** the nozzle at the leading edge of the base of the fire;  
**S Squeeze** the handles together in short bursts; and  
**S Sweep** the spray back and forth towards the base of the fire.  
If unable to extinguish the fire, evacuate persons as appropriate.  
HOSPITAL, ASC: evacuate horizontally to another smoke compartment, or if appropriate, the charge person orders evacuation vertically to another floor or out of the building (see Code Black).  
**ALWAYS USE THE STAIRS FOR VERTICAL EVACUATIONS.**  
*ALL OTHER OFF-SITE LOCATIONS: do not have smoke compartments and must evacuate completely out of the building. Take staff and patient rosters, check rooms as you go and report to your pre-determined outside meeting place.*
5. Oxygen/medical gas shutoff, if needed: the senior clinical provider at the scene is authorized to implement the shut off of medical gases

and must provide for affected patients. Respiratory Therapy must be immediately contacted for additional assistance in patient care.

**B. Away from the scene of a fire**

1. Close all doors and windows.
2. Clear corridors and exits of any obstructions.
3. Bar access to all elevators.
4. Await further instructions.
5. If your hospital patient care unit is adjacent to a patient care unit that is the scene of the fire, prepare to receive patient evacuees from the fire scene smoke compartment.

**C. Suspicious odor reporting**

1. Smoke that smells like a fire - see previous page - RACE.
2. Odor of cigarette smoke (hospital) call Security at ext 2065.  
*Non-hospital locations notify your site manager/designee.*
3. Other suspicious odors - call Engineering at ext 6040; *non-hospital locations also immediately notify your site manager/designee.* State that you are reporting a suspicious odor; give your name, location of the suspicious odor and any relevant information available.

**V. Fire Response Team Responsibilities (main hospital campus only)**

The fire response team is responsible for taking measures to limit the damage caused by fire, explosion, smoke or building system failures that may produce damage or harm to the building or building occupants. Specific members of the team (such as engineering) will assist with investigation of the fire alarm system devices to determine causes of alarm activation and/or identify devices that require replacement/repair. Personnel in the following departments who are present in the hospital/building at the time of the fire alarm are considered to be members of the fire response team: engineering, environmental services, respiratory therapy representative, security, NAO/AM and patient transport team members. When present, available construction contractor personnel will assist as appropriate. Other members of the Fire Response Team are selected from the hospital staff as appropriate.

Fire response team members shall be familiar with the fire defenses of the hospital and with the use of portable fire extinguishers. Annual safety education of staff in all departments includes review of fire extinguisher use. Managers of fire response team members will ensure that all applicable staff have completed their annual training and are appropriately prepared to perform this function. The Director of Safety & Emergency Management is available for additional educational/training support upon request.

Fire response team members receive notification of a Code Red and the location via overhead paging and via pocket paging of the Code Red paging group by Communications. Response team members must bring fire extinguishers with

them when responding to the scene. Team members arriving first at the scene ensure that all fire barrier doors are closed. The first engineering representative to arrive at the smoke compartment of the Code Red (or in their absence the FRTC) will confirm alarm location with the control room operator. All other response team members arriving will go in twos down the corridors of the Code Red location seeking the source of the alarm or the fire/smoke. The first team member to locate the source of the alarm/fire will immediately notify the team via radio (if radios are not functioning call 6040 to report the situation and location). If an actual fire is found, team members will work collectively to control and/or extinguish the fire until the DC Fire Department (DCFD) reaches the scene of the incident, or until the FRTC makes a command decision to pull back due to life safety issues with excessive smoke or fire. The primary objectives are life safety and fire/smoke control. Once the DCFD arrives at the scene, response team personnel will relinquish control to DCFD. Team members not needed at the scene by the DCFD can begin damage control and recovery activities, at the direction of the DC Fire Chief or the Director of Safety & Emergency Management.

As soon as damage control activities are completed, appropriate members of the fire response team under the direction of the Fire Response Team Commander will take steps to ensure that automatic sprinkler protection is restored and that emergency and supplemental equipment is restored to normal preparedness. All necessary repairs will be coordinated/effectuated by the Engineering department.

#### **VI. Fire Response Team Command Role and Responsibilities (hospital only)**

The senior special police officer on-duty/designee is the automatic Fire Response Team Commander. In the absence of this person at the scene, the hospital shift engineer assumes the role of Fire Response Team Commander until a senior security officer arrives. At the location of the code red alarm the FRTC either does or assigns someone to do the following:

- Contact the engineering control room to determine the source of the alarm.
- Determine the location and extent of the fire/incident.
- Ensures all patients and personnel are removed from immediate danger.
- Ensures all fire and corridor doors are closed.
- Ensures a security officer is assigned to escort the Fire Department to the scene of the alarm, as needed.
- Directs the fire response team members.
- Calls on other resources for manpower as needed for patient evacuation, messenger service, additional fire response personnel, etc.
- Assists the fire department when they arrive.
- Communicates with the engineering control room (ext 6040) and hospital operator in and informs them of the situation as appropriate.
- Ensures that a fire alarm incident report is written by security and a copy sent to the Safety Director/designee. This is applicable to all shifts every day of the year, regardless of whether the incident was real or a false alarm.

- In the event of a fire/incident which causes significant damage, the FRTC will initiate recovery activities and immediately inform the Administrator on Call (AOC) and Director of Safety & Emergency Management so that additional recovery support can be provided (see Base EOP, Code Orange Plan, Hospital Command Center activities).

## **VII. Engineering Control Room Role and Responsibilities**

The engineering control room engineer monitors the fire alarm systems, provides information and support to the FRTC as appropriate or requested, and serves as an initial information center for administration in the event of a fire incident via radio communication with the FRTC.

The engineering control room engineer will complete a DCFD health care arm fire incident report; forward it to the Engineering Director/designee. The Engineering Director/designee will ensure that the report is filed with the DCFD and that a copy is forwarded to the Safety Director/designee. All extinguished fires must be reported.

## **VIII. Administration and Nursing Administration Roles and Responsibilities**

### **UNIT LEVEL**

If a patient care unit is the scene of a fire, the unit charge nurse/designee has direct responsibility for patient evacuation and medical staff assignments. The unit charge nurse is responsible for authorizing shut off of medical gases (if needed) and for immediate notification of respiratory therapy personnel of that action.

Once gases are off also notify engineering and the NAOC/AM.

### **NURSING ADMINISTRATION**

The nursing administrator on call (NAOC)/AM reports to the location of the code red and assesses whether a patient care area(s) is affected. If a patient care area(s) is the scene of the fire/incident the NAOC/AM has complete responsibility for evacuation and will assist the unit charge nurse in direction of evacuation, if necessary. For total evacuation, activate the Base EOP and Hospital Command Center (HCC). The NAOC/AM will coordinate activities with the HCC as appropriate (see Base EOP and Code Black).

### **HOSPITAL ADMINISTRATION**

The Engineering Control Room serves as an information center for the administrator in charge (CEO/designee, AOC or AM depending upon time/day). The administrator in charge reports to the engineering control room if the event is an actual fire or significant smoke. Should the incident evolve into an event requiring vertical evacuation, need additional support for horizontal evacuation, or involve substantial damage to the unit, the Administrator in-charge will initiate the Base EOP and activate the Hospital Command Center (HCC) located on the 2<sup>nd</sup> floor of the main building (see Code Orange Annex for mass casualty management, Code Black Annex for evacuation).

## **DIRECTOR OF SAFETY & EMERGENCY MANAGEMENT**

During a fire/incident has the authority to act to protect patients, staff, visitors and property at Children's National. Makes tactical decisions during an emergency until the arrival of the DC Fire Department. Maintains communication with inside and outside forces as appropriate. Assists the HCC/FRTC with coordination of response and recovery to bring the hospital as near as possible to normal operating conditions following an event.

### **IX. Evacuation (if necessary)**

Follow instructions given by the DC Fire Department with regard to evacuation needs. For hospital and Rockville ASC fire situations, use of horizontal smoke compartments is the first evacuation option, followed by vertical evacuation to another floor if needed. Within the hospital, if needed, Administration will announce alternate safe relocation areas for evacuees via the overhead speaker or by verbal/written orders sent with runners as needed. *All other locations (offsite clinics and business occupancy buildings) must evacuate fully from the building upon hearing the fire alarm.*

If total evacuation of the hospital is necessary Administration will stand up the Hospital Command Center (HCC) if it is not already activated. Follow HCC instructions, see Base EOP. Departments should consult the CODE BLACK (Evacuation Annex) for instructions for partial or total evacuation, and listen for further direction from the HCC.

Patient care areas must remain calm and reassure patients during evacuation procedures to guard against panic and confusion. Calmly proceed down the nearest stairwells as described in the evacuation plans. Once an area has been evacuated, personnel must not re-enter. Take any necessary patient care items such as medications, charts, etc., with you when you evacuate. Take patient lists and staffing rosters to ensure that you can account for all those present at the time of evacuation. Unless otherwise directed, each department will gather at their predetermined external meeting place upon total evacuation.

### **X. Termination of Code Red (Code Yellow/Caution; All Clear)**

Once the immediate danger has passed from a fire emergency, but before fire systems are reset to normal, the FRTC or Director of Safety & Emergency Management will instruct Communications to page and announce CODE YELLOW. Staff should listen for further announcements.

**Code Yellow** may also be used independently of Code Red to indicate a building emergency system is out of service. Whenever an approved fire alarm or automatic sprinkler system is out of service for more than four hours in a 24-hour period, the monitoring service will be notified and a fire watch will be provided per the Life



Safety Code. Refer to the organization's Interim Life Safety Policy. When automatic fire detection for a specific zone has been disabled the chimes will not sound and smoke doors will not automatically close in that designated zone.

NOTE: In the event the entire fire alarm system becomes disabled, staff will be notified via public address or other hospital communication system. This is a complete shutdown of all electrical power to the Fire Alarm System. The system will not detect smoke/heat and the pull stations will not send an alarm. Fire doors will close, as power for their magnets is fed from the Fire Alarm Panel. All previous procedures for disabling of fire alarm zones will be followed.

**ALL CLEAR** is determined by the DCFD (if present) or FRTC or Director of Safety & Emergency Management if DCFD is not present. The FRTC or Director of Safety & Emergency Management will notify Communications of the status change. Communications upon receiving this information will:

- Emergency page 3 times overhead "Attention: ALL CLEAR for Code Red (location)."
- Send "ALL CLEAR for Code Red (location)" over the Code Red group pocket pagers.
- Notify by phone those hospital locations listed in Communications as not having overhead paging service.

## **XI. Interaction with Media and Event Management**

### **A. Media Interaction**

Public Relations will appoint one individual as spokesperson and provide all necessary speaking notes, news releases and support as necessary. Personnel must not discuss the situation with outsiders or the media, and must direct all such inquiries to Public Relations. The purpose of this provision is to provide the media with accurate information and to see that the organization speaks with one coordinated voice.

### **B. Event Management - Assessment of Response Activity**

A report of all activities occurring during the incident will be done by Security and will take place as soon as possible after the All Clear is announced. A copy of the report will be provided to the Director of Safety & Emergency Management. If the incident was an actual fire, the Director of Safety & Emergency Management will critique the response report with input from administrative staff and key personnel involved in the response, and report results to the Safety & Emergency Management Committee.

### **C. Event Management - Stress and Crisis Counseling**

Family Services will provide crisis intervention and supportive counseling for affected patients and family. Children's National EAP resources and

crisis counseling will provide crisis intervention and supportive counseling for hospital personnel as appropriate.

## **XII. Application of Disaster or Fire Plan - Response and Recovery**

In the event fire or smoke produces casualties sufficient to overwhelm the capabilities of the Emergency Department to treat victims, the Code Orange annex will be put into effect and the appropriate announcements made.

Should fire or smoke create the need for evacuation beyond one smoke compartment, evacuation from one smoke compartment overwhelms the ability of those present to manage the response in the affected unit, or causes structural damage to the main hospital facility, follow the established protocol for assessment / initiation of the Code Orange annex. *Clinics/ROCs/non-campus locations consult your manager or designee regarding building evacuation needs.*

In the event of partial or total evacuation, follow the evacuation plan (Code BLACK). The organization has developed Memorandums of Understanding (MOUs) with other hospitals in the area. Administration has copies of the MOUs, as does the HCC. The decision to activate an MOU resides with the administrator in charge at the time of the event. Transportation of patients/personnel to the MOU hospital shall be arranged through the HCC, using available resources such as the DC EMA Transportation Plan, DC EHC HIS (emergency healthcare coalition website), MOU agreements for transportation, campus hospital van and bus transport vehicles and/or other vehicles available at the time of the event (such as personal vehicles if needed).

Recovery activities shall be coordinated through the HCC. Recovery is the stage that addresses how Children's National restores the organization to pre-fire conditions. This can include short term and long term activities, as well as activities designed to take care of staff and community needs. Recovery may encompass all disciplines at Children's National Medical Center. Recovery from a fire incident includes, but is not limited to:

- Minimizing the damage caused by fire, smoke and water.
- Protecting the areas and equipment not directly affected by the actual fire or emergency incident.
- Clean-up of the area after the incident.
- Financial recovery of costs of responding to the disaster, when applicable.

An important part of the recovery job is preventing water damage from hose streams, automatic sprinklers, broken piping, floods, storms, or other sources. This phase of recovery involves protecting furnishings and equipment from water contact, removing water from the premises with minimum damage results, and limiting the amount of water used at fires to that actually needed for control and extinguishing. See the Water Intrusion policy and procedure.

Recovery also involves the protection of property from the effects of heat, smoke, contaminants and gases. This includes the removal of smoke and gases in the most efficient manner possible using smoke control, the exhaust system and blower equipment. As part of recovery, chemical deodorants should be used promptly after a fire to minimize smoke odors, taking care not to introduce indoor air quality concerns from the chemical content of the deodorant used/airing out the area before re-occupancy.

Recovery includes the protection of records and equipment essential to the operation of the organization during any fire emergency, as well as, restoration of property to an efficient operating condition as quickly as possible, including the prompt servicing of equipment, restoration of ventilating and air conditioning services, and the restoration of utilities.

Financial recovery activities would include careful record keeping of lost business, costs and expenditures associated with response and recovery activities for submission to insurance carriers and disaster relief agencies as applicable to the event.

### **XIII. Prevention and Mitigation Strategies**

#### **A. Prevention Strategies**

Although we are unable to prevent all fires from occurring, we are able to preplan for fire or smoke to prevent confusion and panic. Personnel are trained during New Employee Orientation to use RACE and PASS in fire reporting, response and extinguishing. Personnel are also trained on the Code Black and Code Orange Annexes. Personnel working in sensitive areas or whose location requires department/site specific instructions receive additional department-specific training as appropriate. The hospital was built and is furnished with fire retardant materials, contains multiple smoke compartments on each patient care floor and is protected by fire sprinkler systems throughout the structure to prevent the spread of fire should one occur.

#### **B. Mitigation Strategies**

Children's National was built with steel frame construction, designed in accordance with local building codes to withstand the effect of fire. Security conducts routine patrols of the facility and perimeter to identify suspicious activity, fumes, smoke or fire. Physical plant fire safety measures include maintenance of fire extinguishing systems, fire and smoke detection systems and compliance with all other fire code required life safety system inspection, testing and upkeep as required. Good housekeeping practices are encouraged with staff and contractors, keeping areas free of trash accumulation and the fire load as low as possible. Education of staff and drills on the Code Red Annex help to mitigate the level of panic and confusion caused by fire alarms upon personnel, training staff to respond quickly in situations.

Mitigation also includes activities that eliminate or reduce the chance of a fire. Open flames from candles, sterno burners and the like are strictly prohibited in all Children's National locations. The hospital has a smoking policy banning smoking, has smoke free campus signage posted and encourages personnel to stop smoking. Contractors are given training on the hospital safety program prior to the start of work at the hospital. Contractors are required to follow OSHA and National Fire Protection Association (NFPA) codes, and are required to obtain hot work permits from engineering prior to the start of any welding or other hot work. Periodic inspections of contractor work areas are conducted by contracted project managers and other designated personnel, as well as by a variety of engineering, security and safety personnel from the hospital.

The main hospital and east addition are divided into separate fire areas, which limit the number of patients and other hospital occupants exposed to the fire incident and the amount of floor area exposed to a fire. Columns are protected their full height with directly applied fireproofing of two-hour fire rating. Horizontal structural members are protected from a fire originating in the use space by the ceiling/ floor assembly, 23-inch deep exhaust plenum, the metal deck separation and automatic sprinklers in the use space. Horizontal structural members are protected from a fire originating in the service levels by the low quantity and widely divided, fuel packages in the volume of space, and automatic sprinklers in the service space. One-hour fire resistive assemblies and automatic sprinklers protect these structures in the research level.

Building structural elements, walls, ceilings, and partitions are noncombustible. Interior finish of all walls is Class A noncombustible. Draperies are permanently flameproof, while carpets are of a Class B flame-spread rating. The primary fuel for a fire at the hospital is furnishings, contents, and supplies. Certain fuels are not allowed in Children's:

- \* Combustible low density fiberboard.
- \* Combustible adhesive and mastic
- \* Combustible foamed plastic

#### C. Preparedness

Preparedness involves internal hospital systems and activities to build capacity and identify needed resources. As a measure of preparedness, key Children's National employees have been identified as members of the hospital Fire Response Team. This team is responsible for responding to all Code Red situations. In addition, employees complete annual safety training, which includes information regarding their roles/ responsibilities during a fire. To further train employees, fire drills are conducted on a regular basis. Below are examples of the hospital systems regarding fire preparedness:

1. Alarm and Detection

The fire alarm system in Children's National Medical Center consists of a number of separate fire zone panels. Each zone on each level of the hospital has its own alarm system and enunciating panel. Each panel is tied into the control system and is also connected via local alarm system monitoring company to the District of Columbia Fire Department.

ALWAYS MOVE PAST THE METAL DOUBLE DOORS TO  
BE SURE YOU ARE IN THE NEXT FIRE ZONE.

2. Smoke Control

The materials in Children's National will produce a smoky fire because of the large amounts of plastics, a relatively slow-burning material. The electrical smoke control system provides for exhaust of a fire area and pressurization of all non-fire areas.

3. Automatic Sprinkler and Standpipe System

Children's National Medical Center has automatic sprinkler protection throughout with the exception of the buffer space on the exterior of the building. This buffer space is maintained as a totally fuel-free and ignition-free environment; therefore, sprinklers are not provided in this space.

The sprinkler system is highly reliable due to the computerized supervision of valves and alarm systems involved. This system has two primary water supplies: the water supply line through the fire pump and Siamese connections allowing fire department pumpers to further supplement the sprinkler water supply. Two and one-half inch hose connections are provided on the combined sprinkler standpipe risers system throughout the hospital.

The sprinklers will only operate when a fire has reached temperature in excess of 170 degrees. The sprinkler control valves are always in the "on" position. If the sprinklers do not activate in a fire emergency, the Shift Engineer will assign personnel to check the appropriate valve. At the conclusion of the emergency, only the DC Fire Chief or Safety Officer can order the valve closed so system repairs and/ or restoration can be conducted.

It is important to check for fire extension on the level above the fire before the sprinkler system valve is closed. This is particularly important when a fire has been large enough to cause the sprinklers to operate on a use level. Premature closure of the valve may allow a second fire to spread uncontrolled within the service space above.

(NOTE: Stairway #5 has no standpipe riser system.) Location of the standpipes permits a two-point fire attach T within each fire zone.

4. Occupant Use of Extinguishers

Generally, 10-pound all-purpose dry chemical fire extinguishers are used. Other extinguishers, such as, carbon dioxide or low-pressure water, are provided in a few special locations in the hospital, such as, computer rooms, operating rooms and dietary. Staff are trained and drilled on the use of fire extinguishers.

5. Means of Egress

The exit system for Children's National Medical Center consists of horizontal exits through two-hour fire barriers into adjacent fire zones and vertically through the use of stairways. The openings in the two-hour fire barriers are protected with automatic closing fire doors. In all areas of the hospital, the exit travel distances and exit capacity requirements allowed by the various codes (NFPA 101, Life Safety Code, Washington, DC Building Code) are not exceeded.

D. Response

A fire may be smoke, the smell of smoke, flame, or automatic activation of ceiling sprinkler systems in the event of smoke or flame. Personnel are trained to practice RACE at the first sign of fire or if there is smoke indicative of the possible presence of fire.

The type of fire expected in Children's National will be of the slow, low-thermal type, but will produce fairly large amounts of smoke.

If a person's clothing or self is on fire, do not run, but drop to the ground using your hands to cover your face and eyes, and roll over and over until the flames are extinguished. This is known as STOP, DROP, and ROLL.

**XIV. Procedure for Fire Drills:**

The Director of Safety & Emergency Management or designee and the Safety & Emergency Management Committee will be responsible for conducting regular fire drills within the hospital and ambulatory health care occupancies (one per shift, per quarter), and annual fire drills in business occupancy locations where patients are seen or treated. If Interim Life Safety Measures are in place, drills will be held 2 per shift per quarter when indicated.

- A. The Director of Safety & Emergency Management or designee will initiate the fire drill, an employee may pull the alarm.
- B. The Director of Safety & Emergency Management or designee will critique the department/site where the alarm is pulled.
- C. The Safety & Emergency Management Committee or designees will critique other departments/services during the drill.

- D. Observers will critique for response, efficiency, and knowledge of the fire plan.
- E. The Director of Safety & Emergency Management will analyze the critiques and report summaries to the Safety & Emergency Management Committee. Department managers where deficiencies were noted will be contacted requesting corrective action be taken and reported to the Director of Safety & Emergency Management.

#### **XV. Evaluation / Appraisal of the Plan**

The Code Red Annex will be reviewed and evaluated for effectiveness at least every three years by the Director of Safety & Emergency Management and the Safety & Emergency Management Committee. In addition, following any fire activating the Code Red Annex the plan will be referenced and its effectiveness evaluated during critique of the event to ensure that all possible actions are being taken to provide for the safety of our patients, personnel and visitors.

Approved by: Safety & Emergency Management Committee

8/15/2015

Date

Kurt Newman, MD  
Kurt Newman, MD  
President & Chief Executive Officer

08/15/2015

Date

Original: 08/08/00  
Revised: 09/18/01  
Revised: 10/10/03  
Revised: 09/01/06  
Revised: 09/11/07  
Reviewed: 09/22/10  
Revised: 08/17/11  
Revised: 05/17/13  
Revised: 08/15/15

#### **Cross Reference:**

CH:FS:14 Disaster/Incident Planning Policy;  
CH:DIS:00 Emergency Operating Plan  
CH:DIS:01 Code ORANGE (MCI) EOP Annex.  
CH:DIS:09 Code BLACK EOP Annex:

The following appendices are attached as references for hospital personnel:

#### **XIV. Appendix A: RACE, PASS and EVACUATION Educational Poster**



## Fire Safety Education

Know your emergency phone # :

Hospital = STAT & Disasters 2222; FIRE **3473**; SECURITY 2065; Engineering control room 6040



**Code RED = FIRE**

**RACE** is our **Fire Plan** :

**Rescue** people in danger; Pull the **Alarm** box **and call** (Hospital **3473**; non-hospital buildings **911**) **Contain**

by **closing** doors and windows;

**Extinguish** the fire or **Evacuate** if the fire cannot be extinguished.



**Using a fire extinguisher = PASS**

**Pull** the pin, stand 8-10 feet back;

**Aim** nozzle at **base** of fire, crouch low;

**Squeeze** the handle in short bursts;

**Sweep** back and forth towards the base of the fire at the leading edge of the fire.

Note: always have your back to an exit for escape if the fire gets out of control.

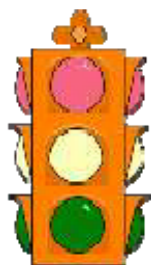
**Do you know where the fire pull stations, fire extinguishers and fire exits are located in your work area?**

**Code YELLOW = Caution**

\*Announces the fire/problem is identified.

\*Stay on alert for further announcements.

\*Code also used for fire system problems.



**All Clear**

Used to announce an "all clear".  
Indicates building occupants should resume normal duties.

**Code BLACK = Evacuation**

**ALWAYS USE THE STAIRS!**

**Horizontal:** Move people in immediate danger to a safe area on the same floor, different smoke compartment.

**Vertical:** If necessary, move people to a lower floor or entirely from the building.

**Prioritize patients when evacuating:**

**1st Ambulatory, 2nd Wheelchair, 3rd Stretcher**

Know the location of your evacuation equipment.

