

## LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

### HOSPITAL FIRE PLAN

Purpose: To provide procedures to follow in order to minimize risks to patients, visitors and employees should a fire occur.

Policy: I. Introduction

If a fire should occur in the hospital, we cannot sound the alarm and evacuate like most other types of businesses. Many of our patients are nonambulatory 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 know 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

1. **Rescue**
2. **Alarm**
3. **Confine**
4. **Extinguish**

Rescue - Escort or carry any patient in immediate danger of fire or smoke to a place of safety.

Sound the Alarm - A. Go to the nearest red pull station and activate the alarm by pulling down the handle.

B. Call University Police at 53UPD and give them your name, exact location of fire, and type of fire (Example: Jane Doe,

2J-

room 37, mattress on fire).

Confine the Fire - Shut off flow meters in the room. 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.

Fight the Fire - Get a fire extinguisher and, if possible, return to the fire area and extinguish the fire.

General Instructions:

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. Remove all moveable equipment from corridor (wheelchairs, stretchers, carts, etc.).
4. Unit Oxygen Shut-off Valve
  - a. The unit nursing supervisor/designee is authorized to shut-off the wall oxygen valve. That decision will be based on location of fire, magnitude of fire and condition of patient 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
- 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, fire/smoke barrier doors, to prevent movement of personnel.
- F. Prepare to evacuate if order is given.

IV. 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.

#### Order of Patient Evacuation

1. Patients nearest the fire
2. Ambulatory patients
3. Helpless/nonambulatory patients

#### 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. Nonambulatory patients will be moved with life support equipment when possible. Oxygen shall not be used going through a fire area. Patients can be moved by means of wheelchairs, stretchers, or placed on a blanket and pulled to a place of safety. Also, various emergency carries can be utilized to move nonambulatory patients.
4. When possible patients' records will be moved during evacuation (see Hospital Evacuation Plan).

#### V. Fireman Carries for Evacuation

**Pack Strap Carry:** Approach patient as though you are going to shake hands, except you take the 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 patient's arm over your chest. Then lean forward, pulling patient onto your back, and walk off.

**Hip Carry:** Your left hand to patient's left hand. Duck your head under patient's left arm, putting the patient's arm around your neck. Then pull to a half sitting position. Then reach around the patient's back with your right

knees,  
arm, and with your left arm behind the patient's  
clasp securely to your hips and walk off.

**Cradle Drop Carry:** Pull patient to edge of bed. Kneel on your left knee and put your arms beneath the patient's back and thigh. Pull patient off the bed onto your knee and lower first the patient's head to the floor and then the legs. Have a blanket to lower the patient onto before you move him.

**Swing Carry:** This carry takes two persons. Bring patient to a sitting position. The patient's arms are placed around the nurses' necks. The nurses lock arms behind the patient's back and beneath the thighs. Lift and carry off.

**Extremity Carry:** This carry takes two persons. Pull patient to a sitting position in the proper manner. The head nurse grasps the patient around chest and under arms. The other nurse swings patient's legs out, off bed, then backs between legs, and grasps beneath knees. Lift patient and walk off.

## VI. Departmental Responsibilities

### Hospital Administration

1. Administrator will report to scene of 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.

### 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.

#### 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 will report to the scene of the fire and remain in radio contact with the University Police Office to relay pertinent information.
4. University Police Officer will direct traffic and direct fire department personnel to the scene of the fire.
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.

#### Physical Plant

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

#### 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
  - b. Safety Officer – 55410
  - c. Physical Plant Office – 56319; on weekends and nights, the Switchboard will radio maintenance man on duty to report to fire scene.
4. 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 supervision as to the employee's duties in the event of a fire.

- B. Personnel will not use elevators during a fire alert.
- C. 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.  
(For 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. When the fire alert is terminated the Switchboard will then page "All Clear."

- D. Most fire extinguishers used in the hospital are class A-B-C.
  - A - used on wood, cloth, paper
  - B - used on grease, propane, flammable liquid fires
  - C - used on electrical fires

Most extinguishers in the hospital are general use and may be used on all 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 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, other staff will close them.
  2. If not in a patient care room, go to the nursing station where they will 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," then return to your activity.
- F. Volunteers and students will be treated as visitors and asked to go into a room and stay until the "all clear" is announced or evacuate if the order is given.

#### VIII. Evacuation Procedures for Patients with Special Needs

- A. Very Obese Patients – when possible, place obese patient in a room near the fire/smoke doors and plan on moving them to an adjacent wing (smoke compartment). Move obese patient

in their specialty bed

B. Ventilator-Dependent Patients

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

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