

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

Subject: FIRE/LIFE SAFETY TRAINING	Original Issue Date: 02/98	Policy # 610
	Supersedes: 06/19	Effective Date: 11/22
Departments Consulted: Environmental Health and Safety Facilities Management	Reviewed & Approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer

PURPOSE

To ensure the safety of patients, visitors, and employees in the LAC+USC Medical Center and Augustus F. Hawkins during fire and other emergencies.

POLICY

All new Employees are required to complete a New Employee Safety Orientation (NESO) training. The NESO covers, but is not limited to the following topics:

- Fire/Life Safety
- Safety
- Security
- Emergency Preparedness
- Injury and Illness Prevention
- Ergonomics
- Workplace Violence

PROCEDURE

Initial Fire/Life Safety training must be completed within 30 days of being onboarded and every four years thereafter.

Self-scheduling is done through the intranet and successful completion of the 4 hour course maintains certification of ones awareness of life safety directives. In addition, employees complete a Monthly Education Program that includes a review of fire safety, disaster management, and hazardous materials.

Fire/Life Safety Training Class

Certified Health Care Facility Instructors provide all course instruction, which includes the following:

- Basic fire Procedure and response to fire
- Fire Prevention and chemistry of fires
- Fire Extinguisher types and uses
- Evacuation and Panic Control
- Evacuated Rescue Carries

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Initials:

- Fire Drills
- Personal safety awareness (NESO)
- Earthquake Preparedness
- Bomb Threat response

- Standard Emergency Codes:
 - Code Blue for adult medical emergency
 - Code White for pediatric medical emergency
 - Code Red for fire
 - Code Gold for mental health/behavioral response
 - Code Silver for a person with a weapon and/or active shooter and/or hostage situation
 - Code Green for patient elopement
 - Code Gray for combative patient
 - Code Purple for child abduction
 - Code Pink for infant abduction
 - Code Orange for a hazardous material spill/release
 - Code Yellow for bomb threat
 - Code Assist for urgent medical assistance to out-patients, visitors and staff
 - Code Triage Alert for potential disaster
 - Code Triage Internal for internal disaster
 - Code Triage external for external disaster
 - Code Rapid Response- for urgent medical attention to the patient

FIRE – Code Red

An employee's first responsibility in the event of a fire is **SAFETY OF LIFE**. All fires are reported without delay. When a fire occurs, tasks may be delegated to other employees in the area. Proceed in the following appropriate order:

Fire Safety Procedures (SAFE) at LAC+USC Medical Center**S: Safety of Life**

- Remove patients, visitors, employees from immediate danger

A: Activate alarm, report fire/smoke

- Activate the nearest Fire Alarm Box
- Dial x111 (Medical Center phones) and/or (323) 227-0410 (non-county phone)
- Give location and type of fire
- Telephone Operator will announce "Code Red" with location of the fire 3 times over the public address system

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Initials:

F: Fight fire with proper extinguisher, if safe to do so!

- Close all doors and windows (if safe to do so)
- Use the ABC extinguishers for any kind of fire
- To extinguish the fire, use PASS
 - **P**: Pull the safety pin (usually with a twist/pull action)
 - **A**: Aim the nozzle, horn, or hose at the base of fire
 - **S**: Squeeze the trigger handle
 - **S**: Sweep from side to side (watch for reflash)

E: Evacuation

- Check for remaining persons and evacuate
- Evacuate to another area on the same floor (horizontal) or to another floor
- Know your evacuation routes/safe refuge area

If the fire is not in your adjacent area, be alert and await instructions. Employees in an adjacent area of the fire/smoke shall respond with a fire extinguisher. **DO NOT** use elevators.

Fire Safety Procedures at Hawkins (RACE) Activation of code - Person discovering fire/smoke:**Rescue**

- Direct patients out of the Waiting Room area.
- Respond to individuals with disabilities (i.e., wheelchair, blind, deaf)

Alert

- Call: #0 for the MLK Operator (Monday thru Friday, 7am to 5pm)
- x82345 (Hawkins phones) for the Sheriffs
- After hours / weekends & (424) 338-2345 (non-county phones)
- Report incidents and location of fire, if any
- Pull fire alarm in event of fire
- Check for fire, injuries, broken glass, water and gas leaks

Contain

- Fight fire with extinguishers, if safe to do so!
 - **P**: Pull the safety pin (usually with a twist/pull action)
 - **A**: Aim the nozzle, horn, or hose at the base of fire
 - **S**: Squeeze the trigger handle
 - **S**: Sweep from side to side (watch for reflash)

Evacuate

- Perform Fire Marshal checks:
 - Turn off all machinery and gases

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Initials:

- Lock up supplies
- Check to ensure everyone is out
- Close doors
- Perform head count of employees at meeting area outside of facility

If the fire is not in your adjacent area, be alert and await instructions. Employees in an adjacent area of the fire/smoke shall respond with a fire extinguisher. **DO NOT** use elevators.

Classification of Fires

- Class A: Fires in ordinary solid combustibles such as paper, wood, cloth, rubber, and plastics
- Class B: Fires involving flammable liquids such as gasoline, acetone, greases, oils or flammable gases such as methane or hydrogen
- Class C: Fires involving energized electrical equipment, appliances, and wiring. The use of non-conductive extinguishing agent protects against electrical shock
- Class D: Fires involving combustible metals such as magnesium, lithium, potassium, etc.

Fire Extinguishers

Fire extinguishers shall be inspected monthly and the inspection shall be documented by the Fire Watch. If the Fire Watch is not available the Department of Nursing Services shall be responsible for inspecting all fire extinguishers in all nursing areas. Fire extinguishers shall be inspected in conjunction with monthly safety inspections.

Fire extinguisher inspections shall include the following:

- Pressure gauge indicates safe range
- Seal is not broken
- Nozzle is intact and not broken
- Inspection tag is current and reflects monthly inspections
- No leakage

All deficiencies shall be corrected and reflected on the monthly Safety Inspection Report. The monthly inspection shall be documented on the back of the fire extinguisher tag. The individual conducting the inspection shall record the date inspected and his/her initials.

Types of Extinguishers

- Type A: Silver canister. Symbol: A
 - Pressurized water tank used for wood, paper, cloth (Class A) fires. Do not use on flammable liquids or electrical fires
- Type B – C: Red canister (flammable liquid) and C (electrical). Symbols: B - C

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- Contains either carbon dioxide or dry chemical, which smothers the fire; used for flammable liquids (Class B) or electrical (Class C) fires.
- Type A-B-C: Red canister. Symbols: A - B - C
 - Contains a dry chemical (monoammonium phosphate) which smothers the fire; used on ordinary combustibles (Class A), flammable liquids (Class B), and electrical (Class C) fires
 - Whenever an A-B-C extinguisher is used on a Class A fire, always follow with water.
- Class D fires require special extinguishing agents and procedures.

NEVER re-hang an extinguisher once it has been discharged or if the seal has been broken, even if it is only for a few seconds. Notify Facilities Management and/or the Fire watch section for replacement. Place used extinguisher on floor (on its side).

EVACUATION

Explanation of Evacuation Terms

- **Evacuation:** The movement either horizontal or vertical from a dangerous area to one of comparative safety; (e.g., from one smoke compartment to the next less dangerous smoke compartment away from immediate danger).
- **Smoke Compartment:** A space within a building enclosed by smoke barriers on all sides; including top and bottom.
- **Horizontal Evacuation:** The movement of people across floors to safe refuge areas, stairwells, fire escapes, etc.
- **Vertical Evacuation:** The movement of people either down or up stairwells, fire escapes, or on occasion, elevators. Use elevators only upon fire department approval and under their direction for emergency use.
- **Partial Evacuation:** The movement of selected numbers of people, such as those in immediate danger or on floors immediately above or below the fire.
- **Total Evacuation,** though not always necessary or recommended, should be considered in the event of extreme emergency situations.

While it is usually advisable to go downward in a building during a fire, there are occasions when it may be necessary or more desirable to go to an upper floor or to the roof.

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Certain unpressurized stair shafts may have smoke entering the stairway due to doors being opened because of evacuation or fire-fighting. In this case, people in the stairwell may be driven upwards towards clearer air.

EVACUATION PLAN

The decision to evacuate an area shall be made by Administrative staff/Fire Department. In the event of immediate danger, the Charge Nurse or designee shall evacuate patients.

- Horizontal evacuation (to adjacent unit) should be considered before vertical evacuation.
- Hospital identification bands should be worn by patients and the medical record should accompany patients if situation allows.
- See Unit Structure Standards for additional requirements of specialty areas.
- **See Fire Life Safety Manual for complete evacuation procedures and guidelines**

BOMB THREAT- Code Yellow

Activation of Code: The activation of Code Yellow will be called at the discretion of the CEO, Administrator, AOD, Nursing Supervisor in collaboration with the Los Angeles Sheriff Department (LASD) or designee or Los Angeles Police Department (LAPD).

- REMAIN CALM
- Develop heightened security awareness for suspicious person(s) or object(s). If identified, do not approach person(s). DO NOT TOUCH, move, or cover object.
- Immediately report your observations to your supervisor or LASD at x3333 and LAC+USC Med Center at x111 or (323) 227-0410 (non-county phone).

Telephone Bomb Threat

- Call the Sheriff's immediately! X3333 or (323) 409-3333 without hanging up on the caller nor placing them on hold.
- Upon receiving a telephone bomb threat, try to record exact words of the caller, utilizing the Telephone Bomb Threat Report Form. Listen carefully and record answers to the following questions:
 - When is the bomb going to explode?
 - Where is the bomb right now?
 - What kind of bomb is it?
 - What does it look like?
 - Why did you place the bomb?
 - What is your name?
 - Time call was received?

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- Male or female? Background noises heard?
- Adult or Child? Other relevant information?

LASD will immediately contact the local police agency and conduct the necessary search. If the Administer or designee finds it necessary to evacuate an area or facility, evacuation will be accomplished by following the evacuation procedure. Every employee should be familiar with evacuation plan in his or her area. (See Fire Life Safety Manual or Unit Specific Standards Manual).

Every bomb threat is taken seriously, be calm and don't panic.

DISASTER - Code Triage

- Code Triage Alert- Potential disaster
- Code Triage Internal- internal disaster
- Code Triage External- External disaster

Activation of Code: The CEO, Administrator, AOD, LASD, Safety Officer or Incident Commander will activate Code Triage based on an emergency event., its impact on the Facility or information received from the County Operations Center (EOC) or through CWIRS radio.

Patient Care Areas

Upon notification of a disaster, all patient care areas will:

- Have employees remain on duty
- Keep telephone lines clear. Make only necessary calls
- Obtain the following information and report it to the Area/Facility Command Center:
 - Patient census
 - Number of beds available, if applicable
 - Number of possible discharges, if applicable
 - Number of employees on duty
 - Number of employees that can be reassigned
- Keep Area/Facility Command Center abreast of any changes in census and/or bed availability, if applicable.
- Stand by for further direction/information

Support/Office Area

Upon notification of a disaster, the support/office areas will:

- Have employees remain on duty
- Keep telephones lines clear. Make only necessary calls
- Obtain the following information and report it the area/Facility Command Center:
 - Number of employees on duty
 - Number of employees that can be reassigned
- Standby for further direction/information

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The LAC + USC Medical Center uses the Hospital Emergency Incident Command System (HEICS).

EARTHQUAKE

Remain Calm: If indoors, stay indoors. If outdoors, stay outdoors.

Indoors:

- Move away from windows and glass
- Take cover under a heavy desk, table or bench, or against an inside wall. **“DUCK, COVER, AND HOLD”**
- Protect your head
- **DO NOT** use elevators. If you are inside an elevator, exit at the first opportunity. If the elevator becomes disabled, push the alarm and use the telephone to summon help
- **DO NOT** evacuate the building unless ordered by the administrator or designee or by LASD unless an immediate danger exists.

Outdoors:

- Get to an open space if possible
- Stay away from buildings
- Stay away from power lines

After an earthquake:

- Assess yourself and others for injury and assist as needed
- Rescue people in immediate danger
- Assess damage in immediate area. Check for fire and fire hazard
- Follow instructions from your emergency coordinator or command center
- Start clean up of debris to clear exits in preparation for possible evacuations
- Evacuate area (if needed, according to procedures if it is unsafe to remain where you are)
- If it is safe to do so, ensure the patients have an identification band and their chart accompanies them whenever possible
- Prepare for aftershocks

HAZARDOUS SPILLS - Code Orange

Always follow the three (3) key steps:

- Safety of Life
 - Remove all individuals from immediate danger
 - Block off contaminated area; deny entry
- Report Incident
 - Dial x111

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- Give the following information:
 - Location
 - Name
 - Identify hazardous material and quantity, if know
- Don't hang up until the receiver of your information does. He or she may need additional information
- Obtain Safety Data Sheet (SDS) for the spilled hazardous material and have it available for response personnel when they arrive. There is intranet access to acquire this information. The SDS manual (unit specific) is kept in the yellow/black-striped binder in the area. Use a spill kit if available and safe to do so.

The Telephone Operator/ will page Code Orange three times.

Chemotherapy Drug Spills

Refer to Medical Center Policy # 947 -Hazardous Medications

RADIATION INCIDENT

At LAC+USC Medical Center:

External Radiation:

- Department of Emergency Medicine and attending provider will notify Radiation Safety Officer (x97855) and Decontamination team at (x94096)
- Set up decontamination area on the DEM ambulance ramp. Mark off and close the area
- If victim is seriously injured, give life-saving assistance regardless of radiation contamination
- Radiation staff will check for contamination. If contaminated, tag the victim "Radioactive" and follow specific decontamination procedures. If not contaminated, treat as regular emergency

Internal Radiation:

- Isolate patient and notify Radiation safety Officer (x97855)

OXYGEN SHUT OFF

In the event of an emergency, it may be necessary to shut off oxygen or medical gases.

- Only Doctors, Registered Nurses, and Respiratory Care Practitioners may shut off or authorize other employees to shut off oxygen ward/zone shut off valves.

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- If it is necessary to shut off oxygen, first make certain that all oxygen dependent patients have alternative means of life support. Remember: if you shut oxygen off at the ward/zone valve, ALL PATIENTS in that ward/zone will be removed from oxygen.
- Oxygen should only be shut off at the ward/zone valve when:
 - A fire is being fed by oxygen and is becoming larger
 - The oxygen cannot be shut off at bedside without endangerment of life
- To shut off the oxygen ward/zone valve:
 - Note the label above the oxygen shut off valve box which identifies the rooms/areas that are controlled by that valve
 - Remove the cover over the valve box
 - Verify identification of the correct valve to secure
 - On the flat handle valves, grasp handle and rotate one quarter (1/4) turn. On round handle valves, turn handle clockwise until it stops
- Call Facilities Management x96444 (409- 6444) to turn valve ON again. Be sure to identify clearly which valves were turned off.

REFERENCE

California Code of Regulations, Title 19, Section 9.27
California Code of Regulations, Title 22, Section 70743
Department of Health Services, Policy # 905.000, Emergency Codes
Los Angeles City Fire Code, Section 57.120.27
LAC+USC Medical Center Safety Policy #106
Fire Life Safety Manual
Medical Center Policy # 947 -Hazardous Medications
Safety Policy #126 New Employee Safety Orientation
Safety Policy #106 Fire/Life Safety Training

REVISION DATES

03/99, 12/01, 03/05, 03/09, 07/15, 06/19, 11/22