



Stony Brook Medicine Administrative Policy and Procedures

Subject: EC0072 Fire Plan	Published Date: 01/28/2020
Environment of Care	Next Review Date: 01/28/2023
Scope: SBM Stony Brook Campus	Original Creation Date: 06/27/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Environmental Health & Safety

Policy: Staff follows defined roles and procedures in the event of a fire to protect patients, visitors and employees and minimize the impact on delivery of service, property and the environment.

Definitions:

Evacuation - the removal of patients to areas deemed fire safe for as long as necessary.

Fire Wardens - specially trained staff members, tasked with taking charge of their areas during fire and fire alarm situations and investigate all fire alarms within their area of responsibility.

Procedures:

A. Responsibilities

1. Fire Marshal
 - i. Respond to all fire incidents.
 - ii. Take appropriate fire suppression actions.
- iii. Act as campus emergency response Incident Commander (IC).
 - iv. Coordinate activities with the fire department.
2. Associate Director of Nursing
 - i. In the hospital, after normal operating hours, for active fire incidents, the Associate Director of Nursing activates the Hospital Incident Command System, as necessary, to support the relocation and evacuation efforts.
 - ii. ADN assures continuity of hospital operations.

3. Fire Wardens lead the coordination of an evacuation for their area, directing patients and keeping account of who has moved.
4. Nurses take lead role under the direction of the Fire Warden or charge nurse in the evacuation and accountability of patients.
5. Doctors assist the nursing staff and are under the direction of the Fire Warden or charge nurse, clearing halls, closing doors, and evacuating patients. They remain in the evacuation area providing patient care.
6. Volunteers who are responsible for patients assist in their evacuation under the guidance of the Fire Warden, otherwise they evacuate the area.
7. Medical students evacuate the area unless specifically tasked by the Fire Warden or charge nurse to assist in patient evacuation or care.
8. Security Services Assistants (SSA) respond to all fires and fire alarm events in the hospital assisting with evacuation as well as keeping unauthorized personnel out of the fire zone. SSA's meet fire department personnel at the Fire Command Center directing them to the fire location and assure fire lanes are cleared for fire truck access.
9. Plant Operations shift supervisors report to designated command post and make themselves available to the Incident Commander.
10. All other hospital staff present on the unit remove any of their items such as housekeeping, food, and linen carts from the corridors. They assist with patient evacuation, if required, or evacuate the area if not needed.

B. Fire Plan

1. The plan of action for inpatient areas, and areas where the procedure will render the patient incapable of self-preservation is for complete fire/smoke compartment evacuation to an adjacent compartment protected by fire/smoke barriers until the area is deemed safe or until further evacuation is necessary.
2. Areas where patients are not rendered incapable of self-preservation and are ambulatory, the staff, patients and visitors are to evacuate.
3. Discovery of fire and/or visible smoke
 - i. Follow **R.A.C.E.** procedures:
 1. **R** – Remove endangered persons
 2. **A** – Alarm by activating fire alarm and dialing emergency reporting number (911) 631-632-3333 from a cell phone.
 3. **C** – Confine fire by closing door to room
 4. **E** – Extinguish or Evacuate
4. The code phrase "Code Red":

- i. When an individual discovers a fire and/or visible smoke, immediately go to the aid of any endangered persons, then call out "Code Red".
 - ii. Upon hearing this phrase, activate the nearest fire alarm pull station.
5. Remove all people from immediate danger.
 - i. In patient care areas, the room that has the fire, the adjacent rooms and any rooms directly across the hall are evacuated first.
 - ii. Visitors of inpatients are told to stay in the room with the person they are visiting, and await further instruction.
6. If the fire alarm has not activated automatically, the person discovering the fire/smoke either follows paragraph 2.i above, or pulls the nearest fire alarm pull station.
7. Contain the fire by closing the door to the fire room.
8. All patient room doors are closed to keep smoke out.
9. If the fire is being fed by piped oxygen,
 - i. The Fire Warden, charge nurse, or respiratory therapist directs the oxygen control valve for that room be shut off.
 - ii. Prior to shut off, they assure that patients on that oxygen zone are not dependent on the flow of the oxygen.
10. As part of the Emergency Department (ED) Full Capacity Protocol, patients awaiting in-house acute care bed assignments are admitted to acute care unit hall beds.
 - i. These patients are vulnerable to fire and smoke conditions and need immediate relocating to either the nearest patient room if ambulatory, or an adjacent smoke compartment if non-ambulatory.
 - ii. All equipment associated with this patient is cleared from the corridors.
11. Corridors are cleared of all obstructions on all fire alarms. Any transport bed parked in the corridor outside of a treatment room, is moved into the treatment room. Do not place items in patient rooms which could obstruct the removal of patients.
12. Individuals trained to use a fire extinguisher attempt to extinguish the fire if they can do so without injuring themselves. However, do not delay the alarm or starting an evacuation by first attempting to extinguish the fire.
13. If the fire cannot be immediately extinguished or contained, and/or conditions warrant relocation rather than stay-in-room protection, the entire smoke compartment is evacuated to an adjacent smoke compartment.

14. All available persons on the unit including nurses and doctors assist in clearing the corridors, closing doors, and patient relocation.
15. On network levels, all visitor and non-critical staff evacuate the alarm area to the outside or an adjoining fire safe area located past marked fire/smoke doors.
16. In hospital areas other than alarm floor or area, staff are aware of a possible fire situation in another area and ready to receive evacuees from that area, or to evacuate based on input from the Incident Commander.
17. Stony Brook on-campus medical facilities are protected by supervised fire detection and alarm systems, consisting of fire/smoke detection, manual pull stations, fire suppression system interface, and occupant notification speakers and strobes.
 - i. All alarms are automatically transmitted to the University Police Department dispatch center.
 - ii. The police immediately notify the Setauket FD, Hospital and Campus Fire Marshals, and SSA's of the alarm.
 - iii. Other system functions include automatically closing fire and smoke doors and shutting down air handlers and fire dampers to isolate smoke migration.
 - iv. The fire alarm system acts in concert with the facilities fire rated compartmentation allowing for horizontal evacuation.
 - v. Within the Hospital, Hospital Pavilion and Cancer Center the direction of evacuation is guided by prerecorded voice fire alarm announcements stating the fire alarm location.
18. The strobe lights activate on the floor or fire compartment where a fire condition exists. In the ACP and ASC, strobes activate throughout the building.
19. With the exception of the ASC, the Incident Commander provides further instructions on evacuation/relocation from the fire command center, through the fire alarm speakers. Upon termination of an alarm, the Fire Marshal announces Code Green indicating all clear.

C. Anesthetizing locations

1. EC0067, Fire Emergency Prevention and Response in the Operating Rooms and Other Anesthetizing Locations policy is referenced for full guidance.
2. The Fire Wardens, Anesthesia Coordinators, and nurse managers are responsible for coordination of activities in the event of fire.
3. No cases are started after the fire alarm has activated. Surgeons and Anesthesiologists with cases in progress are informed of the situation and if active fire is present, advised to complete procedures as

quickly as possible and report the minimum length of time before evacuation of the patient can take place.

4. The surgical team stays with their patient in the room until instructed to evacuate.
 - i. If evacuation becomes necessary, all patients are stabilized surgically and moved as quickly as possible to an adjacent smoke compartment.
 - ii. Reference posted fire evacuation plans for location of barriers and direction of travel to areas of refuge.
5. The decision to shut off oxygen flow to the affected room is made by the surgical team who then shut off the supply valve.

D. Mental health locations. Fire evacuation for the Mental Health Services located on T10, T12 North, and L4 CPEP, are delineated under Mental Health Services Policy MHEC0002 Fire Evacuation Plan.

E. ASC specific fire evacuation procedures

1. Fire alarm activates with no visible smoke or fire:
 - i. Evacuate visitors, ambulatory patients and non-essential staff.
 - ii. Non-ambulatory patients remain in room/suite with doors closed until staff determines nature of alarm. Staff maintain constant awareness of locations of patients' evacuating-in-place.
 - iii. Fire Wardens inspect their areas, checking for cause of alarm and assuring evacuation.
 - iv. The nursing supervisor or Fire Warden meet the first arriving Fire Marshal and advise them of the evacuation status, including persons remaining inside. They provide all known details of the cause of the alarm.
 - v. OR and Recovery room staff follow EC0067 fire procedures.
2. Actual fire and/or visible smoke present:
 - i. Immediately sound the alarm by activating the nearest fire alarm pull station
 - ii. All persons are evacuated following procedures outlined above
 - iii. OR and Recovery room staff follow Anesthetizing locations fire procedures.

G. Off-sites specific fire evacuation procedures.

1. During any fire/fire alarm incident, all building occupants exit the building and remain outside until the fire department authorizes re-entry
2. For a confirmed fire, the facility administrator or building manager contacts the Fire Marshal office at 444-6783 during duty hours and University Police after duty hours to make notifications of the incident.

3. In the event that the fire department does not allow re-entry, the facility manager notifies the Nurse Manager for Ambulatory Care and a determination is made as to the disposition of the department's activities.
4. Note that some off-sites do not have fire alarm pull stations. In these cases, staff dial the fire emergency reporting number appropriate for the building.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[EC0027 Fire Prevention](#)

[EC0073 Life Safety Plan](#)

[EC0067 Fire Emergency Prevention and Response in the Operating Rooms and Other Anesthetizing Locations](#)

[LD0065 Emergency Department Full Capacity Protocol](#)

[MHEC0002 Fire Evacuation Plan](#)

Emergency Management P&P Manual, Total Evacuation Plan

Relevant Standards/Codes/Rules/Regulations/Statutes:

NFPA Life Safety Code 101-2012

References and Resources:

None