
NORTH CAMPUS FIRE ALARM RESPONSE PLAN

Section: 6-2

- Purpose:** To effectively manage a fire alarm/incident by employing the “Defend In Place” strategy.
- Scope:** All North Campus Patient Buildings.
- Policy:** Upon discovery of a fire or smoke condition, personnel should take the following action:
1. If person is involved in the fire, the discoverer should go to the aid of the person while calling aloud “PAGE DR. ROVER”. Any person in the area and upon hearing the code shall activate the fire alarm by means of the nearest manual pull station and begin closing doors.
 2. If no rescue is needed, the discoverer should close the door to the area involved and then activate the fire alarm by using the nearest manual pull station.

Hartford Hospital employs the R.A.C.E. strategy when addressing fire situations:

- **R. – Rescue.** Go the immediate aid of anyone in danger and remove them away from the fire.
- **A. – Alarm.** Pull fire alarm closest to your location and call Out Dr. Rover and the fire location.
- **C. – Confine.** Close all doors and windows to help prevent fire from spreading.
- **E. – Extinguish.** Only attempt to extinguish small fires, only if you have been trained to do so and have a clear escape route. Otherwise, follow evacuation procedures.

Manual fire alarm pull stations are located at the normally staffed areas and in proximity to the stairwells.

When a manual pull station is activated, it performs the following functions:

1. Notifies the HARTFORD FIRE DEPARTMENT.
2. Notifies the SECURITY DEPARTMENT of the alarm location.
3. Activates the internal alarm chimes.
4. Closes all hallway fire doors and selected other doors throughout the building.

Personnel, upon hearing the fire alarm signal, should immediately:

- If in another area, such as their office, cafeteria, etc. Stay there until the drill or emergency is over and 'All Clear' is paged.
- If in the hall or corridor, go to the nearest patient unit without going thru smoke or fire doors, and check in, to be available for any medical emergencies that may occur.
- Repeat the original page announcement if the area is equipped with an intercom system.
- Close all doors and windows.
- Have all patients and visitors remain in the patient's room.
- Short term students, volunteers, and others are requested to go into rooms, and stay until the drill or emergency is over.
- Physicians and other LIP. If with patients, continue to work with the patient. Close the door if practical, but if not, staff will close the doors.
- Remove items from hallway and place in an unoccupied/unused room.
- With the exception of performing the above tasks and the response to life-threatening emergencies, travel through fire doors is strictly prohibited.
- Any pertinent information will be announced over the Hospital page system.

Personnel in the fire alarm area should immediately:

- Assist any person in immediate danger from the fire.
- Isolate the fire by closing the door to the area.
- Announce the situation over the intercom.
- Have all patients and visitors remain in the patients' rooms.
- Short term students, volunteers, and others are requested to go into rooms, and stay until the drill or emergency is over.
- Physicians and other LIP. If with patients, continue to work with the patient. Close the door if practical, but if not, staff will close the doors.
- Remove items from hallway and place in an unoccupied/unused room.
- With the exception of performing the above tasks and the response to life-threatening emergencies, the travel through fire doors is strictly prohibited.
- Call the SECURITY DEPARTMENT at extension 5-2147 to verify the alarm and provide any additional information.

PIPED MEDICAL AIR SYSTEM SHUTDOWN

Should there be a need to discontinue the flow of piped med gases, the area manager/supervisor shall:

1. Determine the number of oxygen dependant patients and have a respiratory care staff member provide portable for same.
2. Locate and shutdown appropriate zone valve.
3. Begin evacuation procedures, as outlined in Plan 9-6, if the disruption is going to last an extended period of time.

The decision to horizontally evacuate an area can be made by the area manager based upon the environmental conditions of the site.

Vertical evacuation and relocation decisions will be a joint effort by the senior fire department official, hospital administrator and nursing administrator. Once the decision has been made then the Hospital Evacuation Policy shall be immediately implemented.

BLISS WING: Unit or Area Evacuation

- Patients directly exposed to the fire condition should be moved first.
- Patients should be moved to the adjoining nursing unit.
 1. Patients from the west area should be moved into the east area.
 2. Patients from east area should be moved to the west area.
- Occupants in non-patient care areas should evacuate through the nearest exit.

HIGH BUILDING: Unit or area Evacuation

- Patients directly exposed to the fire condition should be moved first.
- Patients should be moved to the adjoining nursing unit.
 1. Patients from the north area should be moved into the center area.
 2. Patients from center area should be moved to the north area.
- Occupants in non-patient care areas should evacuate through the nearest exit.
- Departments with area specific plans will follow their internal evacuation protocol.
- ED Patients should be moved to the CORE and South Building areas of the ED.

SOUTH BUILDING: Unit or Area Evacuation

- Any patient directly exposed to the fire condition should be moved first:
- 2nd Floor patients should be moved into the High Building.
- ED Patients should be moved to the CORE and High Building areas of the ED.
- Ground Floor Patients should be moved into the Cancer Center.

CONKLIN BUILDING: Unit or Area Evacuation

- Patients directly exposed to the fire condition should be moved first.
- Patients should be moved to the adjoining nursing unit.
 1. Patients from the north area should be moved into the south area.
 2. Patients from south area should be moved to the north area.
- Occupants in non-patient care areas should evacuate through the nearest exit.
- Departments with area specific plans will follow their internal evacuation protocol.

JEFFERSON BUILDING: Area Evacuation

- Any patient directly exposed to the fire condition should be moved first:
- Patients should be moved to the adjoining nursing unit.
 1. Patients from the west area should be moved into the east area.
 2. Patients from east area should be moved to the west area.
 3. Horizontal Evacuation into High Building may be possible on Floors: 2; 3; and 4.
- Occupants in non-patient care areas should evacuate through the nearest exit.

GENERAL RULES OF EVACUATION

1. Keep stretchers to right side of hallway.
2. All non-patient or out-patient areas shall evacuate as follows:
 - High Building - Exit building on first floor and into horseshoe.
 - Bliss Wing - Exit building on ground floor and meet in Engineering parking lot.
 - South Building - Exit building on ground floor and meet in O.P.D. lot.
 - Conklin Building - Exit building on the first floor and meet in the grassy area.
3. Do not use elevators unless supervised by the Fire Department.
4. Security personnel will announce all pertinent evacuation instructions verbal command to each affected area.

In the event of a fire alarm in one of the following buildings an immediate evacuation will be conducted:

Barney Building	Engineering and Laundry
Cheney Building	Ingalls Building
Crane Building	Steam Plant
Information Services Buildings	Dormitory
Brownstone Building	
Education & Resource Building	

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Replaces: Existing

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