

Whiting Forensic Hospital

FIRE EVACUATION PROCEDURE

PURPOSE: To reduce the probability of injury and /or loss of life of patients, staff and visitors from the effects of a fire.

PROCEDURE:

PHASE I: LIMITED BUILDING EVACUATION

I. ALERTING PROCEDURE

A. Fire Alarm System

1. **Heat and Smoke Detectors**
Installed throughout the building that will automatically sound when there is a fire emergency.
2. **Manual Pull Stations**
Installed throughout the building. In the event any individual detects a burning odor, or observes smoke or other signs of burning in the building, and a fire alarm has not sounded, **a fire alarm pull station should immediately be activated in the location the burning odor or smoke is detected.**
3. When activated:
 - (a) Emits an audible signal which exceeds the level of operational noise in any area.
 - (b) Automatically transmits an alarm to the DMHAS Police Communication/Dispatch Center and DMHAS Police - Whiting Unit Control Center.
 - (c) Middletown Dispatch and DMHAS Fire Services personnel (when on duty) alerted.

C. Announcement of Location of Fire Alarm Situation

1. When a FIRE ALARM is activated in the Whiting Forensic building, the FIRE CONTROL PANEL located in the Police Unit Control Center will transmit an announcement over the FIRE SPEAKER system. This announcement will continue until fire personnel arrive and silence or reset the fire alarm system.

D. Command Center Location

1. **Primary:**

DMHAS Police Control Center, Main Gates
(Ext. 5400)

Secondary:

Main Conference Room #802
(Ext. 5412)

2. **Staffing**

(a) Days

- (1) CEO
- (2) COO
- (3) Medical Director
- (4) Police Lieutenant
- (5) Nurse Executive/Director of Nursing
- (6) Nurse Supervisor

(b) Evenings / Nights / Weekends / Holidays

- (1) Nurse Executive / Director of Nursing
- (2) On-Call Physician
- (3) Nurse Supervisor

E. Notifications

To be made by the Police Supervisor or designee (Officer in Charge)
during evening / night / weekend / holiday shifts

- (a) Police Lieutenant
- (b) CEO
- (c) Plant Ops. / Maintenance Supervisor
- (d) Safety Director / Environment of Care coordinator

II. RESPONSE / RELOCATION / EVACUATION PROCEDURE

A. General

1. **R-A-C-E**

- a. In fire emergencies, remember the acronym **R.A.C.E** –

RESCUE
ALER / ALARM
CONTAIN
EVACUATE

Rescue

- (1) While calling aloud for others in the immediate area to sound the fire alarm, a person should take those individuals in immediate danger to the closest area of safe refuge.
 - (a) Technique: Walk with assistance; blanket drag; two rescuer hand carry, etc.

2

Alert / Alarm

- (1) If a person(s) is not endangered by the fire, the individual discovering the fire or upon receiving notification of a fire in progress shall activate the nearest fire alarm pull station to alert all facility personnel of the problem, and initiate response of Fire Department.

Contain

- (1) Upon hearing the fire alarm, all personnel shall immediately execute the duties outlined in the Fire Evacuation Procedures and close all doors to restrict the travel of smoke and heat to the room or area of origin.

Evacuate

- (1) Evacuation Procedure: report to the Nursing Station. Follow the directions of the RN in charge. Listen to the paging system. Evacuate the fire area first and then the rest of the unit working from the fire area.

2. P-A-S-S

Staff should not attempt to extinguish fires by themselves, but in some cases may need to use a fire extinguisher to secure a safe exit route. To use a fire extinguisher correctly, remember the acronym P.A.S.S.

P: Pull the Pin
A: Aim at the base of the fire
S: Squeeze the handle
S: Sweep side to side

B. Specific

1. Whiting Police Unit Personnel

- (a) The Police Supervisor or designee (Officer in Charge) on duty is in command of all fire alarm situations until such time DMHAS Fire Services personnel and/or South Fire District arrives at the scene.
- (b) The Police Supervisor or designee will be responsible for:
 - (1) Coordinating the necessary evacuations with nursing staff. Officers arriving to a fire alarm situation will ensure that all staff and patients are (have been) evacuated from the affected area. Responding officers shall evacuate with staff and patients, radioing to the Control Center that the affected area has been cleared, and that all personnel are standing by for further instructions.
 - (2) Ensuring no individuals enter the secured area of the building during a fire alarm. Nonessential personnel will not be allowed access through the main gates or sally port during any fire alarm situation. Only after the ALL CLEAR has been given by fire personnel can traffic resume into the building.
 - (3) Evaluating the fire alarm situation, and relaying to fire personnel reporting to the scene all pertinent information concerning the incident and directing their response to the appropriate location.
 - (4) Coordinating all access into, and throughout the building for responding fire personnel.
- (c) If further evacuation becomes necessary after initial response to the fire alarm situation, it will be done under the supervision/direction of fire personnel, in collaboration with the Police Supervisor (Officer In Charge) on duty.

2. Maintenance Personnel

- (a) May be called to Command Center to support response.

3. Nurse Executive/Director of Nursing/ Nursing Supervisor

(a) Will be responsible for:

- (1) Reporting to the Command Center.
- (2) Receiving all calls pertaining to patient status from the area with the fire alarm situation and any other area(s) which develop any abnormal condition(s) relating to the fire alarm situation.
- (3) Keeping the Police Lieutenant (in his/her absence the Senior Police Officer) advised of any abnormal condition(s) relating to the fire alarm situation; updating as needed.
- (4) Sending additional staff to units / areas which may and / or do require assistance resulting from the fire alarm situation.

4. All Available Nursing Staff Off The Unit During An Alarm Situation

- (a) Will be responsible for returning to their unit, when not assigned to and / or accompanying a patient(s), unless that unit is the specified alarm location; in which case they will report to the Command Center and await further instructions.

5. **Unaffected Units**

(a) Nursing staff will be responsible for proceeding as follows:

- (1) Remain in place and be on alert for further instructions.
 - (a) Assemble all patients, visitors and staff, in case evacuation becomes necessary.

* Note: Patients in restraint and / or seclusion- a staff member will be assigned to assure the evacuation of the patient if necessary.

** Note: During courtyard hours, patients are to remain in courtyard until further instructions.

- (b) Take census.

- (2) Discontinue / do not initiate use of the P.A. system, telephones, pages / beepers, etc., except in situations involving medical and / or psychiatric emergencies, or as stated in subsection.
- (3) Call Control Center, Ext. 5400 only if abnormal condition(s), i.e. smoke, relating to the fire alarm situation exists and / or develops or in situations requiring additional assistance.
 - (a) When applicable, call designated alternate Command Center.
 - (b) All other clinical staff, non-clinical staff and visitors should remain on unit; reporting to and following the direction of the R.N. in charge and be on alert for further instructions.

6. Affected Unit (Specified Alarm Location)

- (a) Nursing staff will be responsible for proceeding as follows:
 - (1) Initiate the R.A.C.E. Plan
 - (2) Assemble all patients, visitors and staff, and follow evacuation procedures.
 - (3) Turn on all lights when checking all rooms on units; then turn off same. Doors to patient bedrooms and common areas are to remain closed and unlocked.
 - (4) Take Census Sheet and Medication Kardex.
 - (5) Do not initiate use of the P.A. system, telephones, pagers / beepers, etc., except in situations involving medical and / or psychiatric emergencies, or as stated in subsection.
 - (6) Call Control Center, Ext. 5400 to report all pertinent information (i.e. unit status, problem identified which has not necessitated evacuation of unit, etc.) relating to the fire alarm situation.
 - (a) When applicable, call designated alternate Command Center.
- (b) All other clinical staff present on the unit during an alarm situation will present themselves to the RN in charge who will assess the need for assistance from clinical staff

present and make assignments to aid in the movement / evacuation of patients.

- (c) Non-clinical staff present on the unit during an alarm situation will report to and follow the direction of the RN in charge.

7. Discovering a Fire on a Unit

- (a) Nursing staff will be responsible for proceeding as follows:
 - (1) Initiate the R.A.C.E. Plan
 - (2) Evacuate horizontally to another unit, assembling in the hallway. Receiving unit will assemble their patients to the T.V. Room, Dining Room, Day Hall, etc. and take census.
 - (3) While leaving fire area, the taking of the census is initiated. Upon arrival of designated area, census is to be completed by calling and/or checking the following areas to verify the correct census: Activity Center, Visiting Room, Gym, Courtyard, etc. Any discrepancies in the census are to be reported to the Control Center, Ext. 5400.
 - (4) Call Control Center, Ext. 5400 upon your arrival to your new location.
 - (a) When applicable, call designated alternate Command Center.

8. Unaffected Areas Other Than Units

- (a) Staff will be responsible for proceeding as follows:
 - (1) Remain in place and be alert for further instructions.
 - (2) Discontinue / do not initiate use of the P.A. system, pagers / beepers, etc., except in situations involving medical and/or psychiatric emergencies, or as stated in subsection.
 - (3) Call Control Center, Ext. 5400 only if abnormal condition(s), i.e. smoke, relating to the fire alarm situation exists and/or develops or in situations requiring additional assistance.
 - (a) When applicable, call designated alternate Command Center.

9. **Affected Areas (specified alarm location) Other Than Units**

- (a) Staff will be responsible for proceeding as follows:
 - (1) initiate R.A.C.E. Plan.
 - (2) evacuate to designated area.
 - (a) Administration Area - Use front and/or back door to exit building; assembling in Physician's parking lot.
 - (b) * Main Corridor - Use most direct route to exit building; assembling in Courtyard.
 - (c) * Basement - Use most direct route to exit building; assembling in Courtyard
* Upon arrival in Courtyard, courtyard will be closed and patients will be escorted back to their respective units by unit staff member(s).
 - (3) Remain on alert for possible further instructions.
 - (4) Do not initiate use of the P.A. system, telephones, pagers / beepers, etc., except in situations involving medical and/or psychiatric emergencies or as stated in subsection.
 - (5) Call the Control Center, Ext. 5400 to report any abnormal condition(s), i.e., smoke, relating to the fire alarm situation which exists and/or develops or in situations requiring additional assistance.
 - (a) When applicable, call designated alternate Command Center.

III. TERMINATION OF EMERGENCY PLAN

- A. Upon receipt of direction from South Fire District the "ALL CLEAR" announcement will be made over the public address system; until that time, all occupants of the building are required to remain in "Emergency mode".
 - 1. For fire drills, the DMHAS Fire Services personnel will determine when the drill will be terminated; and the "ALL CLEAR" announced over the public address system.

2. Once the “ALL CLEAR” has been given, normal traffic into and out of the building will resume.

PHASE II: TOTAL BUILDING EVACUATION

I. ALERTING PROCEDURE

- A. DMHAS Police/Fire Services personnel and the Command Center, in collaboration with the South Fire District, will determine the notification procedure to be used (i.e. P.A. announcement, telephone, runner(s), etc.).

II. EVACUATION / RELOCATION PROCEDURES

- A. Short Term (1 - 3 hours) and/or Long Term
 1. Arrangements will be made through the Office of the Chief Executive Officer of Whiting Forensic Hospital, the Office of the Commissioner of the Department of Mental Health and Addiction Services, Governor’s Office, Department of Correction, and/or Psychiatric Security Review Board, to relocate / evacuate patients.

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