

## **POLICY**

### **Fire Plan**

To activate "Code Red", use fire pull or call the switchboard (3300) and state "Code Red – location". Switchboard will overhead page three times Code Red and location.

Hospital response team will consist of Administrator-on-call, Security, Plant Services, and Nurse Manager/designee. The hospital response team will control the fire, initiate fire alarm, or communicate with the switchboard disposition of evacuation.

Administrator-on-call or designee will assign staff member to front door to direct fire department.

Upon announcement of a "Code Red", all staff will report to the Manager/Charge Nurse at the workstation for specific assignment. Manager/Charge Nurse will communicate with switchboard readiness to respond.

In patient care areas, Charge Nurse will have the staff schedule (for names of personnel on duty) and a patient census roster. Assignments will be made which include:

- Gather all of the patient charts and narcotic books/keys.
- Check patient rooms and close doors, including double doors to unit, linen closets, clean utility, dirty utility, shower room.

Visitors will be instructed by the staff member checking the rooms to remain in the patient's room until further notified.

Be prepared for evacuation if necessary. When evacuating, turn off O<sub>2</sub> shut off valve as determined by charge nurse, safety officer, or fire department personnel.

### **Location of Exits**

- Front Door – West Entrance
- Side Door – by Pain Management – North Entrance
- Emergency Room Door – South Entrance
- Back Door 1 – East Entrance – through Azalea Orthopedic Entrance
- Back Door 2 – through Central Surgery Corridor
- Back Door 3 – across from Box Storage
- Back Door 4 – by East Nursing Station
- North Exit in Receiving Area
- East Wall Maintenance Storage
- North through Garage Door in Maintenance Storage Area

### **Location of Fire Extinguishers**

- Back Corridor – East Wall across from Box Storage

- Surgery – 1) Across From OR 3 on South Wall; 2) Staff Lounge Next to Refrigerator
  - Pain Management – 1) East Wall Next to Post OP Bed 7; 2) Wall Next to Pain 2 Room
  - Nursing Station 2 - North Wall by East Exit door Across from Nursing Station
  - Emergency Room - West Wall by Emergency Room Exit Door
  - Nursing Station 1 - East Wall in Vestibule Across from Nursing Station
- Emergency Response Plan**

### **Location of Fire Extinguishers**

- Radiology - East Wall by Radiology Dressing Room
- Waiting Area – 1) East Wall by Family Toilet; 2) East Wall by Entrance to Cafeteria

### **Location of Fire Pulls**

- Between Double Doors in Front Entrance on South Wall
- South Wall by Emergency Room Exit
- East Wall by North Exit
- East Wall by Exit 2 through Central Surgery Corridor
- East Wall by Exit 3 across from Box Storage
- East Wall by Back East 4 (East Nurses Station)
- East Wall by Garage Door Exit on North Side
- East Wall by East Exit Door in Maintenance Storage
- North Wall by Exit in Receiving Area

### **Medical Gas Shutoffs**

- Two in Corridor by Pain Management to North Exit
- Pain Management: 1) On Wall by Pain 1; 2) On Wall by Pain 2; 3) On Wall by Pain 3; 4) On North Wall by Entrance to Pain Management.
- Surgery: 1) Two on North Wall in Central Corridor by OR 1; 2) Two on East Wall across from OR 3; 3) Two on North Wall by Entrance to OR 2.
- Radiology: 1) One on East Wall by MRI; 2) One on East Wall by CT
- Nursing Station 1: 1) One on West Wall across from Nurses Station; 2) One on South Wall across from Nurses Station; 3) One on East Wall by PACU Entrance; 4) One on West Wall in ER by Treatment Room.
- Nursing Station 2: 1) One on South Wall; 2) One on East Wall across from Nursing Station.

### **Disaster Call Back Procedure**

Any staff member designated by the Charge Nurse to notify off-duty Texas Spine & Joint Hospital (TSJH) employees should utilize the TSJH Call-Back List. If they are unavailable, start calling staff in order of the call-back list.

All staff called in will enter the hospital through the West (Front Door) Entrance and will be required to wear identification badges for entrance. The staff member will then report to Conference Room.

All personnel on duty at the time the disaster is called are to remain on duty until dismissed by their supervisor. Off duty personnel scheduled for work are to report for work as usual. Employees not scheduled for work will remain at home on stand-by basis. Any one contacted to report to work must do so.

### **Evacuation Plan**

“Code Black” “Evacuate \_\_\_\_\_” (Specific area of hospital involvement).

The administrator on-call or designee will dispatch available personnel to affected area to assist with evacuation. Non-nursing personnel already on the unit will remain to assist.

### **Emergency Response Plan**

Clerical Manager or Charge Nurse will compile a list of patients and personnel working and make sure that those are safely evacuated.

If necessary to evacuate outside the hospital, the department manager/alternate will establish escape routes and alternate staging and evacuation areas.

**Staging Area** – To be determined by Charge Nurse. Verify accountability for personnel/patients, make assignments.

**Evacuation Area** – Usually to another patient care area where patient care services may be resumed on a temporary basis until final disposition is made.

Patient charts will be kept with each patient. The Charge Nurse will collect census sheets and not patient disposition. Those patients in the most immediate danger will be evacuated first.

All persons will follow established escape routes unless detoured by unsafe conditions. In this event, any feasible alternate route is to be used. Based on the status of the emergency, it will be the responsibility of the Nurse Manager/alternate to coordinate the evacuation from the staging area to the evacuation area under the direction of the Administrator or Fire Marshall in charge.

Unit nursing personnel are to monitor the status of the emergency to assure that the appropriate patient transfer method is utilized.

Priorities for patient evacuation:

- Patients in immediate danger
- Ambulatory patients
- Wheelchair patients

- Bedridden patients
- Terminally ill (no code) patients

### **Clearance Notification**

When a patient care area is cleared of patients, the Manager/Coordinator is responsible for notifying the Control Center. If possible, a final check of the evacuated area will be made.

### **Bomb Threat (Code White)**

#### Transmission of Threat/Procedure

Information concerning presence of a bomb may be received by telephone, letter, note or postcard.

#### A. Telephone

Anyone receiving a threat by telephone should attempt to keep caller talking as long as possible in attempt to determine the following:

- 1) Location and time of detonation. If refused, ask section of building that will be destroyed and time.
- 2) Type of device or bomb.
- 3) Tell caller that building is occupied and that innocent people might be killed.
- 4) Name of caller and why bomb placed.
- 5) Listen to background noise that may assist in determining source of call.
- 6) Listen to distinguishing voice characteristics.

As soon as caller hangs up, immediately notify your supervisor and security, but no one else. Provide all information to security and fire department.

#### B. Letter

Whether in letter or printed message, retain envelope, letter and any other material accompanying message. Avoid any further handling. Immediately notify your supervisor and security; no one else. Provide all material to security personnel and be available for department interviews.

Code White will be paged three (3) times. The administrator on-call will coordinate the search procedure. Department directors may recruit personnel from their respective departments as necessary to conduct a thorough search. Stairwells also must be checked. Special attention must be given to areas that conceal a small explosive device such as:

- Trash/ash cans
- Public phones booths
- Elevators

- Large potted plants
- Table/chair groupings
- Fresh/wall hangings not straight
- Disturbed ceiling tiles

In all cases, the searchers must be looking for any type of article (attaché cases, paper bags, lunch boxes, etc.) which obviously does not belong in its surrounding area.

All suspicious objects should be reported to Security immediately for investigation. The searchers should not attempt to remove or examine these objects in any manner. They should keep personnel clear of the area until the fire department responds to examine the suspicious object.

If evacuation is directed, “Code Yellow” will then be announced. Once it has been determined that there is no further risk, “Code White All Clear” will be announced.

### **Severe Weather Alert**

In the event a “warning” is called, patient and visitors should be advised that it may become necessary to move to an area without windows. All patients will be disconnected from machinery/equipment located near windows and moved to a more centralized location within the areas.

### **Severe Weather Warning**

In the event an “alert” is called, patients, visitors and staff will be quickly moved to an area without windows. All corridor doors will be closed. When “All Clear” is announced, patients and visitors will be assisted back to rooms as appropriate.

(If flashlights are needed, they will be located at unit specific designated areas.)

## **Texas Spine & Joint Hospital Emergency Response Plan**

I, \_\_\_\_\_, acknowledge that I know the locations of all fire pulls, fire exits and fire extinguishers in the Texas Spine & Joint Hospital.

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**