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Emerg Prep
Coord/Data
Abstract
Area Emergency
Preparedness

Fire Alert Plan

Purpose:

To provide procedures to follow in order to minimize risk to patients, visitor and employees should a fire and/or smoke conditions occur.

Procedures:

1. **Fire Alert Usage:** The phrase "Fire Alert" shall be used under the following conditions:
 - a. When an individual discovers a fire and immediately goes to the aid of endangered persons, they shall call out "Fire Alert". When someone hears this phrase, they will activate the nearest fire alarm pull station.
 - b. During a malfunction of the building fire alarm system.
 - c. During an actual fire and/or smoke condition to alert building staff to the emergency.
 - d. During a Drill of the Fire Alert system.
2. **Fire Alert Response:**
R-A-C-E
 - a. **REMOVE:** Remove any patients or other persons from immediate danger to a safe place and close doors and windows.
 - b. **ALERT:** Pull the nearest Fire Alarm Box. Dial ext. 222 or "0" operator and identify themselves by name, give location of Fire and/or smoke condition. When the Switchboard is not staffed (8PM-7:30AM), dial #600 and page **Attention Please - , Facility Alert, Fire Alert** (location of fire and/ or smoke condition), and any instructions to follow - three times loudly. **(OFF CAMPUS DIAL 911)**
 - c. **C. CONTAIN:** Close all doors and windows.
 - d. **D. EXTINGUISH/EVACUATE:** Reassure the patients. Clear the corridors.

3. **The CEO/President** or designee, or in his/her absence the Administrator on call or the Nursing Supervisor on duty, will be in charge **until relieved by an officer of the Fire Department**. The decision to evacuate all or part of the hospital will be made by the firefighter in charge after consultation with the Administrator on Call or Nursing Supervisor, taking into account the extent of the fire and the special needs of the patients.
4. All employees- When an alarm is ringing, or a Fire Alert is called:
 - a. Close all doors and windows in your area.
 - b. Stay in work area, unless there is fire/smoke in your area, or you feel threatened, or instructed by Page, Fire Department or Supervisor to evacuate. If evacuation is necessary, then assemble at the Cooper Gilmore building or as designated in the Emergency Preparedness Plan referencing Evacuation.
5. All employees may evacuate to a "safe place." These "safe places" are dependent upon the conditions of the fire. If the fire proximal to you, i.e. your office or work area, then you must move to the other side of a **fire wall. These fire walls are the exterior walls of the building, stairwells, the partitions between any adjacent wing.** If you are inside the building, a fire wall is not a protection if there are holes in it. Please do not prop open these doors at any time for any reason.
6. **PATIENT AREAS:** When the alarm is triggered, all patient room doors will close. Leave these doors closed until the fire department's commander indicates a need to evacuate the patient area, or the scene is confirmed safe. In some cases, patients must receive care: this should be given as needed by the staff, however, always close the door behind you.
7. Patient Care area personnel follow procedure in section C and D to prepare patients for evacuation.
 - A. **Oxygen Safety**
 1. Although oxygen by itself will not burn, it supports combustion. Anything in the presence of a high concentration of oxygen will burn much more rapidly. In the event of fire:
 - Shut off oxygen in the immediate area, remove flow meters and remove portable oxygen tanks from the area and close all doors and windows.
 - After the patient has been moved to a safe place, they may be placed on portable oxygen.
 - **If the room cannot be entered to shut the oxygen off, close the safety shutoff valve for the area. This should only be done by "person-in-charge," i.e. the Administrator or his/her designee, or the Fire Chief, after the Respiratory Therapist has determined that other patients on the floor would not be adversely affected.**
 - **Note that at this time the sprinkler system would be heavily activated and evacuation beyond the area may become the high priority.**
 - When the fire is out, attention should be turned to safety in recovery and protection of water damage to patients, staff and equipment.
 - B. **PRECAUTIONARY EVACUATION OF PATIENTS:** Patients are to be moved by the most direct

and safest means to a safe location in the Hospital or outside the Hospital as conditions warrant. Hancock County Emergency Management (667-8126/667-0783) may be contacted for assistance in transferring patients to other facilities if necessary.

C. The following routine will be carried out in evacuating patient:

1. Always evacuate laterally first, then vertically.
2. Arrange to evacuate fire **CASUALTIES** to the Emergency Room, or if necessary, Cooper Gilmore Health Center. Assign Unit Secretary or Charge Nurse to bring injured patient's medical record to the ER. Assign someone to remain at the Nurse's Station.
3. Reassure patients and inform them and their families if present of what you are doing.
4. Assess each patient to determine status (ambulatory, wheelchair, bed, etc).
5. Give each patient his medical record to accompany him to the new area.
6. Obtain necessary equipment to facilitate movement, i.e. portable oxygen, wheelchairs, stretchers).
7. Issue sufficient clothing and coverings for their circumstances.

D. Precautionary Evacuation should be accomplished in the following **priority**:

1. **Babies:** Babies should be moved with their mothers.
2. **Ambulatory Patients and Visitors:** Assemble the ambulatory patients and evacuate them from the fire in a group. Delegate one employee to lead patients via evacuation route to the designated area. An employee should remain with the group in the safe area to ensure they are cared for and reassured.
3. **Wheelchair Patients:** Delegate sufficient personnel for an orderly movement of wheelchair patients to the designated area. Nursing personnel should remain with patients until appropriately relieved.
4. **Bed Patients:** If there is immediate danger, place the patients on blankets on the floor and transport them by carrying or dragging. Movement of the bed can create dangerous congestion and should be used as a last resort.
5. **Traction Patients and Critically Ill Patients:** Where possible, traction and critically ill patients should be moved in their beds.
6. If evacuation out of the hospital is necessary, all evacuated patients will be initially taken to the Cooper Gilmore Health Center building. There they will be triaged and sent to appropriate facilities, discharged, or held until "all clear."
7. **President or Designee's Responsibilities**
 - a. Assess the need to declare a "Mass Disaster." Implement Disaster Plan if necessary.
 - b. When notified of fire, set-up a control and information center at the Switchboard to coordinate incoming and outgoing hospital communication with outside agencies and the media. If this wing is under threat of fire, an alternate information center will be established in a safe

place.

- c. Assign personnel to the entrances of the building to control traffic, especially the Emergency Department, Wayman Lane and "68" wing entrances.
- d. Decide if and when non-essential services are discontinued.

8. **Nursing Supervisor's Responsibilities (Nights-Holidays-Weekends)**

- a. Assign a person to make the calls as outlined under switchboard responsibilities (See Section VIII).
- b. On arrival of the Fire Department, brief the senior fire fighter on the number of employees and patients in adjacent areas. Express special concerns (ex: critical patients, surgery in progress, etc.) should precautionary evacuation be considered.
- c. On arrival of Administration, brief him/her of the situation and any need to make evacuation arrangements with outside agencies and facilities.
- d. Make round through or call the nursing units as warranted to alert charge nurses of the situation and possible evacuation.
- e. Assign a staff employee to meet Fire Department and instruct as to location.
- f. Carry out preliminary steps of Patient Evacuation Plan. Proceed as appropriate.

9. **Nurse Manager or Charge Nurse Responsibilities:**

- a. Review evacuation protocol and assess patient needs in the event an evacuation is implemented.
- b. Assign each patient evaluation status: ambulatory, wheelchair or bed.
- c. Instruct staff to close windows, shut off oxygen if necessary. and clear corridors and reassure patients.

10. **Engineering Department Responsibilities**

- a. All other available personnel to report to fire area with extinguishers.
- b. Assist and advise Fire Department.

11. **Switchboard Operator's Responsibilities (after 9:00 p.m. and before 7:00 a.m. these would be the responsibilities of the Nurse Supervisor).**

- a. Page "**Attention Please, Facility Alert, Fire Alert**" (and the exact location of the fire) and any instructions" three times.
- b. Detail location of the Fire Department when they call.
- c. Notify the Engineering Department or on-call Engineer.
- d. Notify the CEO / President (see disaster call list)
- e. Notify the VP of Nursing Services (see disaster call list)
- f. Notify the Senior Team or On-call administrator as appropriate (See

Disaster Call List)

- g. If the fire is designated as a Mass Casualty Disaster, notify in the designated priority, as stated in the Disaster Plan, all off-duty operators and other personnel who would man telephones to recall personnel and assist on-duty personnel. In the event there is a need to have additional personnel in the Hospital to respond to a Disaster or Fire, the senior ranking fire fighter on the scene will tell the Bar Harbor Fire Department to sound the appropriate Alarm Signal.

12. Fire All Clear Signal

- a. The conclusion of the event will be signaled by the page "**Attention Please, Fire Alert ALL CLEAR**" over the **Public Address System**.
- b. Visitors will be told not to enter the building until the "ALL CLEAR" signal is given.

Approval Signatures

Step Description	Approver	Date
Emergency Preparedness Committee rep	Barbara Macpik: Emerg Prep Coord/Data Abstract	01/2023
Initial review and edit	Barbara Macpik: Emerg Prep Coord/Data Abstract	01/2023
	Barbara Macpik: Emerg Prep Coord/Data Abstract	01/2023