(A) Policy Statement

Any Respiratory Care Practitioner who discovers or suspects the presence of a fire on hospital or campus grounds at UTMC will proceed in accordance with Campus Fire Response Procedure LS-08-001, and the guidelines listed in this policy.

(B) Purpose of Policy

To provide a collaborative, comprehensive, and workable system in which to deal with the reality or suspicion of a fire within the institution.

(C) Procedure

I. If a fire is discovered or suspected:

A. Turn off any flowmeter for oxygen in the immediate area and remove from the wall.
B. Remove any patient/person in immediate danger, and close the door.
C. Pull the nearest alarm and call Ext. 77 to notify the operator of exact location of fire and have operator repeat this information back to you.
D. Confine the fire by closing all doors and windows.
E. Using appropriate fire extinguisher A, B, or C, extinguish the fire, if possible.

II. In the event of a fire:

A. The operator will announce the CODE RED over the public address system. The Code and location of fire will be repeated three times at five-second intervals.

B. Medical Gas Shutoff Valves Protocol:

Upon confirmation by the senior campus police officer on duty of an actual fire in a patient care area, the following steps will be taken in collaboration with the charge nurse:

1) Determine how many patients are using oxygen on the unit.
2) Operator will page “Respiratory STAT, Code Red, to (name of location)…”
3) Upon arrival of Respiratory staff, the RC staff member will make arrangements for alternative/portable source of oxygen for all patients on that unit.
4) Respiratory staff will then instruct the senior campus police officer to shut off the main oxygen valve for that unit. If feasible, the fire response team may turn off oxygen at the source to avoid shutting off the main gas line.

5) A similar procedure will be followed in the OR/PACU with the exception that the attending anesthesiologist will fulfill the same role as the Respiratory Care staff member.