

UNIVERSITY OF TOLEDO

SUBJECT: CODE RED - FIRE RESPONSE PROCEDURE

Procedure No: LS-08-001

PROCEDURE STATEMENT

All fire emergencies will be designated as "Code Red." All personnel will respond accordingly.

PURPOSE OF PROCEDURE

To assure maximum safety of all patients, visitors, students, faculty, volunteers and employees.

PROCEDURE

I. Any person suspecting or discovering a fire shall implement the actions described in the R.A.C.E. acronym:

- A. **RESCUE**: any person in immediate danger from the fire if it does not endanger your own life.
- B. **ALARM**: sound the alarm by activating the nearest pull station (these are red boxes located on the wall in main exit corridors).
- C. **CONFIN**E: confine the fire by closing all doors and windows. Turn off fans and air conditioners.
- D. **EXTINGUISH or EVACUATE**: locate the nearest fire extinguisher and use it to extinguish the fire if it is small in size; if not, evacuate the area immediately. Remember to TURN LIGHTS ON . . . light aids in controlling the situation.

Follow the P.A.S.S. procedure for using a fire extinguisher:

PPULL the pin after breaking the plastic seal on the extinguisher.

AAIM the nozzle of the extinguisher at the base of the fire.

SSQUEEZE the handles together.

WSWEEP from side-to-side until the fire is extinguished.

NOTE: Under most circumstances, these procedures can be done together, if sufficient personnel are available and are clear in their duties.

II. When a Code Red is called- all areas:

- A. Do not use elevators: fire and smoke travel very quickly through elevator shafts.
- B. Close fire and smoke doors (corridor doors) and windows
- C. Move all mobile equipment out of the path of egress.
- D. Take direction from University Police Officer/Health Science Campus Security Officer/Local Jurisdiction, or Fire officials only.
- E. If your department or unit is near the fire area, send an individual with a fire extinguisher to assist. If you are not directly involved with the fire - **DO NOT** go to that area unless specifically assigned to do so.
- F. Station an individual by the telephone; do not use telephones except in an emergency.
- G. Establish a census of personnel present to facilitate evacuation if necessary.

Every department should keep one person available in the department to aid in communication. **Departments immediately adjacent (next to, above and below) the fire area must be keenly aware of any developing situations and be prepared to act accordingly.**

III. Alarm Activation

Upon activation of a fire alarm notification/detection system, the smoke compartment doors (if applicable) on that floor will close immediately to trap smoke and fire, and prevent their migration. In addition, depending upon the location of the fire and its size, fire suppression systems (such as sprinklers) may deploy to extinguish the fire. Pull stations, which are small red boxes located in main exit/fire corridors, are activated by simply pulling the handle straight towards you, or pushing the plunger on the larger style pull station straight down. Pull stations are simple and fool-proof to activate/operate, and they send an additional fire notification alarm throughout the building where the activated pull station is located. In addition, smoke detectors throughout building areas act as another layer of notification of a potential fire situation. When a smoke detector is activated, it not only automatically closes the smoke compartment doors in the immediate area (if applicable), but it sends an alarm to dispatch that a possible fire situation is developing.

IV. Evacuation

The UTMC House Supervisor, or building contact, as applicable, in consultation with the UT Police/Health Science Campus Security Officer/Local Jurisdiction, and the Senior Fire Department Officer, and, as possible, the Medical Director and the Administrator On-Call shall make the decision concerning evacuation and supervise the evacuation. UT follows the universally-accepted “lateral, vertical, total” model for unit or building evacuation.

- A. The evacuated area shall be isolated and entrance restricted by a UTPD officer/Health Science Campus Security Officer/Local Jurisdiction.
- B. Should vertical evacuation be necessary the location to which persons will be taken will be determined based upon the situation and location available. Once a location is identified, this shall be communicated to the University Police Dispatcher via **419-530-2600** (HSC, MC, SPC).
- C. For more detail concerning evacuation, see the Code Green: Internal Evacuation Procedure ([EP-08-005](#)).

V. Possible activation of Emergency Operations Plan (EOP) Institutional EOP ([EP-08-013](#)) and/or UTMC EOP ([EP-08-009](#)):

VI. Cancellation of Code Red: University Police Officer/Health Science Campus Security Officer/Local Jurisdiction make the final decision to cancel the Code Red in consultation with local fire authorities.

VII. Individuals in need of Rescue Assistance

Individuals in need of rescue assistance can utilize the RAVE Guardian app to request assistance in an emergency evacuation situation.

SPECIFIC ROLES AND RESPONSIBILITIES

IF THE FIRE IS IN YOUR AREA: Implement the R.A.C.E. fire response procedure immediately.

IF THE FIRE IS IN ANOTHER AREA NOT ADJACENT TO YOUR AREA: Report to your supervisor for guidance and direction, listen for further information via the mass notification system, and be prepared to implement the R.A.C.E. fire response protocol should circumstances warrant.

The R.A.C.E. fire response is the universal procedure to be implemented by all persons involved in a fire. There are no specific distinctions in response roles between employees, physicians, licensed independent practitioners (LIPs), and students or volunteers.

I. Fire Response Team (HSC only)

The fire response team, made up of representatives from UT Police and Health Science Security, Facilities Maintenance and Environmental Services, shall respond to any Code Red announced for buildings/areas located on the campus grounds. The Fire Response Team, which has received hands-on fire fighting training, is responsible for containment of the fire until the Toledo Fire Department arrives, and thereafter as directed by the Senior Fire Department Officer, on the scene.

Overall coordination of the fire response shall be the responsibility of the UT Police and/or Health Science Campus Security Officer on duty, until reassigned to Toledo Fire Department officials.

II. Evacuation

- A. UTMC utilizes smoke compartmentalization to allow for shelter in place/lateral evacuation in effort to avoid total evacuation.
- B. Smoke doors are labeled and will close when the alarm actuated.

III. Switchboard (HSC and Medical Center)

Health Science Campus Security Officer on duty will direct the hospital operator to activate the emergency tone device and announce three (3) times, at three (3) second intervals "Attention - All Personnel - Code Red (giving location)." Also, the Toledo Fire Department shall be notified immediately by University Police.

Smoke detectors will be checked by available officers to determine if it is an actual fire situation.

IV. Activation of the Code Yellow procedure may be required if there are multiple injuries in the community or among UT staff, patients, students and/or visitors. The Health Science Campus Security Officer/UTPD on duty will consult with administrative/medical personnel to make a joint decision concerning activation of the EOP.

X. Cancellation of Code Red:

Upon notification from the Health Science Campus Security Officer on duty, the hospital operator will announce "Code Red is now complete" three (3) times.

XI. Medical Gas Shutoff Valves Protocol

Upon confirmation by the Health Science Campus Security 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 if there is oxygen in use in the patient room
2. Determine how many patients on the unit are using oxygen
3. Page "Respiratory Staff, Code Red, to (name of location)....."
4. Upon arrival of Respiratory staff, that staffer will make arrangements for alternative/portable sources of oxygen for all patients on that unit*
5. Respiratory staff will then shut off the main oxygen valve for that unit (The Hyperbaric Chamber is covered under a separate procedure and these contracted employees have responsibility for oxygen valves)

* If feasible, the fire response team as directed, may turn off oxygen at the source to avoid shutting off the main gas line per Respiratory Care.

A similar procedure will be followed in the OR/PACU/George Isaac Center with the exception that the lead anesthesia team member will fulfill the same role as the Respiratory Care staffer described above (see Anesthesia Safety Procedure [HM-08-022](#)).

Should evacuation be necessary, persons responsible for patients must be certain the level of evacuation (lateral, vertical or total) is appropriate for the size of the fire. Employees evacuating patients must ensure that patients are exposed to as little smoke as possible. The use of the isolation masks to protect patients' respiratory systems is acceptable and encouraged. Employees responsible for evacuating patients must closely follow the directions given to them by the fire department officials or Health Science Campus Security Officer on duty on the scene. Personnel responsible for evacuating patients must ensure an accurate census to ensure that all patients are present and accounted for prior to the start of any evacuation movement. In most cases, the nursing manager on each unit to be evacuated must ensure that no patients are inadvertently left behind.

Transport and Environmental Services personnel will be pressed into service as called for in the situation to assist in evacuating patients. Volunteers have no role in preparing for evacuation of patients. LIPs should follow any evacuation instructions given by fire department or Health Science Campus Security officials, or the nurse manager on the unit.

NOTE: Evacuation of patients is in most cases a last resort. The intent in any fire situation is to handle the fire safely while "managing patients in place". Evacuation is a major undertaking, and can lead to compromised patient care, even with the best personnel following procedures precisely. Therefore, all attempts will be made to contain fire and its by-products so that evacuation is not required.

Gurneys and wheelchairs for evacuation of patients are to be used as appropriate for the level of evacuation decided; that equipment is located on each patient care unit or nearby that unit. Personnel should make it a regular part of their work routine to ensure there is a supply of gurneys, wheelchairs or other transportation equipment readily available on short notice, and that such equipment is operating adequately. Also, employees in all patient care units should be clear in precisely where the "staging area" for evacuation shall be located in their unit(s). This goes hand-in-hand with ensuring the easy availability of patient transportation equipment (gurneys, stretchers and wheelchairs). All nursing managers should also make certain as a regular part of departmental training that all employees know how to quickly locate, use and operate that transportation/evacuation equipment.

In addition to smoke/fire doors closing upon activation of the fire alarm/notification system, additional protections, such as dampers in air handling systems, also activate.

GUIDELINES - KOBACKER CENTER

1. Child & Adolescent Hospital (Sector A)
The primary nurse or child care worker will be accountable for the children/adolescents in his/her group, and shall evacuate them to the appropriate area as designated, and, should it become necessary, outside the building. Immediately notify the charge nurse of any missing school child.
2. Senior Behavioral Health Unit (Sector C)
The primary nurse will be accountable for the patients in his/her group, and shall evacuate them to the appropriate area as designated, and, should it become necessary, outside the building. Immediately notify the charge nurse of any missing patient.
3. Outpatient Treatment Wing (Sector B)
Evacuation to the appropriate area as designated will take place. Patients in private offices will be evacuated along with staff and will remain with the staff member until the Code Red is terminated. The Clerical Specialist at the front desk shall be accountable for staff census in this area.

Evacuation of the Senior Behavioral Health Unit and the Child & Adolescent Psychiatric Hospital shall follow these routes:

1. Persons exiting the building from the west side will gather together outside of the building west of the parking area.

2. Persons exiting the building from the east side will gather together outside the building east of the parking area.

GUIDELINES - DIALYSIS UNIT

Evacuation of the dialysis unit shall be dictated by the nature and location of the fire, but should follow the "lateral, vertical, total" model for evacuation.

1. If patients are in no immediate danger and time permits, dialysis staff should immediately terminate the dialysis procedure by returning the blood to the patient, clamp access lines and disconnect the patient from the machine. The patient should then be moved to a safe area.
2. If patients are in immediate danger, terminate dialysis by shutting the blood pump off, clamp lines, and disconnect patient. Evacuate patient to a safe area.
3. After evacuation to a safe area, patients should be assessed for vital signs and appropriate attention given to access needles or cannulas.
4. A fire plan and evacuation route is posted in the unit.

GUIDELINES – OPERATING ROOM (Main Hospital and George Isaac)

Surgical cases won't start if a Code Red situation exists in the O.R., or anywhere in the Hospital. If a fire situation starts after surgical cases have begun, surgeries should be finished as quickly as possible. Patients whose surgery has not yet begun should be evacuated to the Recovery Room, as should patients whose surgery was completed after the start of the fire. (Refer to specific Operating Room procedures.) An annual drill will be conducted in the operating rooms located in The University of Toledo Medical Center and in George Isaac Outpatient Surgery Center. Refer to Policy [3364-124-27](#).

GUIDELINES - RUPPERT HEALTH CENTER AND DANA CANCER CENTER

Evacuation of a Department or Zone in the Ruppert Health Center and Dana Cancer Center shall be automatic upon the determination of an actual fire situation. NOTE: If a fire is of such small nature that it could be extinguished immediately by use of a fire extinguisher, this is an acceptable response.

1. When an alarm is activated by a smoke detector or pull station, a University Police Officer along with HSC Security will be dispatched to the building.
2. The Unit Manager or designee will check their area(s) to determine if a fire exists at their location.
3. If it is found to be an actual fire situation, a Code Red will then be called.
4. The Department or Zone shall be immediately evacuated following the fire exit signs placed around the building. Patients at risk will evacuate through the exit doors located at each end of the building. The decision to evacuate other areas will be made in consultation with the University Police supervisor, Senior Fire Department Officer and Senior On-Site Manager.
5. If areas are evacuated, the Unit Manager or designee will initiate measures to determine if all of the staff and patients have been evacuated.
6. During working hours, the Administrator On-Call and Ambulatory Services Director will be notified by telephone switchboard operator. After hours, on weekends and holidays, the Administrator On-Call will be notified by the hospital operator.
6. The decision to end the Code Red is made by the University Police supervisor, Senior Fire Department Official and Senior On-Site Manager.

GUIDELINES - GLENDALE MEDICAL CENTER (GMC) COMPREHENSIVE CARE CENTER

Evacuation of a Department or Zone in the Glendale Medical Center or Glendale Medical East shall be automatic upon the determination of an actual fire situation. NOTE: If a fire is of such small nature that it could be extinguished immediately by use of a fire extinguisher, this is an acceptable response.

1. When an alarm is activated by a smoke detector or pull station, a University Police Officer along with HSC Security will be dispatched to GMC/CCC. Personnel in that building should evacuate immediately. Evacuation should be via stairwells (not elevators) and exit through either the north or south exit doors.
2. The Unit Manager or designee will check his/her area(s) to determine if a fire exists at their location.
3. If the building is evacuated, the Unit Manager or designee will initiate measures to determine if all of the staff and patients have been evacuated.
4. During working hours, the Administrator On-Call and Director of Ambulatory Services will be notified by hospital operator. After hours, on weekends and holidays, the Administrator On-Call will be notified by hospital operator.
5. The decision to end the Code Red is made by the University Police supervisor, Senior Fire Department Official and Senior On-Site Manager.

GUIDELINES - EDUCARE CENTER

Upon discovery of a fire, staff should locate and activate the nearest pull station and evacuate the building immediately.

Source: Safety & Health Committee

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