

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
HOSPITAL SAFETY**

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Title:	Effective Date:	Standard Operating Procedures for Environment of Care/ Emergency Management	
Code Red - Fire Procedures	10/28/2019		
Approved By:		<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Guideline	
<i>Nichole Walker, MA</i> Nichole Walker Safety Officer			

1. SCOPE

This Standard Operating Procedure applies only to Riverside University Health System (RUHS) – Medical Center, Moreno Valley Campus.

2. BACKGROUND

Riverside University Health System (RUHS) Medical Center is equipped with fire detection alarm, and suppression systems. Patient rooms are individually manned with a sprinkler system. Fire alarm pull stations and portable fire extinguishers are located throughout RUHS Medical Center. The fire alarm system consists of an audible alarm and strobe lights. Portable fire extinguishers are rated for use on Type A, B, and C fires. These are the types of fires that could take place in hospitals. A flashing strobe light system along with an audible alarm occurs when the fire alarm system is activated.

3. POLICY

All Hospital fires or suspected fires will be responded to immediately by appropriate action and Code Red reporting.

4. PROCEDURES

- a. **Emergency Exit Plan**: All staff shall be knowledgeable of the Emergency Exit Plan posted in all patient and non-patient areas.
- b. **Immediate Action at the Fire Scene**: Upon discovery of a fire or visual signs of smoke, announce in a calm voice to co-workers “**CODE RED**”, then proceed to follow R.A.C.E. (Rescue, Activate, Contain, and Evacuate) protocol - **Note: For incidents involving abnormal odors (i.e. smoke, gas, fumes etc.) immediately contact Plant Operations (951) 486-4075.**

R.A.C.E Protocol:

- 1. **RESCUE** (remove) endangered persons from the immediate fire area and close the door to the room. All rooms sharing a common entry must be evacuated.
- 2. **ACTIVATE** the fire alarm to advise other areas of fire:
 - (a) Pull the fire alarm to activate the audible alarm and strobe lights.
 - (b) In the event the pull station cannot be activated dial the emergency number 911 to inform the Switchboard of the fire location and to provide any additional needed information.

3. **CONTAIN** the fire and smoke by closing the door to the immediate fire area as well as all patient room doors and area doors. If possible, shut off all fans. **DO NOT** pass through hall fire doors unless told to do so or unless the doors are located on the evacuation route. Check for all heat and smoke prior to going through doors. Close doors in the zone of fire or smoke. Fire zones are distinguished by color-coded vinyl squares that may be affixed to the signs identifying patient rooms, offices, utility closets, and other areas. By closing a series of doors in the fire zone of the same color, the fire or smoke can be isolated to this particular location.
4. **EXTINGUISH** the fire with the proper extinguisher if it is safe to do so; i.e., the fire is small, and without putting employees or others in danger.

Fire Extinguisher Use: To use an extinguisher, use the P.A.S.S method:

- (a) **Pull:** Pull the ring pin.
- (b) **Aim:** Stand back about 10 feet from the fire and aim at the base or edge of the fire. **Do not aim at smoke or high flames.**
- (c) **Squeeze:** Squeeze the lever.
- (d) **Sweep:** Sweep side to side.

Plant Operations personnel will assume this function upon arrival to the fire area and will themselves be relieved by the Fire Department.

5. **EVACUATE** if the fire or smoke presents immediate danger or when directed to do so.
 - (a) Zone Evacuation (Staying within the Hospital Building): Evacuate the area using horizontal routes to pre-designated safe areas within the hospital. This is called **Zone (Horizontal) Evacuation**. When a zone evacuation is required, either by necessity or when ordered, patients will be transported and visitors/staff will be directed to the nearest safe horizontal exit on the same level within the hospital. This is called a horizontal evacuation because it involves evacuating laterally to an adjacent fire zone on the same floor level. **DO NOT USE ELEVATORS.** Pass through the fire doors into the adjacent on the same fire level. Take an accounting of patients, visitors, and staff, reminding them not to look directly at the same flashing strobe lights. Evacuation from the building is not necessary when a fire is contained in a fire zone. Remain in this area until further notice. Do NOT evacuate the building unless ordered to do so by the fire department, law enforcement or RUHS Executive Leadership.
 - (b) Building (Vertical) Evacuation: If a building evacuation is ordered by fire, police, or RUHS authorities, transport patients and direct visitors to the nearest safe fire exit stairway. Do not open closed fire doors unless necessary for egress. Take the stairs to the first floor and proceed to the outside of the building. This is called **(Building Vertical Evacuation)**. **DO NOT USE ELEVATORS DURING A CODE RED.** Take an accounting of

patients, visitors, and staff. When smoke is visible, stay low (crawl if necessary) to avoid breathing smoke or toxic gas. This is a vertical evacuation because it involves evacuating down to another floor / level in the hospital to reach the outdoors. Once outside, assemble in the outer portion of the employee parking lot and await further instructions.

6. Account for employees and patients upon arrival at the pre-designated safe area.

c. **Response Actions Away from the Fire Scene:** Employees in the areas away from the immediate fire area can take actions as follows:

1. Report to the person in charge of the area where you are when the alarm sounds.
 - (a) Search the immediate areas for signs of fire or smoke. These areas may include patient rooms, closets, pantries, break rooms, utility rooms, conference rooms, etc.
 - (b) If visual signs of fire or smoke is discovered, follow R.A.C.E. guidelines (refer to paragraphs b, 1-5, above).
 - (c) If the search fails to uncover evidence of fire or smoke, staff shall remain in their present location until the alarm stops ringing and the strobe light stops flashing.
 - (d) Assist other units and help evacuate when assistance is requested. If away from your department/unit when the alarm system is activated:
 - Report to the nearest department/unit in the vicinity.
 - Report to the person in charge.
 - Provide assistance as requested.

At no time should staff continue to travel about the hospital during a Code Red. Do not pass through a fire door. Remain in place until the "All Clear" is given. **Exception:** Medical staff handling emergencies or emergency response personnel in route to the scene of an emergency are free to accomplish their duties if conditions permit.

2. Surrounding units/departments must activate receiving patients from evacuated areas. Anticipate a move from the secondary area if the fire is not controlled.
3. Nursing Administration will send personnel and set up a command center as needed.
4. Plant Operations will send personnel to assist in extinguishments.
5. Respiratory Care will respond to assist in patient care needs.
6. The Switchboard Operator shall:
 - (a) Immediately notify the Fire Department of Code Red. The exact location of the fire, e.g., floor level, building, and room number, will be given. The Switchboard Operator is responsible for the telephone notification to the Fire

Department even if the fire alarm system is ringing or the strobe light is flashing.

- (b) Overhead page location of the Code Red.
 - (c) Notify Fire Response Personnel.
7. Fire Response Personnel will receive initial notification of the fire location from the Switchboard Operator paging. If a responder fails to receive the page, the location of the fire may be ascertained by contacting the switchboard at 911.
 8. Hospital Law Enforcements role is to meet the Fire Department at the 1st floor Security office and escort them to the fire location. They also are responsible for providing traffic, pedestrian, and security control as needed.
 9. Other hospital departments also may assist as needed.
- d. **Departmental Responsibility for Fire Emergency Action**
1. Each department manager is responsible for developing a departmental evacuation plan using this policy as a guide.
 2. Each department will review the plan at least annually during staff meeting/unit service.
 3. Each department will rehearse the plan during fire drills.
 4. Each department will be responsible for orienting employees as to exit locations, extinguisher locations, and pull stations.
 5. The Emergency Exit Plan must be posted in the work area.
- e. **Employee Responsibility**
1. It is the employee's responsibility to be familiar with the unit/department plan.
 2. The employee shall be familiar with his/her work area as to the location of exits, fire pull box stations, and fire extinguishers.
- f. **All Clear:** The fire condition is **ALL CLEAR** when the alarm stops ringing and the strobe lights stop flashing. The **ALL CLEAR notification will be overhead paged** at the conclusion of the Code Red.
1. Authority to call the "ALL CLEAR" will be made by the following personnel, after a thorough assessment of the fire condition has been completed. Two of the following three responders must agree that ALL CLEAR criteria has been met; nursing house supervisor, law enforcement on duty, and/or the plant operations personnel responding to the code red. ALL CLEAR will be called only when it has been established that there is no present risk of fire and/or after a fire has been extinguished and is cleared by fire department personnel.
- g. **Fire Drills:** Fire drills will be conducted to assure that all RUHS Medical Center personnel understand the Hospital Emergency Fire Response Procedure, for the purpose of knowing what to do in case of a fire emergency.

1. Fire drills will be conducted at least quarterly for each work shift in patient-occupied buildings.

Note: The amount of fire drills conducted may increase due to interim life safety measures
2. All areas of the Hospital will be included in the Fire Drill and observed as part of the Fire Drill Evaluation.
3. Documentation of Code Red activations will include problems identified during the activation, corrective action taken, and staff participation. Actions will be noted by an observer assigned by the department according to the following procedure:
 - (a) **Documenting “Code Red” Away from the Fire Area or Site of Origin**
 - Code Red “Away from the Fire Area” form will be completed by the designated observer in each department during or immediately following each Code Red activation.
 - The designated observer will use the section of the Fire Plan pertaining to his/her department as criteria for appropriate personnel response during the Code Red activation.
 - Signatures of personnel assigned to the department at the time of the Code Red activation will be included with the report.
 - Problems identified, and corrective actions taken will be listed, including completion dates.
 - The completed “Away from the Fire” form will be sent to the Hospital Safety Office by the end of the work shift.
4. Fire Drill Department Competency Report will be completed by the Safety Department Safety observer conducting the drill in the designated “Fire Area” - the location and department involved in the drill being evaluated. The report will contain the following information:
 - (a) Staff participation, problems identified, and corrective actions taken. If necessary, the plan for future corrective action will be listed, including a completion date.
 - (b) The completed Fire Drill Department Competency Report will be sent to the Department Manager and/or designee from the department involved in the drill.
 - (c) Department Managers will have 30 days to submit corrective actions taken to the Safety Department.
5. **Maintaining Records:** Fire Drill Department Competency Report and the “Away from Fire” forms shall be part of the Official Fire Drill Report and will be retained on file by the Hospital Safety Office.

6. **Environment of Care Fire Life Safety Responsibilities**

- (a) The Hospital Environment of Care Committee will review Fire Drill reports, including problems identified and corrective actions taken.
- (b) When further action is recommended, the Environment of Care Committee will either accept the reports as submitted or recommend further action. Environment of Care Committee will continue to monitor progress until the problem is resolved.
- (c) Experiences during Code Red activations will be used in planning safety education programs.

7. **Switchboard Operators Responsibilities:** Code Red procedures for switchboard operators during Code Red activations shall be the same as they are for actual emergencies with the following exception:

The requirement for placing a 9-1-1 call to the Fire Department is waived.

8. Upon completion of the Code Red activation, **ALL CLEAR** shall be paged. If an actual fire occurs during the event, Hospital Plant Operations Manager, Supervisor Stationary Engineer, Building Maintenance Supervisor, and Hospital Safety/designee shall contact the switchboard operator informing them that an actual Code Red situation is in progress.

Document History:

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