

 <b>DR. PABLO O. TORRE MEMORIAL HOSPITAL</b>	Document Code:	DPOTMH-HW-P13-S05
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
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	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	<b>CODE RED</b>

### **PURPOSE:**

To provide an appropriate response in the event of a suspected or actual smoke condition or fire in order to protect life, property and vital services.

### **SCOPE:**

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

### **PERSON RESPONSIBLE:**

Code Red Task Force, Hospital Safety Officer, Security Department Staff, Maintenance and Engineering Department Staff, Respiratory and Nursing Staff

### **GENERAL GUIDELINES:**

1. Due to the potentially devastating effects of a fire and the non-ambulatory nature of many patients, all employees have a responsibility to respond quickly to a suspected or actual fire.
2. Code Red should be immediately initiated whenever any one of the following indications are observed:
  - Seeing smoke, sparks or a fire.
  - Smelling smoke or other burning material.
  - Feeling unusual heat on the wall, door or other surface.
  - In response to any fire/life safety system alarm.
3. The Code Red Task Force shall perform only basic fire response operations for beginning stage fires that can be controlled or extinguished by portable fire extinguishers without the need for protective clothing or self-contained breathing apparatus.
4. All employees must complete an annual safety training that includes appropriate fire/life safety procedures. The Code Red Task Force shall also receive appropriate annual training in accordance with their duties.

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## **PROCEDURE:**

### **A. Upon discovery of smoke condition or fire (suspected or actual)**

#### **1. At origin:**

##### **1.1. R.A.C.E.**

Remove patients, visitors and personnel from the immediately affected area. Consider removing patients and staff from the adjoining rooms/floors. Disconnect exposed oxygen lines from wall outlets.

Activate the fire alarm and notify others in the affected area to obtain assistance. (See policy DPOTMH-HW-P13 for assistance on how to Initiate an emergency code)

Contain the fire and smoke by closing all doors

Extinguish the fire if it is safe to do so. (see P.A.S.S.)

##### **1.2. S.A.F.E.**

Safety of life

Activate the alarm

Fight fire (if it is safe to do so) to perform by trained individual

Evacuate (as necessary or instructed)

##### **1.3. P.A.S.S. – Proper use of the fire extinguisher:**

Pull the pin

Aim the nozzle of the extinguisher at the base of the fire

Squeeze the trigger

Sweep the extinguisher's contents from side to side

#### **2. Away from origin:**

##### **2.1. Listen to overhead paging system.**

##### **2.2. Prepare to implement Code Red response plan for every department or location, as needed. Do not automatically evacuate unless there is an immediate threat to life. Wait for instructions.**

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2.3. Nursing personnel return to their assigned units if safe to do so.

#### **B. Code Red Task Force**

1. The pre-designated, multi-disciplinary fire response team (a.k.a.: Code Red Task Force) receives a fire alarm notification (either via overhead page or directly from the fire system).
  - 1.1. The Hospital Incident Command System (HICS) will be used as the incident's management team structure.
  - 1.2. Task Force members may include security, engineering, environmental services, respiratory and nursing.
  - 1.3. The most qualified member of the Task Force assumes the role of the team leader and, if possible, coordinates with a senior member of the department where the alarm is occurring.
  - 1.4. Each Task Force member performs specific functions as assigned by the team leader in support of the incident objectives.
  - 1.5. The incident action plan objectives may include:

##### **Initial Incident Objectives**

- Determine if fire is an actual fire or a false alarm.
- Rescue and protect patients and staff.
- Confine the fire/reduce the spread of the fire.
- Implement partial/full evacuation.
- Communicate situation to staff, patients, and the public.
- Investigate and document incident details.

2. The Code Red Task Force responds to the fire alarm location.

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3. The Task Force coordinates with a senior member of the department where the alarm is occurring and conducts an assessment of the alarm to determine whether an *actual fire has occurred or is occurring*.
  - 3.1. If no fire has occurred and it is deemed a “false alarm” – or if a fire has occurred, but has been extinguished – the team leader declares an “all clear” if it is safe to do so and documents as appropriate.
  - 3.2. If an active fire is occurring, the team leader initiates an appropriate response, such as notifying the house supervisor or administrator-on-call, or initiating a house-wide “Code Triage: Internal.” The Task Force members address the fire situation as per their training and communicates situation to team leader and responding Fire Department personnel.

### **C. Incident Response**

1. The administrator-in-charge (the CEO, or in his absence, the COO, Chief Medical Officer (CMO), or Chief Nursing Officer (CNO) initiates the “Code Red” and assumes the role of the incident commander.
  - 1.1. The incident commander appoints the necessary command and general staff positions.
  - 1.2. The incident commander activates the Hospital Command Center (HCC), as appropriate.
    - a) If the incident commander works out of the Incident Command Post (ICP), there should be an appointed deputy incident commander within the Hospital Command Center (HCC).
    - b) The incident commander will officially coordinate with local enforcement agencies regarding the details, situation and assessment of the affected site.
    - c) The safety task force team will initiate physical counting of vacate individuals at the established evacuation site.
    - d) Evacuation and relocation of staff, patients, and/or visitors is undertaken only at the direction of the incident commander and only when in agreement with the Fire Department’s incident commander.

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- e) Horizontal evacuation of patients and staff to surrounding smoke compartments is preferred in most cases. Vertical evacuation of patients and staff is completed if necessary.
- f) Patient records and medications are transferred with the patient upon evacuation or transfer if it is safe to do so. If waiting for patient records or medications will jeopardize patient or staff safety, they should evacuate to safety first. Medical records and medications will follow the patient when it is safe.
  - As oxygen can promote the spread of fire and is found in most patient care areas, shut off medical gases to the affected area(s) after proper coordination with engineering, nursing, anesthesia, and pulmonary/respiratory.
  - Do not use elevators in areas near a Code Red event; use the stairs instead. Elevators can increase the spread of smoke from floor to floor. Utilize evacuation equipment to move non ambulatory patients down stairs.
  - Account for all on-duty staff and recall additional staff as necessary.
  - Ensure accurate tracking of patients and appropriate notification to families and other agencies if needed.

2. Recovery:

- 2.1. Notify all responding agencies and personnel of the termination of the response and demobilize as appropriate
- 2.2. Consider providing mental health support for staff.
- 2.3. Track all related incident costs and claims.

3. All Clear:

- 3.1. The incident commander- after consultation with the fire department, if applicable- issues an “all clear” notification to the operator to indicate the termination of response operations.
- 3.2. The operator shall announce “Code Red, all clear” three (3) times via the overhead paging system.
- 3.3. All employees return to normal operations.

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## **D. Documentation and Reporting**

Documentation containing information about the activation is reviewed and retained. Reporting of the incident may be completed through an event report, security report, fire activation report, or other reporting method.

Management will conduct a root cause analysis or similar review of the incident to identify areas for improvement and then implement those improvements

## **E. Training and Education**

1. All employees are expected to be familiar with the basic Code Red response plan and know the location(s) of the nearest fire alarm pull stations and fire extinguishers. Employees working in areas with specialized extinguishers or extinguishing systems should receive specific training for those devices.
2. The Code Red Task Force receives annual training specific to their response procedures, including additional training for the potential team leaders.

### **REFERENCE:**

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California.

<https://www.hasc.org/resource/hospital-emergency-codes>

California Code of Regulations, Title 22.

The Hospital Incident Command System (HICS) Guidebook, [www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS).

National Fire Protection Association (NFPA) 101 and 99, [www.NFPA.org](http://www.NFPA.org).

Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, [www.jcrinc.com/Joint-Commission-Requirements](http://www.jcrinc.com/Joint-Commission-Requirements).



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