



UNIVERSITY HOSPITAL
Newark, New Jersey

Fire Prevention and Emergency Evacuation Plan

**Report All Fire Emergencies to:
222 or 2-4490
Public Safety Communications Office**

**Hospital Support Services Department
2019**

Table of Contents

I.	PURPOSE.....	4
II.	REFERENCE.....	4
III.	ACCOUNTABILITY	4
IV.	ROLES AND RESPONSIBILITIES	4
A.	UNIVERSITY HOSPITAL STAFF AND FACULTY.....	4
1.	DEPARTMENT/NURSE MANAGER OR DESIGNEE.....	5
2.	PATIENT CARE COORDINATOR (PCC) beyond normal working hours	5
3.	UNIVERSITY HOSPITAL ENVIRONMENT OF CARE SAFETY COMMITTEE	5
B.	PUBLIC SAFETY DEPARTMENT.....	6
1.	Security Officers(S) – (C Level Security Desk).....	6
2.	Assigned Police Officers(s)	6
3.	Assigned Police Supervisor	6
C.	TELECOMMUNICATIONS OFFICE.....	6
1.	“CODE RED” ANNOUNCEMENT/PROTOCOL.....	6
2.	“CODE RED ALL CLEAR” ANNOUNCEMENT.....	7
D.	UH PHYSICAL PLANT/MAINTENANCE	7
E.	UNIVERSITY HOSPITAL ENVIRONMENT OF CARE HOSPITAL SAFETY OFFICER in conjunction with Environment of Care Committee Representative(s) will:	7
F.	NEWARK FIRE DEPARTMENT	7
V.	EMERGENCY PROCEDURES	8
A.	USE OF THE ACRONYM – R-A-C-E.....	8
1.	SMALL FIRES.....	9
2.	LARGE OR SPREADING FIRES.....	9
VI.	P.A.S.S – FIRE EXTINGUISHERS.....	9
VII.	LEVELS OF EVACUATIONS.....	11
1.	Level 1 –Partial Evacuation	11
2.	Level 2 – Lateral/Horizontal Evacuation.....	11
3.	Level 3 – Vertical Evacuation	12
4.	Level 4 – Complete Hospital Evacuation.....	12
VIII.	TRIAGE TAG PROTOCOL	12
1.	TRIAGE Tag Protocol for a Complete Hospital Evacuation	12
2.	Instructions for Complete Evacuation using the Triage Tags.....	13
3.	Transporting Evacuated Patients.....	14
IX.	FIRE WARDENS	14

X. FIRE WATCH PROCEDURE..... 15

XI. FIRE DRILLS 15

XII. TRAINING 15

XIII. APPENDIXES – FORMS..... 15

A. Fire Incident Response Protocol 15

B. Fire Alarm Procedure Evaluation Form..... 15

C. Fire Alarm Activation – Patient Accountability Form..... 15

D. Life Safety Memorandum 15

University Hospital

Fire Prevention and Emergency Evacuation Plan

I. PURPOSE

This plan provides appropriate fire prevention and emergency response procedures, and education for all occupants of University Hospital (UH). It will ensure safe and effective action in the event of a fire, and furnish information regarding the use and function of fire alarm systems; the containment of fire and smoke; partial emergency evacuation procedures; and fire extinguishment.

This plan outlines the responsibilities of University Hospital's in-house Emergency Responders, the responding Fire Department and other external agencies. All of the following are considered Emergency Responders at UH:

- Patient Care Coordinator
- Physical Plant Staff
- Newark Fire Department
- Public Safety Staff
- Hospital Safety Officer
- Environment of Care Manager
- Disaster Preparedness Manager
- External Agencies (as required)

II. REFERENCE

This plan complies with the fire safety requirements of the New Jersey Department of Community Affairs, the life safety aspect of the Americans with Disabilities Act, the Public Employees Occupational Safety and Health Act (PEOSHA) Emergency Evacuation Standard (OSHA 29 CFR 1910.38), the National Fire Protection Association Life Safety Code (NFPA 101, 2012 Edition, Chapter 19.7.2), and the requirements of the Joint Commission Environment of Care standards.

III. ACCOUNTABILITY

The Chief Operations Officer and Chief Executive Officer of University Hospital shall ensure compliance with this Plan. The Chief Executive Officer shall ensure overall coordination of this plan in conjunction with the Hospital Environment of Care Safety Committee. As every employee has a role in this Plan, each shall comply with its provisions and shall assume the responsibilities of their specified duties as outlined in this plan.

IV. ROLES AND RESPONSIBILITIES

A. UNIVERSITY HOSPITAL STAFF AND FACULTY

(Licensed Independent Practitioners (LIP's) are responsible to participate in Fire Alarm Activations & know the University Hospital procedure. (When on a unit and not giving direct patient care LIP's can assist the staff with closing the doors, clearing the corridors of obstructions etc.).

Staff Response: Near the fire's point of origin (Above, Below or Adjacent) to your work area: will follow the procedure of the R-A-C-E acronym:

R = RESCUE anyone in immediate danger

A = ALARM by activating (pull) the nearest pull station & (someone should also be calling Public Safety @222)

C = CONTAIN the area by closing all doors

E = EXTINGUISH if the fire is small

OR Evacuate patients from the area if instructed to do so by fire officials or hospital leadership

Staff Response: Away from the fire's point of origin (not within your immediate area or above, below, or adjacent to that area) shall do the following:

- Be ready to accept patients from areas near the fire's point of origin
- Remind patients and visitors not to use elevators
- Listen for overheard pages for status of situation
- Keep all doors closed

1. DEPARTMENT/NURSE MANAGER OR DESIGNEE

Assist in the process of safe and systematic response to the alarm including:

- Ensuring fire/smoke barrier doors, stairwell doors are completely closed.
- Ensuring all other doors, including patient doors and office doors are completely closed.
- Direct wandering patients, visitors and staff **on all floors** to return to patient room and or clinic are. If this are will cause the person to transverse through a smoke/fire door then they must remain within your unit until the "Code Red all clear" is announced.
- Ensure that their staff members receive annual Fire Safety Training as required by the Environment of Care Safety Committee and in accordance with the Joint Commission and the New Jersey State Department of Community Affairs.
- Determine when evacuation of their area is necessary; follow the evacuation procedures as outlined in Section V – Evacuate.
- Notify the Hospital Safety Office (2-3337) of all deficiencies, as they relate to fire safety.
- Become familiar with the area(s) for which they are responsible.
- Become familiar with the use and location of fire protection equipment.
- Monitors stairwells and door ways to prevent unauthorized re-entry.
- **Complete the UH-Fire Response Evaluation Form** and submit this form to the Hospital Safety Office during the shift of the activation. This form is to be completed by all units/departments throughout the hospital. Fax to 1445 or bring to A-220.
- **Completed the UH – Fire Alarm Activation –Patient Accountability Form.** (This form is to be completed by the Unit Manger/Charge Nurse on All Infant/Pediatric/L&D Units in the event of a Fire Alarm Activation. The unit is to be surveyed to ensure that all patients are accounted for. Promptly submit form to the Hospital Support Services Office – A220 or Fax to 1445.
- Ensure the staff are familiar with their fire annunciator panel within their unit (patient care areas).

2. PATIENT CARE COORDINATOR (PCC) beyond normal working hours

- Coordinate emergency response through Department/Nurse Manager.
- Determine need to implement the Hospital Emergency Operations Plan (Internal Disaster).
- Identify and correct all observed unsafe conditions; and report any fire hazard to the Hospital Safety Officer.

3. UNIVERSITY HOSPITAL ENVIRONMENT OF CARE SAFETY COMMITTEE

- Participate in quarterly fire drills for each working shift and maintain records as required by the Joint Commission.
- Monitor compliance and the provisions of this Plan

- Review and update this plan at least annually in conjunction with the Environment of Care Hospital Safety Officer.

B. PUBLIC SAFETY DEPARTMENT

1. Security Officers(S) – (C Level Security Desk)

- Report the location of fire alarm promptly to the Rutgers Dispatch Office via radio.
- Report any other information, as received, to the Dispatch Office.
- Clear the main entrance corridors and elevators lobbies on C Level.
- Control traffic to and from stairwells 4 and 6 on C Level.
- Control Elevators:
 - a) Recall visitor’s elevators to C Level
 - b) Make the elevators available to the Fire Department/Emergency Responders for firefighting and evacuation
- Assist Fire Department and other responding external agencies
- Restrict incoming traffic of people.
- Allow anyone declaring an emergency to enter the Hospital via the Emergency Department entrance.
- Maintain an up-to-date copy of this Plan at the Security desk for reference.

2. Assigned Police Officers(s)

- Keep the fire lane clear of traffic for the Newark Fire Department’s use.
- Control street traffic, as required.
- Keep evacuated people at least 50 feet from the building.
- Notify all occupant waiting outside the building when the “All Clear” is called.

3. Assigned Police Supervisor

- Set up a command post in a safe location (inside or outside) of the Hospital in the event of emergencies that will require implementation of prolonged response procedures. The command post will serve as a central point of control, including reporting to internal and external agencies. Information to the media will be provided through the Hospital’s Media Relation Department.
- Assist in smooth operation of the Command Post, as required.
- Ensure that adequate Public safety Officers are assigned for external traffic control, and for handling fire related emergencies.
- Participate in post-fire briefing to evaluate response.

C. TELECOMMUNICATIONS OFFICE

This office is located in the Medical Science Building, Room A-549. It is equipped with two emergency phone lines: Extension 111 (Medical Emergencies) and 222 (Non-medical Emergencies). Both of these numbers are operated by the same Telecommunications Office. The fire alarm system for University Hospital is also directly connected to the Telecommunications Office located in the Medical Science Building, room A-549. As soon as the fire alarm notification is received from the fire panel, the Telecommunications Office will follow the following process.

1. “CODE RED” ANNOUNCEMENT/PROTOCOL

- a. Will announce three (3) Consecutive times over the hospital P.A. system: “Code Red” (location) of the affected area
- b. Notify the Newark Fire Department at (973) 733-7400 to confirm receipt of alarm.
- c. Notify Rutgers’ Dispatch Office at 2-4491
- d. Notify the Hospital Safety Officer

e. **“CODE RED” ANNOUNCEMENT**

“CODE RED” (location of affected area). All patients, staff and visitors on ALL FLOORS are reminded that they must clear the halls and remain in their present location unless otherwise instructed. The operator will utilize the military alphabet to identify the floor (A=Alpha, etc.) This will ensure that everyone is aware of where the emergency is located. Announce CODE RED with location every 30 seconds until an “All Clear” is called.

2. **“CODE RED ALL CLEAR” ANNOUNCEMENT**

The Newark Fire Department will investigate the activation area to ensure it is free of smoke and fire. When the authorization is given to Physical Plant to reset the Fire Alarm System, the Telecommunications Department will announce three (3) consecutive times over the Hospital P.A. System:

“CODE RED ALL CLEAR” (Location of affected area)”

D. UH PHYSICAL PLANT/MAINTENANCE

- Be notified of building, zone and location of fire or smoke related incidents via the Fire Alarm Activation System or the Telecommunications Department.
- Assist both the internal and external emergency responders in controlling the emergency situation (e.g. Heating, Ventilation and Air Conditioning controls, electrical power control, etc.).
- Reset fire alarms and/or air handlers after the initial clearance is given by the responding Newark Fire Department.
- Notify Emergency Operator of the “ALL CLEAR”
- Notify Public Safety Department of the “ALL CLEAR”
- Participate in post-fire briefing and address issues related to fire alarm system.
- Inspect/Maintain fire protection and emergency response systems.
- Notify the Environment of Care Safety Office of all conditions (e.g., fire alarm system not working) and activities (e.g., repair, maintenance, etc. of fire alarm system) that may reduce the effectiveness of fire protection and/or emergency evacuation process.
- Initiate a “Fire Watch” Procedure for the affected areas as outlined in Section XI. Under fire Watch – Fire Watch rounds are to be completed at a minimum of every hour, unless otherwise directed. For facilities that are not occupied 24/7, the Hospital Safety Officer will identify who will be responsible for providing the Fire Watch Rounds during “off shift hours”.
- Promptly report all maintenance and renovation projects that may reduce the effectiveness of the fire protection and/or emergency response systems to the office of the New Jersey State Bureau of Fire Safety.
- Implement “Fire Watch rounds in areas recommended by the Newark Fire Department, Physical Plant, and/or the Hospital Support Services Department. Fire Watch form

E. UNIVERSITY HOSPITAL ENVIRONMENT OF CARE HOSPITAL SAFETY OFFICER

in conjunction with Environment of Care Committee Representative(s) will:

- Coordinate necessary fire safety education and training.
- Investigate/analyze evacuation incidents and evaluate response.
- Develop and maintain a “Fire Prevention and Emergency Evacuation Plan” to reflect updated changes in the use and physical arrangement of the building
- Oversee the Hospital’s fire extinguisher program
- In conjunction with the Environment of Care Safety Committee, coordinate fire drills, maintain records and review this Plan annually.

F. NEWARK FIRE DEPARTMENT

- Respond immediately upon receiving notification from the Central Monitoring Company. University Hospital is connected to a remote central monitoring company that monitors the fire alarm signals and transmits these messages to the responding Newark Fire department and the Emergency Operations.
- Obtain detailed incident information and support from the Executive Director Hospital Support Services and/or other emergency responders.
- During off hours – the Senior Ranking Administrator will represent University Hospital.
- Assist in emergency evacuation as necessary.
- Give clearance to UH Physical Plant/Maintenance to initiate reset of fire alarms and ventilation systems in preparation for final “ALL CLEAR”.

All Emergency Responders will coordinate actions with Newark Fire Department and University Hospital Incident Commander

V. EMERGENCY PROCEDURES

ALL FIRE ALARMS are treated as actual fires.

The Medical Gas Shut-Off valves are located in the corridors; they are only shut off when given instruction by the Nursing Department & the Fire Department. Nursing and Respiratory Departments will ensure all patients on Medical Gases have been safely transferred from Piped Medical Gases to portable systems.

A. USE OF THE ACRONYM – R-A-C-E

If a fire or smoke condition is discovered: Alert those in your immediate are and Implement “RACE”

- R** = RESCUE
- A** = ALARM
- C** = CONTAIN
- E** = EXTINGUISH
- OR EVACUATE

The acronym “**RACE**” is used throughout University Hospital to remind staff and personnel of the proper procedures for response during an actual fire or smoke condition.

RESCUE:

All patients, visitors and/or staff members that are in immediate danger only should be rescued if the situation does not pose a threat to the rescuer. Leave “other rescues” for the responding Fire Department to handle as they have the appropriate personal protection equipment for such situations.

ALARM:

Manual Fire alarm pull boxes are located throughout University Hospital. Any person who discovers (or suspects) fire or smoke, will proceed to the nearest pull box, and pull the alarm. Pulling any one fire alarm pull box will activate alarms on all levels of the Hospital. *If you suspect a fire, always pull the pull box. It will take several seconds after the alarm has been pulled for the alarm to sound.* Public Safety Dispatch Office is to be notified at 222 or 2-4490 from a safe location and given the location and details of the event. In the event that you are unable to contact Public Safety Dispatch Office, call 911 or the Newark Fire Department at **(973) 733-7400** from a safe location and identify the exact location and type of fire.

- The fire alarm system for University Hospital is directly connected to a Central Station that will notify the Newark Fire Department.
- After notification, the Telecommunications Department will announce “**CODE RED**”.

CONTAIN:

- Close all doors: this prevents the spread of smoke and fire.
- Do not open any door that feels hot. Opening such doors might result in creased fire spread.

EXTINGUISH

1. SMALL FIRES

- **HOSPITAL occupants** will use fire extinguishers only for a small fire-defense, i.e. waste paper basket, **and only if they are trained and confident of their use.** Never attempt to fight a large or spreading fire with a portable fire extinguisher(s).
- Do not try to access fire inside a closed area by opening a door. Do not attempt to open any door in an effort to fight the fire with an extinguisher.

2. LARGE OR SPREADING FIRES

The responding Fire Department will handle all large or spreading fires.

OR

EVACUATE:

An emergency situation that poses an immediate threat to patient, staff and/or visitors may require evacuation. The Hospital will evacuate under the authority of the Newark Fire Chief in concert with University Hospital Senior Leadership on duty.

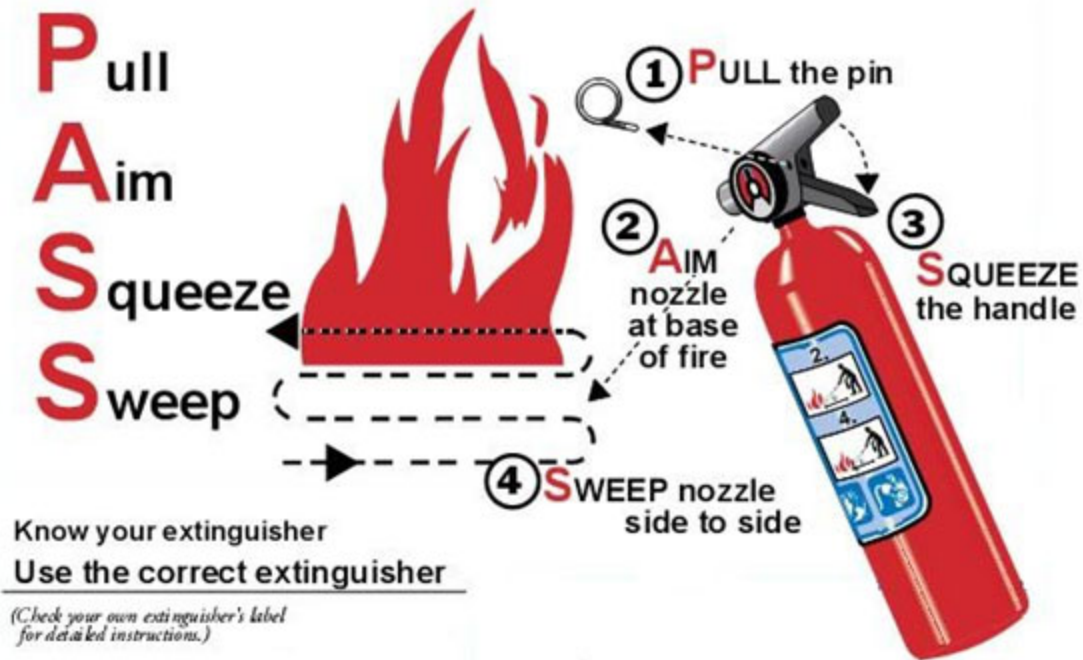
Utilization of Evacuation Equipment located by patient elevators is highly recommended.

- Med Sleds (located from D-level)
- Stryker Chairs (located on G, H, I level)

VI. P.A.S.S – FIRE EXTINGUISHERS

<u>PASS:</u>	How to use a fire extinguisher
PULL:	Pull the pin between the 2 handles
AIM:	Aim the nozzle at the <u>base</u> of the fire
SQUEEZE:	Squeeze the handles together
SWEEP:	Sweep the extinguisher from side to side

To operate an extinguisher:



Staff members should only use a fire extinguisher if they are trained and confident about using one. **Only use fire extinguishers under the following conditions:**

- The pull box is activated and/or the fire department has been called before using the extinguisher.
- In order to create a safe pathway if the fire is blocking your exit route.
- You have received training on fire extinguisher use.

Select the right type of extinguisher:

Every extinguisher carries one or more of the following symbols. These symbols represent the “class of fire” for which it can be used.

CLASS	SYMBOL	APPLICATION	IDENTIFICATION / DESCRIPTION
A	LETTER "A" IN A TRIANGLE (GREEN, IF COLORED)	ORDINARY COMBUSTIBLES (I.E.: WOOD, PAPER OR CLOTH)	STAINLESS STEEL BODY. COOLS THE FIRE WITH PRESSURIZED WATER. NOT GOOD ON ELECTRICAL FIRES.
B	LETTER "B" IN A SQUARE (RED, IF COLORED)	FLAMMABLE LIQUIDS/GASES (I.E.: GASOLINE, OIL OR PAINT)	RED BODY +HORN NO GAUGE. DEPRIVES THE FIRE OF O ₂ WITH CO ₂ .
c	LETTER "C" IN CIRCLE (BLUE, IF COLORED)	ENERGIZED ELECTRICAL EQUIPMENT (I.E.: APPLIANCES)	INTERRUPTS THE CHEMICAL CHAIN REACTION. BOTH CO ₂ & DRY CHEMICAL CAN BE USED.
ABC	ALL OF THE ABOVE A B & C SYMBOLS	ALL OF THE ABOVE APPLICATIONS	INTERRUPTS CHEMICAL CHAIN REACTION OF FIRE WITH DRY CHEMICAL POWDER.
K	LETTER "K"	COOKING WITH OILS AND FATS (LOCATED IN HOSPITAL KITCHEN AREA)	STAINLESS STEEL CYLINDER. WET CHEMICAL EXTINGUISHER WHICH COOLS AND INTERRUPTS

			THE CHEMICAL REACTION
AC	WATER MIST LETTER "A" AND LETTER "C"	TRASH WOOD PAPER AND ELECTRICAL: FOR ALL CLEAN ROOMS:	WHITE PAINT FINISH CYLINDER PREFERRED FOR CLEAN ROOMS TELECOM ELECTRONICS EQUIPMENT AREAS.

Throughout the corridors of University Hospital with the exception of Radiology, the Operating Room, Laboratories & Kitchen area, ABC Fire Extinguishers are located in the fire extinguisher cabinets. This allows the use of an ABC Fire Extinguisher on either class of A, B or C class fire.

- **Remember:** An average extinguisher discharges completely in less than 1 minute.
- **Check:** the following before you use the extinguisher
 1. The lock pin for tampering
 2. Any physical damage, and
 3. The pressure gauge for adequate agent, if applicable.
- **In the event that an extinguisher has been used or discovered to have been discharged, promptly report this to Hospital support Services, Room A-220, for replacement of the extinguisher. The used extinguisher will be recharged by the contracted fire extinguisher company.**

VII. LEVELS OF EVACUATIONS

Depending on the nature and extent of the fire emergency there are four (4) different levels of evacuation that may be utilized.

1. **Level 1 –Partial Evacuation**

An isolated area, for example, a patient room is the site of the emergency and requires that the individuals in the area be removed to a safe location.

2. **Level 2 – Lateral/Horizontal Evacuation**

An entire department or nursing unit is affected by the emergency and requires all individuals in the area to be moved to another location on the same floor. (These areas are separated by fire barriers such as fire rated walls and fire doors).

- a. Move patients, visitors and staff beyond the nearest fire doors in the department area/nursing unit.
- b. If moving individuals from one nursing unit to another, the UH Incident Commander in conjunction with Clinical Staff will decide where patients can safely be re-located.
- c. For those patients that are non-ambulatory patients, the patient’s bed or stretcher is to be pushed to the designated area.
- d. The Nurse/Department Manager or designee must ensure that the patient’s Medical chart is collected and transported with the patient.
The Nurse/Department Manager or designee and if appropriate, a representative of the Pharmacy Department or designee is responsible for securing all medications and drugs prior to evacuation.
- e. People with disabilities are those individuals whose permanent or temporary conditions do not permit them to physically respond or evacuate the building in a safe manner without assistance. Therefore, in the event of an emergency additional planning and preparedness is

required based on the risk-factors associated with their particular impairment and the building characteristics.

3. **Level 3 – Vertical Evacuation**

An entire floor is affected by the emergency and requires that all individuals on the floor be moved to another floor. Generally, individuals should be moved downward to the floor below using stairs.

Consult the posted “Emergency Evacuation Maps”, if necessary.

- a. Stay low (crawl) under smoke, if in the fire or smoke area.
- b. Close all doors/ windows, if possible, after everyone is out.
- c. Proceed to the nearest exit stairwell by following the “EXIT” signs.
- d. Only stairways and the “Link” to the Medical Science Building are to be used to move patients to floors below. **DO NOT USE ELEVATORS.**

Ambulatory patients are to be moved as follows:

- ❖ Wrap patients in blankets
- ❖ Lead patients using a Daisy Chain (single file, each patient maintaining close contact with person in front). A staff member should be at the front and the end of the line.

Wheelchair patients are to be transported by Med Sleds/Stryker Chairs.

Whenever possible, infants and children are to be moved by cribs. Infants and toddlers can be moved, if necessary, by placing wrapped infants side by side in a Med Sled with pediatric/toddler inserts.

- f. The Nurse/Department Manager or designee must ensure that the patient’s medical chart is collected and transported with the patient.
- g. Utilize the evacuation form. A list of all evacuated patients must be maintained.
- h. A list of all employees and their disposition must be maintained to account for all personnel
- i. After evacuation, staff will meet at their department/unit designated “relocation area” as outlined in their Department/Unit-specific Disaster Plan and account for all patients, staff and visitors.

4. **Level 4 – Complete Hospital Evacuation**

The entire facility or building is affected by the emergency and necessitates the removal of **ALL occupants** to a designated area of refuge (** In the event of a complete hospital evacuation, the designated meeting place I noted within your department specific disaster plan. This will require an organized approach including a sequence of dismissal based upon immediate threat of danger.

Any complete Hospital evacuation will be based on the following priority situation:

- ❖ Immediate Location of Emergency
- ❖ Intensive Care Units (From I-Level down to E-Level)
- ❖ Emergency Department

VIII. **TRIAGE TAG PROTOCOL**

1. **TRIAGE Tag Protocol for a Complete Hospital Evacuation**

- a. The Triage Tag is to be attached to a patient, to provide key information about the patient. The “tag” includes an identification number and a color-coded system to document the activity level of the patient.
- b. The four-color priorities used on the University Hospital Triage Tag Protocol and their significance regarding priority of transfer out of University Hospital:

Personal Property
 Evidence Tag

Dest _____
Unit _____

State of New Jersey
DISASTER TRIAGE TAG

Allergies

Place related minor of guardian labels here.

VICTIM DEMOGRAPHICS

Sex M F Information Unavailable
Age _____ DOB _____ Wt. _____ Lb. Kg.
Name _____
Address _____
City _____ St _____ Zip _____
Phone _____
SSN _____
Religion _____

Triage _____ Other _____
Treat _____ Other _____
Trans _____ Other _____

DECEASED _____
IMMEDIATE
LIFE THREATENING
INJURIES _____
DELAYED
NON-LIFE THREATENING
INJURIES _____
MINOR
MINOR INJURIES _____
UNINJURED
DOCUMENTED BY
OFFICIAL _____

DECEASED	Mortally wounded or clinically dead are not transported from the scene.
IMMEDIATE (Red)	All Critical Care/Intensive Care areas (i.e.; ICU, CCU, CTICU, etc.)
DELAYED Yellow	Step-Down, Tele, and PCU
MINOR (Green)	All general med/surge areas

2. Instructions for Complete Evacuation using the Triage Tags

- Open “Disaster Cabinet” and review materials
- Apply triage tag to all patients being transported or moved to another destination.
- Each patient will be issued one (1) tag – color code is to be assigned to the patient based on the patient’s acuity and predetermined by the Hospital EOP.
- On the tag the patients name and hospital medical record number should be evidently or clearly recorded and/or a patient sticker with the MR number placed on the tag with this information.
- The Triage tag has a number and a barcode on a sticker; place one of those stickers on the cover to patients chart.
- Triage tags should be placed around neck, if not possibly secure tag to patient as best as possible.
Note: The triage tag should be put on the patient’s chart, if there is concern that the patient may lose the tag or tear it off.
Note: If there is a POWER FAILURE, there will be specific colored glow sticks for your unit (based on the colored priorities above). Attach/Place one color specific glow stick where you attached the Triage Tag to the patient. This will allow for easy identification of the priority of the patient.
- A staff member must document all patients tracking information on “Patient Evacuation Tracking Form” found in Emergency Operations Plan (Forms Tab).
*Patients charts and personal belongings (if applicable) should remain with patient when being transferred to another area of the facility.

- All Faculty, staff, students, volunteers, and visitors should then report to the department’s designated meeting place, if an only if emergency personnel have deemed this location safe; if the primary

meeting place is deemed not safe, department personnel should report to the alternate meeting place.

4. All employees, patients, and students must be accounted for at all times during the evacuation process. Any missing employees or patients must be reported to the Hospital Command Center immediately by call 2-5800/5801.
5. Procedures within this department must be developed for:
 - a. Monitoring/tracking employees the emergency/disaster with the utilization of the Evacuation Form
 - b. Notification of families or responsible parties of relocated individuals, injured individuals, will occur through the Hospital Command Center.
6. There are four (4) types of individuals that may be in need of special assistance, during evacuations, patients, visitors who may be unfamiliar with their surroundings, person with disabilities (PWD), and those who may have been injured as a result of the incident. This procedure should be applied to any situations where movement of personnel is required, including shelter-in-place, as necessary.
7. During an emergency, the list of pre-identified personnel as well as a list of other needing assistance, and their response buddies, should be brought with the department head or designee to the designated meeting place and given to the Incident Commander (Person-In-Charge). A copy of this list must be sent to the Hospital Command Center, if opened, (fax: 2-7609 or phone 2-5800).

3. Transporting Evacuated Patients

1. The Emergency Operations Center through the Emergency Medical Services (EMS) Transport Branch will coordinate and direct all transportation of evacuated patients.

If Local resources are not readily available, EMS will request assistance from other emergency service entities including the New Jersey EMS Task Force, New York City EMS and the Health and Hospitals Corporation. In addition, EMS can notify the Medical Transportation Association of New Jersey for the emergency response of licensed ambulances and invalid coaches to assist the Hospital in the event of evacuation.

2. The Receiving facility or facilities may operationalize their own Disaster Plans in preparation for the incoming patients.

IX. FIRE WARDENS

Fire Wardens are employees who have voluntarily accepted the appointment by each department to perform responsibilities such as participating I scheduled fire exit drills and training, assisting and guiding the building occupants to a safe EXIT during an emergency which require evacuation, assist people with disabilities as planned, evaluating fire alarm response performance and reporting any fire safety hazards.

The Department Director will designate the appropriate number of Fire Wardens for their unit. This number will ensure that there is a Fire Warden present during all shifts for their unit.

Fire Wardens will:

- Become familiar with the area(s) for which they are responsible;
- Become familiar with the use and location of fire protection equipment;
- Don orange vest while responding to fire emergencies
- Guide the department occupants to safe area, if evacuation is utilized;
- Monitor stairwells and doorways to prevent unauthorized re-entry during an emergency;

- Evaluate the response performance for all fire alarm activations, and complete the University Hospital Fire Response Evaluation Form and submit this to the Department Manager by the end of their shift.
- The Department Manager must submit these documents to the Hospital Safety Officer within 24 hours.

X. FIRE WATCH PROCEDURE

Whenever the effectiveness of the fire protection and emergency response systems are reduced (e.g. fire alarms not working), or a protection is removed temporarily from services for any reason, the Hospital Interim Life Safety Measures will be implemented. In addition the following procedure will be followed: Under Fire Watch – Fire Watch rounds are to be completed at a minimum of every hour, unless otherwise directed. For facilities that are not occupied 24/7, the Hospital Safety Officer will identify who will be responsible for providing the Fire Watch Rounds during “off shift hours”.

Physical Plant/Maintenance Department

- The on-duty the Hospital Safety Officer to implement “Fire Watch” for the affected area.
- The Hospital Safety Officer in conjunction with the Patient Care Coordinator, shall notify staff and occupants of the existing condition.
- The Safety Officer shall designate dedicated staff to perform Fire Watch functions. The designated staff will submit the Fire Watch Forms at the conclusion of their shift to the Hospital Safety Officer.

Fire Watch staff

- Don orange vests (obtained from Hospital Support Services)
- Promptly report the presence of potential fire and life hazard conditions to the Hospital Safety Office for appropriate corrective actions.
- Look for unsafe conditions such as combustible material stored in common areas, blocked or restricted exits and corridors, inadequate illuminations, unattended electrical equipment, missing fire extinguishers, excessively hot areas, smoke conditions, areas not secured properly, etc.
- Promptly report the presence of potential fire and life hazard conditions to Physical Plant for immediate appropriate corrective actions.

XI. FIRE DRILLS

The University Hospital Environment of Care manager will coordinate fire drills as required by the Joint Commission Environment of Care Standards. All Hospital fire drills will be conducted in cooperation with the Newark Fire Department, Public Safety Dispatch Office, Physical Plant, and the Telecommunications Department.

XII. TRAINING

The Department of Hospital Support Services will offer additional education and training for Hospital Staff including management and emergency responders.

XIII. APPENDIXES – FORMS

- A.** Fire Incident Response Protocol
- B.** Fire Alarm Procedure Evaluation Form
- C.** Fire Alarm Activation – Patient Accountability Form
- D.** Life Safety Memorandum



Fire Incident Response Protocol



Upon hearing the Fire Alarm or the activation of the strobes, go behind a closed door. Do not continue to walk in the corridors. Fire Wardens are required to obtain your name if you do not follow these instructions.

- **Code Red** is the code for a fire, NEVER call out fire. Stay calm.
- **In the event of a fire or smell of smoke: Activate the nearest Pull Station then call 222,** this will connect you to Public Safety, clearly report the location of the fire/smoke. Request Public Safety to repeat the location back to you, to ensure proper identification of the area.
- **Clear the corridors and elevator lobbies (NO ONE should be walking or standing in these areas, this includes; Patients, Visitors, Doctors, Residents, Volunteers and Vendors)**
- Each staff member should know the location(s) of the fire extinguisher on their unit. They are always by the stairwell as well as the pull stations.
- Operate the pull station by simply pulling the handle in the down direction. In some areas you may notice a clear plastic case over it, simply lift it up and proceed to pull the handle down.
- Know the location of the stairwells.
- **NEVER use the elevators in the event of a fire. Stairs are to be used!**
- Before opening a door, be sure to feel the door and latch with the back of your hand, if it is hot do not open the door. If it is not hot, open the door slowly.
- All doors are to be closed to prevent the spread of smoke/fire.
- Remember to stay close to the floor by crawling. Smoke and heat rise along with the toxic fumes.

All staff members including Licensed Independent Practitioners are expected to respond to fire alarm activations. Between the hours of 9 p.m. and 6 a.m. audible devices are not required to be activated during fire drills.

The Medical Gas Shut-Off Valves are located in the corridors; they are only shut off when given instruction by the Nursing Department in concert with Respiratory Dept. Nursing and Respiratory Departments will ensure all patients on Medical Gases have been safely transferred from Piped Medical Gases to portable systems.

Fire/Smoke Barrier Doors will automatically close upon a fire alarm activation:

- on the **floor** of the fire alarm activation
- the floor **above** the fire alarm activation &
- the floor **below** the fire alarm activation

All other doors throughout the building must be manually closed.

<u>PASS:</u>	How to use a fire extinguisher
PULL:	Pull the pin between the 2 handles
AIM:	Aim the nozzle at the base of the fire
SQUEEZE:	Squeeze the handles together
SWEEP:	Sweep the extinguisher from side to side <i>When a fire extinguisher is discharged even for a few seconds, it must be removed and replaced with a fully charged extinguisher-bring the discharged extinguisher to A-220 or call 2-3337 to have it replaced.</i>
<u>RACE:</u>	
RESCUE:	Rescuing patients in immediate danger is your first priority. One person should pull the alarm and call 222 with the location as another co-worker rescues the patient. Teamwork is Essential.
ALARM	Alarm, never hesitate to sound the alarm. Remember to call out “CODE RED, not fire
CONTAIN	Once a fire alarm is initiated the smoke and fire doors will automatically close on the floor of the activation, on the floor above the activation and below the activation. <u>All other doors must be manually closed on every floor.</u> <ul style="list-style-type: none"> • Always keep door clear of obstructions • Never prop open the doors (It is a violation to use chocks to keep doors open) • Close all doors to limit oxygen to the fire and transfer of smoke • Stuff wet towels under the doors to keep smoke out
EXTINGUISH Or EVACUATE	If the fire is small, extinguish

An “ALL CLEAR” will be announced by the operator once the building has been declared safe by the Fire Department.

In the event that actual fire occurs, the Pull Station must be activated even if the fire has been put out. The Fire Department must still come in to investigate the area and give an “All Clear”, declaring the area safe.

In the event that an actual fire has occurred the room/area is to be considered a forensic site and must be secured, this includes not discarding any items involved in the fire.

University Hospital

Fire Alarm Procedure Evaluation Form

PLEASE BE SURE TO COMPLETE TOP PORTION OF FORM

Complete form and submit to the Safety Officer - Room A-220 or Fax to 1445 during the shift of the fire alarm activation.

Floor/ Area Monitored: _____ **Date:** _____

Evaluator: _____ **Time:** _____

#	Item	Observation	Yes	No	N/A	Comments	Action Taken
1	Corridors & Elevator Lobbies	Clear of Patients, visitors, volunteers, vendors, & staff					
		Staff directing all persons to return to patient rooms, waiting rooms, etc. until "Code Red All Clear"					
2	Smoke Barrier doors – Automatic closing on Fire Floor, above and below as applicable	Released and closed properly					
3	Doors	Staff closed all doors, smoke, fire, patients, bathrooms, offices, etc.					
4	Fire alarm	Audible/Visual Strobes in all areas are working					
5	PA Announcement	Audible & Clear					
6	Stairwells & Corridors	Unobstructed/Clear of storage					
7	Stairwells & Corridors	Doors closed properly & functional					
8	Lighting	Adequate throughout					
9	Fire alarm pull station	Unobstructed/operable					
10	Fire Extinguishers	Unobstructed/Inspected/Mount					
11	Elevators	NOT in use					
12	Magnetically locked doors	Released and opened					
13	Exit signs	Illuminated/adequate lighting					
14	Evacuation Plan	Current posted in English & Spanish					
15	Identification Badges	Identification visible					
16	Staff Response	Satisfactory/Cooperative					
17	Staff Knowledge of:	Location of nearest Pull Station					
18	Staff Knowledge of:	Egress route					
19	Staff Knowledge of:	Nearest Fire Extinguisher					
20	Staff Knowledge of:	Area of Refuge					
21	Staff Knowledge of:	RACE					
22	Staff Knowledge of:	PASS					

Between the hours of 9 p.m. and 6 a.m. audible devices are not required to be activated during fire drills as not to disturb sleeping patients. Strobes & audible devices will be activated during all fire alarm activations with the exception of fire drills held between these hours.



Fire Alarm Activation – Patient Accountability Form

**This form is to be completed by the Unit Manager/Charge Nurse on:
Infant/Pediatric/L&D Units in the event of a Fire Alarm Activation. The unit is to
be surveyed to ensure that all patients are accounted for.**

This form is to accompany the Fire Alarm Procedure Evaluation Forms

Date: _____

Time: _____

Unit: _____

Manager/Charge Nurse: _____

(Print Name)

Signature: _____

Form to be faxed to 973-972-1445 (Hospital Support Services), during the shift of
the fire alarm activation.



LIFE SAFETY MEMORANDUM

In place of a Life Safety Memo — an email to the Safety Officer can be sent identifying all life safety work requests. Ensure the Environment of Care Manager, (ext.—2-3358) is copied on the email

TO:

FROM: University Hospital Environment of Care management Team

RE: *LIFE SAFETY ISSUE(S) REQUIRING IMMEDIATE ATTENTION*

DATE:

A Fire Drill was conducted today at (time) and the following issue(s) were noted as requiring immediate attention:

(List of Fire Safety Issues Noted During Fire Drill)

Please return this memo with your follow-up action written below within (2 days) please include

(Your name and office location). FOLLOW-UP ACTION:

Thank you in advance for your immediate attention to this matter. If you have any questions or require additional information, please call me at (your extension).

Send to: Thomas Lehner, EOC Safety Officer