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<p>Fire Safety and Evacuation Plan</p>			
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**PATHOLOGY & LABORATORY MEDICINE SERVICE
FIRE SAFETY & EVACUATION PLAN**

1. PURPOSE:

1.1. To establish a safe and effective method for the movement of patients, visitors and staff in a fire situation, through preplanning, drills, protective and preventable action.

2. POLICY:

2.1. In order to provide personnel in Pathology and Laboratory Medicine Service with the necessary knowledge to protect and preserve life and property in the event of a fire, guidelines have been established in accordance with regulations set forth by the Joint Commission and the College of American Pathologists. These guidelines are compatible with those of the hospital/medical center administration and the hospital/medical center fire protection section.

3. RESPONSIBILITIES:

3.1. The Hospital/Medical Center Administration is responsible for:

- 3.1.1. Developing a comprehensive fire plan for the hospital/medical center, which meets the standards of Joint Commission, and
- 3.1.2. Providing a fire safe working environment for all employees.

3.2. The Hospital/Medical Center Safety and Fire Protection Section is responsible for:

- 3.2.1. Conducting fire drills in accordance with established procedures. All fire drills will be documented by the Fire Department or Safety Section, and
- 3.2.2. Providing training to all new employees within 60 days of employment and to all continuing employees on an annual basis.

3.3. The Chief Pathologist of Pathology & Laboratory Medicine Service and the Laboratory Managers are responsible for:

- 3.3.1. Overseeing the development of a service specific fire plan for Pathology & Laboratory Medicine Service,
- 3.3.2. Enforcing the facility and service procedures relating to fire drills, and
- 3.3.3. Correcting any deficiencies relating to the execution of fire drills.

3.4. The Laboratory Safety Officer is responsible for:

- 3.4.1. Developing a service specific policy dealing with proper response to a fire event,
- 3.4.2. Conducting new employee orientation on fire protection,
- 3.4.3. Keeping documentation of training conducted and employee participation in fire drills,
- 3.4.4. Identify annually that all employees are knowledgeable in the local fire safety Protocol by reviewing programs/education/training documentation,
- 3.4.5. Documenting the identification and correction of fire hazards and incidents, and
- 3.4.6. Notifying the laboratory manager of problems identified for which corrective action is needed.

3.5. Supervisors/Directors/Team Leaders/Lead Technologists are responsible for:

- 3.5.1. Ensuring that emergency evacuation causes the minimal amount of disruption of patient care,
- 3.5.2. Ensuring that all personnel in their section have been evacuated during a fire drill or event,
- 3.5.3. Ensuring that all disabled persons have evacuation assistance as needed, and
- 3.5.4. Ensuring all employees in their sections have been trained in the facility and service specific fire policies and procedures.

3.6. Employees are responsible for:

- 3.6.1. Knowing how they will be alerted to fire alarms within their facility,
- 3.6.2. Knowing the fire code in the area in which they routinely work if applicable,
- 3.6.3. Knowing how to interpret the audio alert in which they routinely work,
- 3.6.4. Knowing the location of the fire pull boxes,
- 3.6.5. Knowing the location of fire equipment and how to operate a fire extinguisher if the local fire safety plan calls for usage,
- 3.6.6. Following the fire policies and procedures outlined by the hospital/medical center and laboratory administration,
- 3.6.7. Attending all mandatory fire training sessions in a timely manner,
- 3.6.8. Participating in fire drills conducted by the medical center, and
- 3.6.9. Notifying supervisors or safety officer of potential fire hazards.

4. GLOSSARY:

4.1. Evacuation – The process of leaving the area of a fire or other emergency in a rapid orderly manner: There are four types of evacuation. They are:

- 4.1.1. Horizontal Evacuation – Consists of moving from the area of the fire to another area on the same floor. This is usually sufficient for a small fire.
- 4.1.2. Vertical Evacuation – Consists of moving from the area of the fire to another area on a lower floor through the nearest stairwell. Before entering a stairwell, check the door for temperature and check the air for smoke contamination. If the stairway appears unsafe, go to the nearest stairway away from the fire. Elevators **MUST NOT** be used during a fire unless clearance is obtained by the fire department.
- 4.1.3. Immediate Evacuation – This procedure is useful for a small fire. All personnel not directly fighting the fire must immediately leave the room. The doors must be closed when leaving a fire room.

- 4.1.4. Outside Evacuation – Refers to the evacuation of all non-firefighting personnel to the outside of the building.
- 4.2. Fire – The active principle of burning, characterized by the heat and light of combustion.
- 4.3. Fire Drill – An exercise in which rooms or buildings are vacated in a quick, orderly fashion.

5. FIRE ALARM AND DRILL INFORMATION:

5.1. There are two type of fire alarm signals, which is used in medical center buildings; They are coded alarms and audio alarms.

5.1.1. Coded Alarms: Coded alarms are audible signals (bells or chimes) which pulse out a specific code for the fire zone where the alarm was initiated. This code will ring three consecutive times. A visual signal will pulse independently of the audible signal to inform those who have hearing impairments.

5.1.2. Audio Alarms:

5.1.2.1. An initial alert tone will ring.

5.1.2.2. An announcement will be made with a general alert, i.e. "Attention Code Red" and continue to identify the floor and wing.

5.1.2.3. After the situation has been corrected, an "All Clear" message will be given.

5.1.2.4. If general evacuation is ordered, it will be issued through the announcement system.

5.2. In the event of a fire, dial the fire emergency number to report the location of the fire.

5.3. Fire Drills:

5.3.1. All laboratory personnel will familiarize themselves with the location of fire extinguishers and fire alarm boxes for the area in which they routinely work.

5.3.2. All personnel will locate the designated fire escape routes for the area in which they routinely work.

- 5.3.3. Following evacuation, all laboratory personnel will meet at a location designated by the laboratory safety officer for the purpose of determining that everyone has left the building safely. The assembly point is documented in the local PLMS Fire and Safety plan.
- 5.3.4. Fire drills are conducted and coordinated by the medical center safety officer. Frequency is determined by the medical center safety officer.

6. GENERAL PROCEDURES TO FOLLOW IN THE EVENT OF A FIRE:

6.1. When a fire is discovered, do not yell “fire” as this could cause a panic.

6.1.1. R – Rescue:

- 6.1.1.1. Rescue all people from the fire area.
- 6.1.1.2. Personnel designated by the supervisor will assist patients and visitors who are unfamiliar with the medical center/hospital or those with disabilities from the laboratory to a safe area. Those designated to help will remain with the handicapped individuals until the “all clear” signal is given at which time the staff will guide them back to the point of origin.
- 6.1.1.3. Immediate Evacuation: Evacuate all persons within the room. When leaving the fire room, always close the door behind you.
- 6.1.1.4. Horizontal Evacuation: Evacuation of the fire zone but remain on the same floor. Everyone should familiarize themselves with the beginning and end of their fire zone and the location of the fire barrier doors. Sites have evacuation route diagram(s) posted.
 - 6.1.1.4.1. *Indication for Use:* A beginning fire in a room where the fire is relatively small, e.g. a trash can or a small fire in a patient’s room.
- 6.1.1.5. Vertical Evacuation: Evacuation by using the stairways. Elevators are not to be used during a fire except in certain circumstances, non-ambulatory patients in life threatening situations. Sites have evacuation route diagram(s) posted throughout the laboratory.
 - 6.1.1.5.1. *Indication for Use:* When fire/smoke severity is increased or if horizontal evacuation is not feasible.

6.1.2. **A – Alarm:**

- 6.1.2.1. Activate the nearest fire pull station. Call the fire emergency number to report location of the fire by stating the building, the room number, and your name.

6.1.3. **C – Confine:**

- 6.1.3.1. Close the doors and windows in the area of the fire to minimize air movement and to isolate the fire.

6.1.4. **E – Evacuate/Extinguish:**

- 6.1.4.1. If the local fire safety plan approves laboratory staff to use the fire extinguishers then if the fire is small extinguish the fire with a portable fire extinguisher. If the fire is too large to handle safely, leave the area and close the door behind you.

7. FIRE SAFETY EQUIPMENT:

7.1. Fire Extinguishers:

- 7.1.1. Fire extinguishers are located in each section in the laboratory.
- 7.1.2. Most fire extinguishers in the PLMS Service Line are type ABC, meaning that they may be used on (A) ordinary combustibles; (B) flammable liquids; (C) electrical fires.

7.2. Use of Fire Extinguishers if the local safety plan calls for usage

- 7.2.1. Access the fire size to determine if it is small and confined to be safely extinguished using a fire extinguisher.
- 7.2.2. Get as close as possible to the fire as is safe (6-10 feet for most fires).
- 7.2.3. Hold the extinguisher upright and activate the PASS procedure.
- 7.2.3.1. P Pull the pin. This unlocks the operating lever and allows you to discharge the extinguisher.
- 7.2.3.2. A Aim low. Point the extinguisher nozzle at the base of the fire.

7.2.3.3. S Squeeze the handle. This discharges the extinguishing agent. Releasing the lever will stop the discharge.

7.2.3.4. S Sweep the nozzle of the extinguisher from side to side.

7.2.3.4.1. Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

7.3. All fire extinguishers will be checked periodically for proper filling and mechanical functioning by the fire safety section of the hospital/medical center.

8. VARIOUS EVACUATION TECHNIQUES FOR ASSISTING DISABLED PERSONS/PATIENTS DURING AN EVACUATION:

8.1. The chair assist:

8.1.1. Use a chair with wheels. Push the person to the exit. If on the second floor**, push the person to a stairway, wait until the stairs have cleared and then give physical assistance down the stairs.

8.1.2. Along with another person, assist the person down the stairs.

8.1.3. Assist by carrying, draping arms over shoulder or sitting on each step going down.

8.1.4. Medical sites may have an evacuation chair provided at each stairwell. At those sites training is provided by the medical center.

8.2. The assisted walk:

8.2.1. Along with another person, drape the arms of the person being helped around the shoulders of the two helpers. Help the person walk to safety.

8.3. The swing carry:

8.3.1. Along with another co-worker, carry the disabled person to safety by forming a cradle with both your arms behind the person's arms and knees. The person being assisted places their arms around the shoulders of the two people doing the carry.

8.4. The blanket drag:

8.4.1. Place the disabled person on a blanket and drag them to safety.

8.4.2. Improve if no blanket is available by making something that you could drag a person on- e.g. lab coats tied together.

8.5. The two-man carry:

8.5.1. The front person takes the legs under the knees. The back person reaches under the disabled person's arms. The disabled person is then carried in a "sitting" position.

8.6. The Fireman's carry:

8.6.1. Place the disabled person across the shoulders. Grab their arm in one hand and the leg in the other.

8.7. Stairs:

8.7.1. Assist the person to the stairs and stay with them far enough away so that no one can fall down the stairs. Wait until the way clears, then assist the disabled person down the stairs or up the stairs as the case may be. Do not try to use the stairs when others are going down, it blocks the way for people getting out and firemen entering, and may result in falling and getting trampled by people trying to exit.

8.8. Remain with the disabled person:

8.8.1. Stay with the disabled person. Do not leave them unattended.

9. FIRE PREVENTION:

9.1. Access to fire extinguishers and fire alarm pull stations shall be clear and unobstructed at all times. No items or equipment will be stored on, in or around these fire protection devices at any time.

9.2. All building exit doors shall be kept clear of obstruction at all times.

9.3. Positively no storage will be permitted in corridors, isles or stairways.

9.4. Stairway doors and smoke barrier doors will never be propped or wedged open.

9.5. A horizontal plane of 18 inches below sprinkler heads will be maintained where equipment and supplies are stored.

- 9.6. The hospital/medical center fire department and the facility safety officer shall be notified of all fires.
- 9.7. All employees will bring to the attention of their immediate supervisor any fire hazard existing in the laboratory.
- 9.8. The supervisor in each area is responsible for making frequent inspections of the laboratory and taking immediate action to correct or have corrected, any fire safety hazard noted.
- 9.9. There is no smoking in the laboratory. Smoking is permitted only in designated areas of the facility grounds.
- 9.10. Flammable material will be labeled appropriately.
- 9.11. Refer to SA-113-005, "Chemical Hygiene Plan" to see the requirements for the flammable storage.
- 9.12. All propane or other flame inducing gases will be properly strapped or chained in position.
- 9.13. All gas valves will be checked periodically for leaks.
- 9.14. Electrically worn plugs or equipment will be brought to the attention of the laboratory supervisor.
- 9.15. Highly flammable solvents or reagents will be stored with an explosion proof refrigerator. Other flammable liquids will be stored in approved cabinets and will be inspected periodically.
- 9.16. Do not store or use flammables in the presence of ignition sources.
- 9.17. Do not use water on flammable liquids. Water enhances the fire spread.
- 9.18. All laboratory personnel will perform annual fire safety training.
- 9.19. If the local fire safety plan approves laboratory staff to use fire extinguishers to extinguish a fire then fire extinguisher training should include actual operations of extinguishers that might be used in the event of an actual fire. The PLMS safety member will work with the medical center safety officer to arrange for training based on the medical center policy.
- 9.20. The PLMS fire plan will be reviewed biennially.

10. REFERENCES:

National Fire Protection Association, 2000, Life Safety Code 101.

Joint Commission, Comprehension Accreditation Manual for Laboratory and Point Of Care Testing, current version.

Complete Guide to Laboratory Safety, Fourth Edition, 2014, Terry Jo Gile, MT (ASCP), MA Ed, Dan Scungio, MT (ASCP), SLS, CQA (ASQ).

OSHA, Subpart L-29 CFR 1910.155 to 1910.165.

OSHA 29 CFR 1910.34 to 37.

CLSI document, GP17-A3, Clinical Laboratory Safety; Approved Guideline-Third Edition, vol. 32, No. 9.

CAP Accreditation Requirements, current version.