Fire Alarm and Incident Response Policy

**Audience**
All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, Bronchoscopy Service and Center for Pulmonary Rehabilitation.

**Policy**
UTMB is committed to creating and maintaining an environment that is safe. To that end, all employees, contract workers, students, patients and volunteers are required to participate in fire safety practices. This policy is designed to improve fire safety awareness at UTMB and meet the requirements set forth by the Joint Commission on Accreditation for Healthcare Organizations (JCAHO); it clearly defines the required procedures for Fire Alarm and Incident Response in all buildings owned or leased by UTMB.

**Definitions**

**ALL CLEAR:** A signal that indicates that the incident has been resolved and departments may return to normal operations. The signal may be given by: Environmental Health and Service – Occupational Safety and Fire Prevention (EHS-OS&FP), UTMB Campus Police or the Galveston Fire Department (GFD).

**FIRE ALARM:** Any Fire Alarm System activation to which all personnel respond. This may include fire drills, system malfunction, system maintenance/testing or accidental activation.

**FIRE DRILL:** Any scheduled fire alarm activation to practice the appropriate response to a fire alarm, including any other scheduled activation of the fire alarm system as approved by Environmental Health and Service – Occupational Safety and Fire Prevention (EHS-OS&FP).

**FIRE INCIDENT:** Any unscheduled activation of the Fire Alarm System upon detection of smoke, fire, and smell of gas, electrical fire, or other burning odors.

**HEALTHCARE OCCUPANCIES:** Those used for purposes such as medical or other treatment and care of persons of all ages suffering from physical or mental illness, disease, infirmity or convalescents.

**INPATIENT HEALTHCARE:** Occupancies that provide sleeping facilities and are occupied by persons who are mostly incapable of self preservation due to age, physical or mental disability, or due to security measures not under the control of the occupants. In-patient Healthcare occupancies are located in John Sealy Annex, John Sealy Hospital, TDCJ Hospital, Waverly Smith Pavilion, Children’s Hospital, Trauma Center, and Rebecca Sealy Hospital.

**OUTPATIENT HEALTHCARE:** Occupancies which provide services with no sleeping facilities and are occupied by persons who are mostly capable of self preservation. Outpatient Healthcare occupancies are located in McCullough
Building, Clinical Sciences Building, University Hospital Clinics Building, Primary Care Pavilion and all other clinics.

**ANCILLARY HEALTHCARE:** An area in a healthcare building not used for the direct care of patients. Examples include Administrative offices, Barber shops, Cafeterias, Coffee shops, Chapels and Gift shops.

**NON-HEALTHCARE OCCUPANCY:** Buildings used for activities other than patient care. This includes, but is not limited to research, business, administration, warehouse and industrial.

**SPECIALIZED AREAS:** An area that operates under unique conditions due to the contents of or processes performed there. These areas shall be so designated by EHS-OS&FP.

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### Roles and Responsibilities

**Alarm Area Leaders** – A person assigned to be responsible for an area during a Fire Alarm. In healthcare areas, the Alarm Area Leader will generally be the unit charge nurse. In non-healthcare areas, the Alarm Area Leader may include supervisors or area administrators. Any one department may have multiple Alarm Area Leaders. The responsibilities of the Alarm Area Leader include:

- Knowledge of the primary and secondary evacuation routes for the area.
- Ensuring that all personnel are accounted for and notifying responders if personnel may remain in the building.
- Ensuring that all personnel receive the “all clear” before returning to the building.
- Completing the Fire Alarm Response Report.

**Area Supervisor** – Area supervisors are responsible for ensuring the appropriate fire alarm response occurs during all incidents.

**Department Heads** – Department heads shall ensure that all new employees attend the mandatory fire safety training as scheduled and required by Human Resources. Department heads are also responsible for area specific training and written fire alarm response policies. Designation of specialized roles for the area (i.e., Alarm Area Leader).

**Employees** – Every employee shall respond to all fire alarms in an appropriate manner and shall know their individual role and responsibility in such occurrences. During fire alarms, employees should know:

- the RACE concept and its appropriate use
- the fire phone telephone number (x21211).
- the location and operation of a manual fire alarm pull station.
- to report to the Alarm Area Leader for direction.
If an employee is in a work area outside of their department during a fire alarm, he/she should report to the Alarm Area Leader for that area for assignment.

**Fire Drills**

Required fire drills will be conducted by OS&FP in all areas of all buildings at least:
- Once a shift each quarter (healthcare).
- Biannually (business).
- Monthly (Children’s Day Care and Moody ISD).

More frequent fire drills will be conducted at the request of department heads or where required by law or regulation. These drills may be conducted by the department in conjunction with OS&FP.

Fire drills conducted in healthcare areas will not be conducted during staff shift change or involve the movement of patients.

Area specific fire drills may be scheduled or unscheduled but a schedule will be developed for all “full building” drills.

**Fire Alarm Response**

Upon activation of the Fire Alarm, occupants shall:

**Ancillary Patient Care Areas**
- Close all doors and clear hallways and corridors of all obstructions that may include but are not limited to chairs, boxes, carts and beds.
- Follow any special department procedures.
- Evacuate the building.
- Proceed to the rally point for your area and check in with the Alarm Area Leader.
- Return to normal operations after an all clear has been given.

**Healthcare Occupancies (in-patient and out-patient)**
- Close all doors and clear corridors.
- Report to the Alarm Area Leader for further directions.
- Maintain a state of heightened awareness.
- Follow any special department procedures.
- Return to normal operations after an all clear has been given.

**Non-Healthcare Occupancies**
- Close all doors.
- Follow any departmental specific procedures.
- Evacuate the building.
- Proceed to the rally point for your area and check in with the Alarm Area Leader or their designee.
Specialized Areas
- Alarm Area Leader implements their department specific response plan as appropriate.
- Return to normal operations after an all clear has been given.

Fire Incident Response
Fire Incident Response: Any occupant of a building owned or leased by UTMB shall follow the RACE concept upon discovery or evidence of a fire.

Healthcare Occupancies (in-patient and out-patient):
- Determine the location of the fire or smoke.
- Alarm Area Leader activates RACE.
- Close all doors and clear all corridors.
- Follow any departmental specific procedures.
- Inform patients and visitors of incident status.
- Prepare for a possible evacuation.
- Return to normal operations after an all clear has been given.

Ancillary Patient Care Areas & Non-Healthcare Occupancies:
- Determine the location of the fire or smoke.
- Alarm Area Leader activates RACE.
- Communicate incident status to personnel in the immediate and immediately adjacent areas.
- Follow any departmental specific procedures.
- Evacuate the building, proceed to the rally point for your area and check in with the Alarm Area Leader or their designee.
- Return to normal operations after an all clear has been given.

Specialized Areas:
- Determine the location of the fire or smoke.
- Alarm Area Leader activates RACE.
- Communicate incident status to personnel in the immediate and immediately adjacent areas.
- Area implements their departmental specific response plan as appropriate.
- Return to normal operations after an all clear has been given.

Fire Evacuation

Healthcare Occupancies & Specialized Areas: Evacuation is appropriate in two situations:
- Imminent Danger Evacuation – an evacuation performed to remove a person from the immediate source of danger.
- Precautionary Evacuation – an evacuation performed to expand the safe zone around an existing source of danger (i.e., a fire on the floor below).
Hospital administration will order evacuations of healthcare occupancies. A specialty area representative will order evacuations of specialty areas. Evacuations shall be ordered upon mandate of the representatives from the Galveston Fire Department, UTMB Environmental Health and Safety Department, or UTMB Police Department.

Non-Healthcare Occupancies: Evacuation of the building shall occur for each incident. If any departmental specific procedures exist, evacuation shall occur immediately following the completion of said procedures.

In all situations, follow all departmental-specific procedures.

Fire Evacuation of Bronchoscopy Suite
In the event of a fire in the Bronchoscopy Suite or anywhere in Endoscopy, patients may have to be evacuated. Evacuation can also occur when requested by the proper authorities for a fire in any other location of the hospital.

The closest fire alarm pull-station for the Bronchoscopy Suite is located in the main hallway of Endoscopy.

Fire Evacuation of Pulmonary Clinic
In the event of a fire in the Pulmonary Function Clinic or anywhere in the near area, patients will be evacuated. Evacuation can also occur when requested by the proper authorities for a fire in any other location of the hospital.

Fire Evacuation Center for Pulmonary Rehab
In the event of a fire in the Center for Pulmonary Rehabilitation or anywhere in the near area, patients will be evacuated. Evacuation can also occur when requested by the proper authorities for a fire in any other location of the hospital.

Procedure
The procedure for initiating a fire alarm is as follows:
1. Alert personnel in the area by pulling the nearest fire alarm pull-station.
2. Dial the UTMB fire phone number (ext. 21211) and give the operator the following information:
   a. Your name and title.
   b. Your telephone extension.
   c. Location of fire.
   d. Brief description of the fire.

The procedure for evacuating a patient if the fire is in the Bronchoscopy Suite is as follows:
1. Attempt to rescue the patient and move to a safe area by horizontal egress.
2. Close all doors, but do not lock them. If the fire is not in the Bronchoscopy Suite, but in the general area, all doors between the fire and the Bronchoscopy Suite should be closed.
3. If time permits, turn-off all electrical equipment.
4. Attempt to remove medical records and controlled drugs that are not locked up.
5. Bronchoscopy personnel should ensure that medical gases are shut-off. The zone valves for the Bronchoscopy Suite are located right outside the suite in the main Endoscopy hallway.
6. If properly trained, attempt to extinguish the fire using a portable fire extinguisher.

The procedure for evacuating a patient if the fire is in the Pulmonary Function Clinic is as follows:
1. Attempt to rescue the patient and move to a safe area by vertical egress.
2. Close all doors. If the fire is not in the Pulmonary Function Clinic, but in the general area, all doors between the fire and the Clinic should be closed.
3. If time permits, turn-off all electrical equipment.
4. Pulmonary personnel should ensure that medical gases are shut-off. The zone valves for the Pulmonary Function Clinic are located inside the Clinic near the back door.
5. If properly trained, attempt to extinguish the fire using a portable fire extinguisher.

The procedure for evacuating a patient if the fire is in the Center for Pulmonary Rehabilitation is as follows:
1. Attempt to rescue the patient and move to a safe area by vertical egress.
2. Close all doors. If the fire is not in the rehab area, but in the general area, all doors between the fire and the rehab should be closed.
3. If time permits, turn-off all electrical equipment.
4. If properly trained, attempt to extinguish the fire using a portable fire extinguisher.

**Horizontal & Vertical Exits**

The primary horizontal exit for the Bronchoscopy Suite is the main Endoscopy hallway, through the smoke doors and towards the McCullough Building. The supervisor at hand will determine other areas of refuge. The primary horizontal exit for the Pulmonary Function Clinic is down the main hallway and into the Waverly Smith Pavilion. The Center for Pulmonary Rehabilitation does not require a horizontal exit plan.

If horizontal evacuation is not available or it is determined that evacuation from the smoke is warranted, the stairwells will be used for vertical evacuation. The primary vertical exit is the stairwell located across the hall from the main
Endoscopy Reception Area. Secondary vertical exits are located just outside the double door entry to the Endoscopy area. Refuge for this egress would be at least two floors down. Primary vertical exit for the Pulmonary Function Clinic is down the main hallway and into the Waverly Smith Pavilion. It is not necessary to change floors, unless otherwise instructed. Primary vertical exit for the Center for Pulmonary Rehabilitation would be through the lobby to the main stairwell. Refuge for this egress would be at least two floors down. The supervisor at hand will determine the areas of refuge. The supervisor will also determine if any other surrounding areas need assistance or if additional support is needed in the above listed areas. The highest-ranking medical or technical staff member will be the supervisor.

**Accountability**

If a total evacuation of the hospital is necessary, the supervisor at hand will be responsible for the following:

1. Checking all occupied spaces in the Pulmonary Function Clinic, Bronchoscopy Suite, and Center for Pulmonary Rehabilitation to ensure that everyone has evacuated. Procedure rooms, office, restrooms and supply room will all be checked.
2. Ensure all personnel, patients and any visitors assemble in the designated assembly area.
3. Under no circumstances will any evacuated personnel be allowed to re-enter the building. Any reason for re-entry should be relayed to the fire department personnel (e.g., someone left inside or to retrieve hospital related items).

**Re-entry**

Only after the following steps have occurred is it considered safe to re-enter the building:

1. When the fire department has determined that it is safe to re-enter the building, the supervisor at hand will notify all personnel verbally.
2. In the event that an area cannot be re-entered, all in and outpatients needing recovery will be transported to the Sleep Disorder Center located on the fifth floor of John Sealy Towers. Outpatients who do not need to be recovered will be sent home, and inpatients will be sent back to their rooms.
3. Family members and/or other guests of outpatients receiving a bronchoscopy generally wait in the Endoscopy Waiting Area. These individuals will be notified immediately as they too will be evacuated. If an inpatient has to be relocated, the patient’s nursing unit will be notified.
4. The supervisor, or designee, will notify the Technical Director, Medical Director and the Director of Pulmonary of the emergency once patient and personal safety has been assured.

**R.A.C.E.**

R.A.C.E. Concept
**Rescue** – Attempt to remove anyone in the immediate vicinity of the fire.

**Alarm** – Turn on the alarm by using a fire alarm pull station and dialing extension 21211. Be prepared to give your name, title, extension number, location and extent of fire.

**Confinement** – Close all doors and windows to confine the fire to the smallest area possible. Do not lock any doors.

**Extinguish** – Extinguish the fire if you have been trained in the use of a portable fire extinguisher and are comfortable in doing so. If not, close the door to the area.

**Evacuation** – Evacuate unit when the above is completed or when the above mentioned is not possible.

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**Inservice**

All personnel working will be required to attend a yearly inservice of training for fire safety and be familiar with evacuation procedure and the basic carriers use for evacuation of non-ambulatory patients.

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**Non-Ambulatory Patients**

The procedure for evacuating non-ambulatory or disabled patients is as follows:

1. Begin evacuation with the patients closest to the fire.
2. Remove ambulatory patients and visitors.
3. Remove semi-ambulatory patients.
4. Evacuate non-ambulatory patients.
5. Patients who are sedated will be removed using a stretcher for horizontal evacuation. If a vertical evacuation is necessary, the approved carriers for non-ambulatory patients will be used.

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**Other**

Other conditions which could warrant evacuation include:

- Loss of electrical power
- Explosion
- Bomb threat
- Chemical spill
- Hostage situation

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**Loss of Power**

In the event that power is lost, the following procedure should be performed.

Necessary supplies that are kept in the Bronchoscopy Suite include a manual blood pressure cuff, stethoscope, battery powered pulse oximeter, resuscitation bag with masks, flashlights and oxygen cylinder.

If a procedure is in process, the bronchoscope should immediately be removed from the patient. The above mentioned supplies should be quickly assembled for use and all electrical equipment should be turned off. The patient will be continuously monitored and any reversal of narcotic agents will be done as deemed necessary by the faculty physician in charge. The supervisor will
investigate the cause for the power loss and notify Physical Plant of the matter. If necessary, evacuate patient.

Explosion  The procedure for an explosion is the same as that for a fire.

Chemical Spill  Refer to IHOP Manual for Chemical Spills Procedure and proceed with evacuation procedures if requested by hospital authorities.

Bomb Threat  Refer to IHOP Manual for Bomb Threats Procedure and proceed with evacuation procedures if requested by hospital authorities.

Hostage Situation  Refer to IHOP Manual for Hostage Situation Procedure and proceed with evacuation procedures if requested by hospital authorities.

Fire Incident Reporting

Standard Incident Reporting Procedures: At the time of the fire incident, the appropriate Fire Alarm Response Report will be completed by:

- The Alarm Area Leader.
- The responding officer of the UTMB Police Department.
- The responding personnel for FOAM Maintenance.
- The responding representative of EHS-OS&FP.

During regular working hours: reports from all responding parties shall be sent to UTMB Police Dispatch.

After hours, weekends or holidays:

- FOAM Maintenance representative – leave the report at the Control Office of FOAM – Utilities Plant.
- UTMB Police representative – leave the report at the UTMB Police Department administrative offices.
- Alarm Area Leaders – forward the original report to EHS-OS&FP.

EHS-OS&FP representative shall collect all written reports at the beginning of the next business day. EHS-OP&FP will forward a copy of the Alarm Area Leader’s written report to the area’s department head.

Additional Incident Reporting Procedures: EHS-OS&FP will generate a written report within 8 working hours of a fire emergency if one of the following conditions occurs:

- A death.
- An injury.
- Damage of $1000.
Copies of this report will be sent to:
- Leader of EHS-OS&FP.
- UTMB Institutional Safety Officer.
- Chief of the UTMB Police Department.
- Chair of the General Safety Committee.
- Department head of the incident area.

If the incident occurs in a healthcare occupancy, a copy of the report will also be sent to:
- Medical Director of Inpatient Care.
- Hospital Executive Director.
- Hospital Administrator.
- Chair of the Environment of Care Committee.
- Chair of the Life Safety Committee.

**Department Specific Procedures**

All departments are required to have a Department Specific response plan for each separate area on file (electronic or hard copy) with EHS-OS&FP. The Department Head is responsible for creating the plan. The following requirements apply:
- A copy of the plan shall be kept in an area that is easily accessible by the staff.
- Staff (new and existing) shall have additional training as required.
- Plans shall be updated a minimum of once a year or when a department/area relocates.
- Each September EHS-OS&FP shall be provided with a copy of the updated plans or notified that the existing plans are acceptable.

**References**

- The National Fire Protection Association (NFPA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- UTMB Emergency Preparedness Plan

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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<th>Date</th>
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<tr>
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<td>V. Cardenas, MD</td>
<td>Medical Director Pulmonary Laboratory</td>
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No changes to the policy

7/10  V. Cardenas, MD
No changes to the policy

2/12  A. Duarte, MD
Medical Director Pulmonary Function Laboratory
No changes to the policy

5/14  A. Duarte, MD
Medical Director Pulmonary Function Laboratory
No changes to the policy