

DEPARTMENT(S): NICU, CW-FV Hospital, 3rd Floor

HOSPITAL & MAIN CAMPUS FIRE RESPONSE PLAN Egress/Fire Protection Plan: Q:\P&P - Safety\Fire Plans & Egress Plans\Egress Floor Plans	ADDITIONAL DEPARTMENT SPECIFIC RESPONSE
I. Staff Response at fire scene - RACE	RESPONSE
NFPA Occupancy Type:	Healthcare
Special Notes:	
<u>R=RESCUE</u> – <u>R</u> ACE	
1. Remove patient and staff that are immediately in danger.	
 Call out to fellow staff members to activate fire alarm system if you cannot immediately initiate by yourself. 	
A=ALARM - RACE	Location of fire alarm pull stations:
1. Activate the nearest fire alarm pull station.	1. Stairwell 17 (North)
2. Dial "88" and give operator location of fire.	2. Stairwell 18 (West)
3. Security places follow-up phone call to fire department to verify alarm received.	
<u>C=CONTAIN -</u> RA <u>C</u> E 1. Close doors isolating smoke and/or fire.	
 2. Leave lights ON. 	
 Turn off all unnecessary equipment if the situation permits. 	
4. If medical gases are in the room where actual fire is located, isolate gases once	
all patients on O2 have been safely transferred to portable units. (See below for	
details)	
<u>E=EXTINGUISH -</u> RAC <u>E</u>	Location of fire outinguishers
1. Extinguish fire using proper fire extinguisher	Location of fire extinguishers: 1. Stairwell 17 (North)
2. Fires larger than a small waste basket or producing large volume of smoke	2. Stairwell 18 (West)
should be contain and area evacuated.	3. Outside Patient Room T309
3. Extinguisher Operation - PASS	4. Across from Patient Room T319
a. P ull the pin.	On Connector Bridge outside of unit
b. Aim the nozzle at the base of the fire.	
c. Squeeze the handle to discharge the contents	
d. Sweeping motion with the nozzle.	
4. If unable to extinguish fire, contain fire and evacuate to a safe area.	
E=Evacuate - RACE	-
Inpatient and Outpatient Units (Hospital Only)	The unit smoke compartment separation is
 In patient care areas evacuation is directed by charge person or incident command. 	located across the connector bridge.
 Patients should be safely evacuated. The choice of route is as follows. 	
 Move horizontally to adjacent smoke compartment or patient suite area 	
through labeled smoke compartment doors.	
4. Evacuate downwards-using stairways when possible.	
5. Use elevators only upon clearance from Fire Department.	
Non-Patient Care Areas (Hospital Only)	



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1.	If, as an employee, you are not involved in the evacuation of patients; evacuate	
	your area as affected by fire.	
2.	Use corridor and/or stairways to relocate to safe area.	
3.	Do Not interfere with patient care evacuation.	
Entire building evacuation (Hospital Only)		
1.	Incident Command and/or the Fire Department will make the decision to	
	evacuate entire facility or shelter- in-place for area not in the immediate fire zone.	
2.	Refer to CHW <i>Evacuation or Shelter-in-Place policy and procedure</i> for evacuation details.	
Outpat	ient Clinics & Business Centers (Non-Hospital Buildings)	
1.	Evacuate all patients and staff to the exterior of the building.	
2.	Notify Administration of evacuation.	
3.	Meet if predefined exterior location (if applicable) to verify everyone is out.	
Staff R	esponders to Fire Scene (Hospital, Clinic Building, & Corporate Center)	
1.	o 1 , 1	
2.	5	
	on Call, Patient Care Manager, or Incident Command.	
3.	Responders will ensure activation of all fire plan components.	
4.	Report extent of fire to the fire control room and probability of containment.	
5.	Request additional support if needed.	
6.	Once fire has been extinguished or contained responders will await arrival of	
	fire department and communicate current condition and probable cause.	
7.		
	removed, the responder will contact the fire control room to initiate an "All	
	Clear" once the systems have been reset.	
-	ement of Allied Health Care Providers	
1.	Physicians, Licensed Independent Practitioners (LIP), volunteers, and students	
	should follow the direction of the charge nurse or incident command.	
-	ement of patients and families (Hospital Only)	
1.	Staff needs to communicate to patients, families, and visitors at scene of the situation.	
2.	If area is to be evacuated, instructions on process should be provided.	
3.	Inform incident command of patient name and location evacuated patients have been moved to.	
Contro	l of Medical Gasses (Hospital and Clinic Building)	Location of Medical Gas Valves:
1.		1. Between rooms T302 and T303 (Controls
	determine the need to shut of medical gases to an area with an active fire.	rooms 302, 303A and 303B)
2.	Nursing will evaluate patients that are affected by the shut off and transfer	2. Outside T308 (Controls room T308)
	patients to portable O2 tanks prior to shutoff.	3. Outside T309 (Controls room T309)
3.	Label on medical gas zone valve will identify all rooms that will be affected by	4. Outside T310 (Controls room T310 A&B)
5.	closing valve.	5. Outside T318 (Controls room T318)
4.		6. Outside T319 (Controls room T319)
5	Contact Materials Management to have standby tanks available.	
	ement of Egress Corridors	



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non occupied reams	acles in corridors need to be removed and placed in	
non-occupied rooms.		
	arations doors are not obstructed and in closed	
position to limit the spread		
II. Staff Response Away Fron	i Fire Scene	
HOSPITAL		
a. Remain in area that you a needed.	re located in at the time of the alarm and assist as	
b. Close doors.		
c. Clear corridor completely	of obstructions.	
d. Do not use elevators or tr		
e. Move patient and visitors	to safe area.	
f. Leave area lights on.		
CLINIC Building & CORPORATE CEN	TER	
_	ing evacuation when the fire alarm is identified	
within the specific building. If al	arm is in a different building on campus,	
evacuation is not necessary unle	ss directed by Incident Command or Fire	
Department.		
III. Fire Situation Return to No	ormal Operations	
Actual Alarm –All Clear		
_	in in <i>"fire alarm response"</i> until the event has been	
cleared by the fire departm 2. Upon Fire Department app	ient. roval, operator will be instructed by Facilities	
Operations to issue "Fire A		
-	' staff can resume normal operations.	
Unintended Alarm - Return to Normal Activity		
1. An unintended occurs whe	n the response team has clearly identified the	
	s not related to an actual fire event.	
	struct the operator to announce "Fire Alarm Return	
to Normal Activity".		
 Staff not in the immediate activities. 	area of the fire alarm may return to normal	
	not be reset. Doors will remain closed, stair fans	
-	em will remain in a fire control mode, and strobes	
will continue to flash.		
5. Full systems reset will not a final approval to call an "Al	occur until the fire department has arrived and given I Clear."	
	hold an elevator for transportation of responding	
fire department.		
Event Debriefing		
1. Departments involved in the	ne fire alarm location should complete the "Fire Drill	
Activation Team Observer	Response Form" attached to the Fire Drill Policy and	
return to Facilities Operation		
	view event and report finding to the Safety	
Committee.		
3. Facilities Operations is resp	ponsible to complete state reporting of fire events.	



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