

Disaster Project: Franciscan Health Fire Emergency

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Disaster Management Plan: Prevention/ Preparedness:

Preventive maintenance of all warning systems, which include alarms, smoke detectors and sprinkler systems.
HVAC units are installed as air movers. 100% fresh air provided to patient rooms. Air that comes in also goes out and does not mix with other patient rooms. If outside fresh air is contaminated or smoke enters the air handlers, HVAC units shut down.
Elevators for safe vertical transportation. At least one elevator per bank is equipped with “fireman’s service” and is controlled by firemen. The elevator is called to the command center on the first floor automatically when the alarm system is activated. Elevators have a two-hour fire-rated shaft construction.
Pressurized Stairwell for safe vertical exiting.
Fire Alarm System- The system is comprised of fire/smoke detectors, manual pull boxes, and annunciation equipment, such as strobe lights and speaker.
Patient rooms and other “boxed in” rooms contain a 1 hour minimum rated door.
Exits in all corridors that lead to safe passage with a 1 hour minimum rating.
OR and several other units perform fire safety drills on a frequent schedule including practice scenarios.

Mitigation:

The organization implements mitigation of fire safety by ensuring that the staff members are trained in fire safety. Hospital in-services include hazard awareness, proper technique for the handling and storage of flammable liquids, and a briefing on the alarm system and emergency evacuation.

Recovery:

The organization's action for the recovery phase is to evaluate if the area is clear and free of obstructions in the affected area.
The operator of the organization will announce, “condition is green” to signal the all clear so that the staff and the patients can return to the unit.

Response:

R: Remove patients, visitors and employees.

Remove anyone in immediate danger to a safe place. (Kalway,23).

A: Activate the alarm.

Activate the closest alarm box.

Dial “44” on any in-house telephone to notify the switchboard operator. He/she will page a “Condition Red” (Kalway,23).

C: Confine the fire:

Close windows and doors to prevent the spread of smoke. All areas should shut off oxygen, medical gas lines, and suction lines as soon as possible. (Kalway,23).

E: Extinguish the fire:

Use a fire extinguisher or a fire hose to extinguish the fire. The operator will page “Condition Green” to signa the all clear (Kalway,23).

When using a fire extinguisher, Remember PASS:

P-ull the pill on the top of the extinguisher.

A-im the hose at the base of the fire.

S-queeze the handle of the extinguisHER.

S-weep side to side.

Description:

A fire disaster in the hospital is anything resulting in a fire. This could result from heat-producing equipment, flammable chemicals, poor wiring, and more. Fires in the hospital can be especially dangerous as there is a large number of flammable things such as chemicals or oxygen systems. Fires can cause large damages to the hospital itself, staff, and patients.

Government and Volunteer Roles: Federal:

FEMA states, the “U.S. Fire Administration supports and strengthens fire and emergency medical services and stakeholders to prepare for, prevent, mitigate and respond to all hazards.” (2024) This is done through research, training, and data collection.

State:

Indiana Department of Homeland Security states that the state fire marshal “oversees fire prevention and protection services such as the Indiana Fire and Public Safety Academy, regulated device and code enforcement inspections, emergency medical services, fire investigations and hazardous materials and radiation training and support.” (n.d.)

Local:

Indy.gov states, “the Indianapolis Fire Department provides emergency and fire protection services for the City of Indianapolis and surrounding areas.” (n.d.)

Volunteer:

Indiana Department of Homeland Security states, “Community Emergency Response Teams (CERT) are local teams in neighborhoods, workplaces and schools that are trained in basic disaster response skills, including fire suppression, medical operations and urban search and rescue. These volunteer citizens take an active role in local emergency preparedness.” (n.d.)

Responsibilities of faculty:

“FHCI’s approach is with a deliberate mission, focused on the emphasis of interdepartmental relationships and collaborations...”

“Activation of the EOP shall be done by the Administrator on Call (AOC) or designee unless the emergency, such as a fire, is of an urgent nature and immediate action needs to take place to protect the lives of patients and staff.”

“Evacuation of the hospital is not anticipated in most cases, as the risks to the patients are very great. Evacuation shall only be considered as a last resort-otherwise actions are directed to shelter in safe places within the walls of the hospital, but away from the emergency. In the event of a fire, the hospital building is designed and built to protect patients, staff, and others coming into the facility. Events such as a fire are contained by the fire/smoke doors and overhead fire suppression systems. The act of patient evacuation during a fire is very dangerous. Patient evacuation only occurs when multiple unit compartments fail.”

“Franciscan Health regularly tests its Emergency Operations Plan internally and externally with Community Response Partners. After Action Reports (AAR’s) are generated for each drill or real world emergency (RWE) and used to evaluate and revise specific plans and processes. Community response partners are included in the evaluations as appropriate to enhance overall community preparedness and response. Education of staff is an on-going process.

Resources:

Federal Emergency Management Agency. (2024, January 29). U.S. Fire Administration.

<https://www.fema.gov/about/offices/fire-administration#:~:text=The%20U.S.%20Fire%20Administration%20s,upports,and%20respond%20to%20all%20hazards.>

Fire Drills and Safety Inspections. Retrieved 2/27/2024. Official copy at <http://fa-stf-indianapolis.policystat.com/policy/14239834/.copyright2024> Franciscan Health Indianaplis.

Indiana Department of Homeland Security. (n.d.). State Fire Marshal. <https://www.in.gov/dhs/fire-and-building-safety/#:~:text=About%20the%20State%20Fire%20Marshal&text=The%20marshal%20oversees%20fire%20prevention,and%20radiation%20training%20and%20support.>

Indiana Department of Homeland Security. (n.d.). Voluntary Organizations and State Agencies. https://www.in.gov/dhs/emergency-management-and-preparedness/eoc-operations/state-agenciesvoluntary-organizations/#American_Red_Cross

indy.gov. (n.d.). Indianapolis Fire Department. <https://www.indy.gov/agency/indianapolis-fire-department>

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Fire – Code Red

A fire in a health care setting can pose a significant risk to patients, visitors and staff. Most buildings have been designed and built to protect patients, visitors and staff during a fire by using fire/smoke doors and overhead sprinklers. It is critical that all staff are familiar with their normal work area and can quickly locate a fire alarm pull station, the closest fire extinguisher, and what doors serve as two-hour smoke/fire doors. They must also have knowledge of the closest emergency exits.

If a Fire Is Discovered, Staff Should Remember RACE

Rescue anyone in immediate danger by moving them away from the fire.

Activate/Alert by pulling the closest fire pull station; call **In-House Emergency/Security** or **911** and tell the operator where the fire is.

Confine the fire by closing doors and windows to stop the spread of smoke and flames.

Extinguish the fire with a fire extinguisher; **Evacuate** if necessary.

When Using a Fire Extinguisher, Remember PASS

Pull the pin on the top of the extinguisher.

Aim the hose at the base of the fire.

Squeeze the handle of the extinguisher.

Sweep side to side.

In the event of a fire that causes patient evacuation, remember that the act of evacuating patients is extremely dangerous. Patient evacuation only occurs when multiple unit compartments fail, and is done horizontally (same floor) initially, versus using the stairwells.



FIRE – CODE RED

If you are evacuating part of the floor, remember after the patient is removed from the room, close the room door and put a Post-it® note on the door to signify to others that the room is empty.

Refer to your department level evacuation plan for instructions that are specific to your department.

MedSled – Evacuation sleds for non-ambulatory patients are staged in stairwells around each hospital. All staff should be trained to lead or support the safe use of these tools.

Evacuation of the Area

If it becomes necessary to evacuate the department, floor or building, immediately:

1. Assign a staff member to serve as Accountability Officer, conducting a headcount of patients and staff members both prior to evacuation and immediately after evacuation.
2. Assign a staff member to serve as a Liaison with the Fire Department. This person should meet the Fire Department representative upon truck arrival.
 - Advise Fire Department of evacuation status (is there anyone left in the building?).
 - Advise of location of hazardous materials currently in the area of the fire.
 - Stay with the representative until they no longer need your assistance.

Impact:

The potential impact of a fire on the hospital includes...

Evacuation

- Potential implications for patients → relocation to different facilities

Loss of equipment/supplies

- Supplies to treat burns and inhalation injuries

Structural damage

Loss or injury of staff

Mental health impacts → PTSD

Flammable/Explosive materials may cause more disaster

The potential impact of a fire on the community includes...

Multiple casualties and injuries

- Burn injuries
- Smoke inhalation injuries

Mental health impacts → PTSD

Displacement

Recommendations for Improvement:

Education:

In addition to the mandatory disaster education modules, the fire safety modules, and the routine fire drills, we would like to propose simulation experiences at the Franciscan Education Center that would help ensure all Franciscan staff is equipped to handle emergencies.

Delegation, chain of command, use of equipment (fire alarms, fire extinguishers, med sleds, etc), EOP review, department specific emergency policies.