



Code Red

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CODE RED

Fire

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INTRODUCTION

A **Code Red** (fire) is initiated to alert staff of a potential fire in the Hospital, Northern Horizon Health Centre or the Nurses Residence.

It is the responsibility of all staff members to:

- Ensure that the safety of patients, residents and staff is never jeopardized.
- Know the location of fire alarm stations, fire extinguishers and exits in the hospital.
- Be knowledgeable of basic fire-fighting techniques and equipment.
- Practice good housekeeping.
- Prevent the loss of property.
- Report all potential fire hazards to your manager.
- Attend fire specific education sessions provided by the hospital, as legislated by the Ontario Fire Code (i.e.: fire drills).
- Participate in the debriefing sessions as required.

Common fire hazards:

- Careless smoking and disposal of smoking material in combustible containers.
- Exit doors blocked with the storage of equipment and materials.
- Holding fire doors open by using wedges or other movable equipment.
- Permitting debris to accumulate (i.e.: dryer lint traps).
- Using extension cords in the place of permanent wiring.
- Using damaged electrical appliances, or using electrical appliances with frayed or damaged cords.
- Flammable and combustible liquid improperly stored.

Note: Fire prevention and the elimination of all fire hazards in the building is the responsibility of all staff.

INDIVIDUAL RESPONSIBILITIES

SWITCHBOARD

Upon hearing the fire alarm:

- Walk over to the closest fire panel to verify the location.
- Announce the following over the PA system (use the common location):

Attention please, attention please

Code Red – specific area

Code Red – specific area

Code Red – specific area

Example:

Attention please, attention please

Code Red – lower level – lab

Code Red – lower level – lab

Code Red – lower level – lab

- Call 9-1-1 to confirm that the fire department has received the automatic dispatch.
- When directed by the Incident Manager, announce the following over the PA system:

Attention please, attention please

Code Red all clear

Code Red all clear

Code Red all clear

INCIDENT MANAGER (Charge Nurse, Admin on Call or Assigned Delegate)

Upon activation of the fire alarm:

- Contact Plant Operations on call during off hours.
- Assign an individual (i.e.: security guard, if available) to meet the fire department at the main entrance, if safe to do so.
- Hand-held radios can be obtained from Acute Care (located on clerk's desk) to communicate with Plant Ops and other staff during the event. Radios will be preset on channel 3.
- If needed, staff can be paged overhead.
- Ensure that any required access routes for the responding fire department are kept free of obstructions.
- Determine if evacuation procedures are necessary and initiate Code Green, if required.
- Be prepared to provide the fire department with any information or assistance they require.
- Provide direction to clear Code Red when directed by the fire department.
- Facilitate a debriefing session to evaluate the incident.
- Complete a formal [Codes Evaluation Form](#) and forward to the Fire Safety Officer.

NURSING

Upon discovery of a fire:

- Follow general fire instructions (page 5).
- Turn off any patient source of oxygen within the immediate fire area.
- Monitor stairwells and exits as external doorways become unlocked during a code Green/Red to ensure residents/patients are not in these restricted areas.
- Obtain unit IMS radio and ensure it is set to Channel 3 to enhance communication.

Upon hearing the fire alarm:

All Nursing Areas:

- Instruct all occupants to remain in their assigned area and wait for further instructions.
- Note the number of ambulatory and non-ambulatory occupants in your area.
- Anticipate the need for portable oxygen in the event the central supply is turned off.
- Turn off all non-essential equipment and appliances.
- Keep all corridors free of obstructions.
- Wait for further instructions.

Acute Care:

- Turn off exhaust fans located in the clean utility room and the tub and shower room.
- Turn off system in negative pressure rooms (rooms 364, 365, 373 and 374) if in use.

LTC Nursing Staff:

- Prepare residents for potential evacuation by applying ID wrist bands
- Prepare resident census form to monitor number of residents within facility and number of residents who have left the facility in the care of family.
- Obtain a copy of the LTC supply list and prepare items as required, including LTC Emergency kit
- Monitor (4) exits as external doorways become unlocked during a code Green/Red and monitor stairwells once code is called off to ensure residents are not in these restricted areas

MOHLTC to be notified immediately in the case of an unplanned evacuation by calling **1-800-268-6060**. A critical incident report to the MOHLTC needs to be reported within **1 business day** and completed within 10 business days.

Note: All emergencies need to be reported to the MOHLTC Emergency Management Branch at 1-800-387-5559

Note:

- The **charge nurse** assumes the role of the Code Red Leader during off hours until formal hand-off occurs.
- In the absence of clerical staff, the **charge nurse or designate** assumes the duties of the switchboard.
- When available, the security guard can be utilized, as needed.

PLANT OPERATIONS

Upon discovery of a fire:

- Follow general fire instructions (page 5).

Upon hearing the fire alarm:

- Check the nearest fire panel for the location of the fire.
- Proceed to location and investigate cause of the alarm and confirm fire.
- Obtain a hand-held radio from the nearest location to communicate with the Incident Command Center.
- Inform Code Red Leader of the fire status and action taken.
- Keep all corridors free of obstructions.
- Proceed with departmental procedures, as necessary.
- Prior to shutting off the oxygen supply, an announcement will be made, if required.
- Evaluate the need to shut off the main gas valve, the air handling units and exhaust fans, where safe to do so.

Note:

- In the event of a **Code Red**, plant operations staff are responsible for the status of all utilities, oxygen and equipment.
- In the absence of the Fire Safety Officer, plant operations on-call must complete the fire safety checklist (Appendix C) for each event. The completed checklist will be given to the Fire Safety Officer.

GENERAL INSTRUCTIONS FOR ALL DEPARTMENTS**Upon discovery of a fire:**

- Assist patients and others who are in immediate danger, if safe to do so.
- Close all doors, windows and ensure lights are left on.
- Activate the fire alarm by pulling the nearest pull station.
- Dial "0" (switchboard) and give exact location of the fire.
- Turn off all appliances and equipment if safe to do so.
- Ensure that all occupants are accounted for and send number of occupants to Incident Manager

Food Services: If the fire is in the exhaust system or cooking equipment and the automatic extinguishing system has not activated, activate the system manually if safe to do so.

Upon hearing the fire alarm or Code Red:

- Listen to the announcement for location of the fire.
- Return to department if safe to do so, if not safe to return call department and let them know your location.
- Turn off all appliances and equipment.
- Do not use the elevator.
- Reassure all occupants and have them remain in their designated area.
- Ensure that all occupants are accounted for and send number of occupants to Incident Manager.
- Prepare for potential evacuation (Code Green).
- Wait for further instruction from the Incident Manager or Switchboard

Note:

During a fire emergency, unless otherwise advised, the fire department is expected to respond through the main entrance of the building. It is important to keep this area clear so the response of fire fighters is not restricted.

FIRE SAFETY OFFICER (Maintenance Supervisor)

The role of the Fire Safety Officer is to ensure fire safety within the organization.

Responsibilities:

- Ensure that the Geraldton District Hospital meets current Ontario Fire Code.
- Liaison between the Hospital and the fire department.
 - Plan and conduct regular fire drills
 - Evaluate outcomes and identify deficiencies from fire events
 - Develop and recommend correction action plan
 - Maintain written documentation
 - Complete Fire Safety Checklist (Appendix C)
- Ensure fire alarm system/equipment is inspected regularly.
- Provide learning opportunities for all staff regarding fire education.
- Annual review of fire safety program status and report to Operations Support Manager.

Note:

Fire events include drills.

The Fire Safety Officer is to notify switchboard not to contact 9-1-1 prior to conducting a drill.

GENERAL INFORMATION

The Geraldton District Hospital is equipped with various types of fire suppression and alert devices throughout the building.

Sensing Devices (smoke detectors and heat sensors):

Smoke and heat detection devices are located in air ducts, mounted on ceilings and other areas, such as above the range in food services.

These devices are wired to a master display (annunciator) panel and can be monitored at remote panels in the building.

Suppression Devices (hand held extinguishers, fire hoses and sprinkler systems):

ABC (all purpose) dry chemical extinguishers, pump or air pressure water cans and wall-mounted fire hose stations are situated in various locations in the hospital. These devices can be hand operated. Fire will activate the sprinkler systems.

Alert Devices (pull stations):

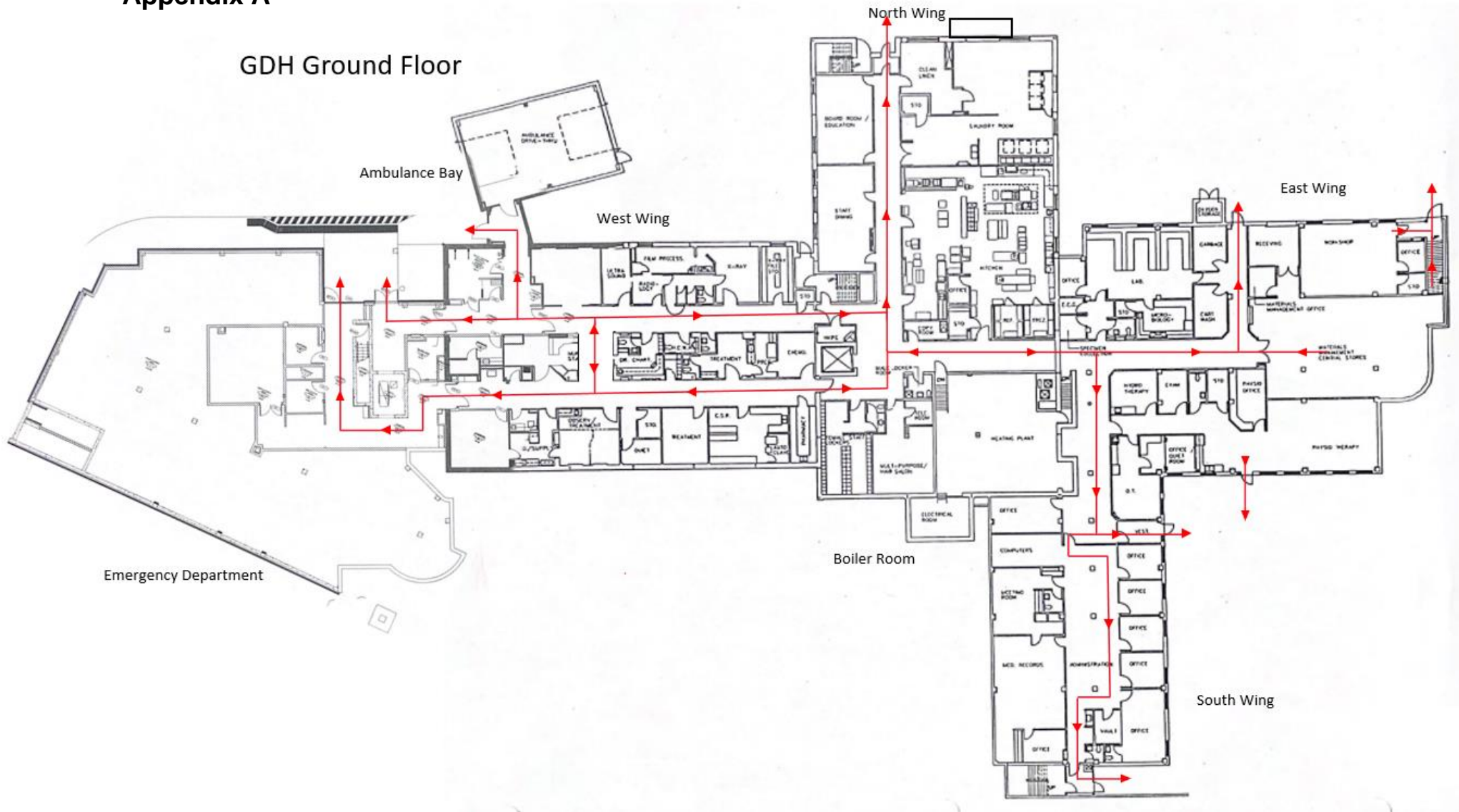
Wall mounted pull stations are located throughout the building and are linked to the master fire panel. **Pull stations also unlock the magnetic door locks.**

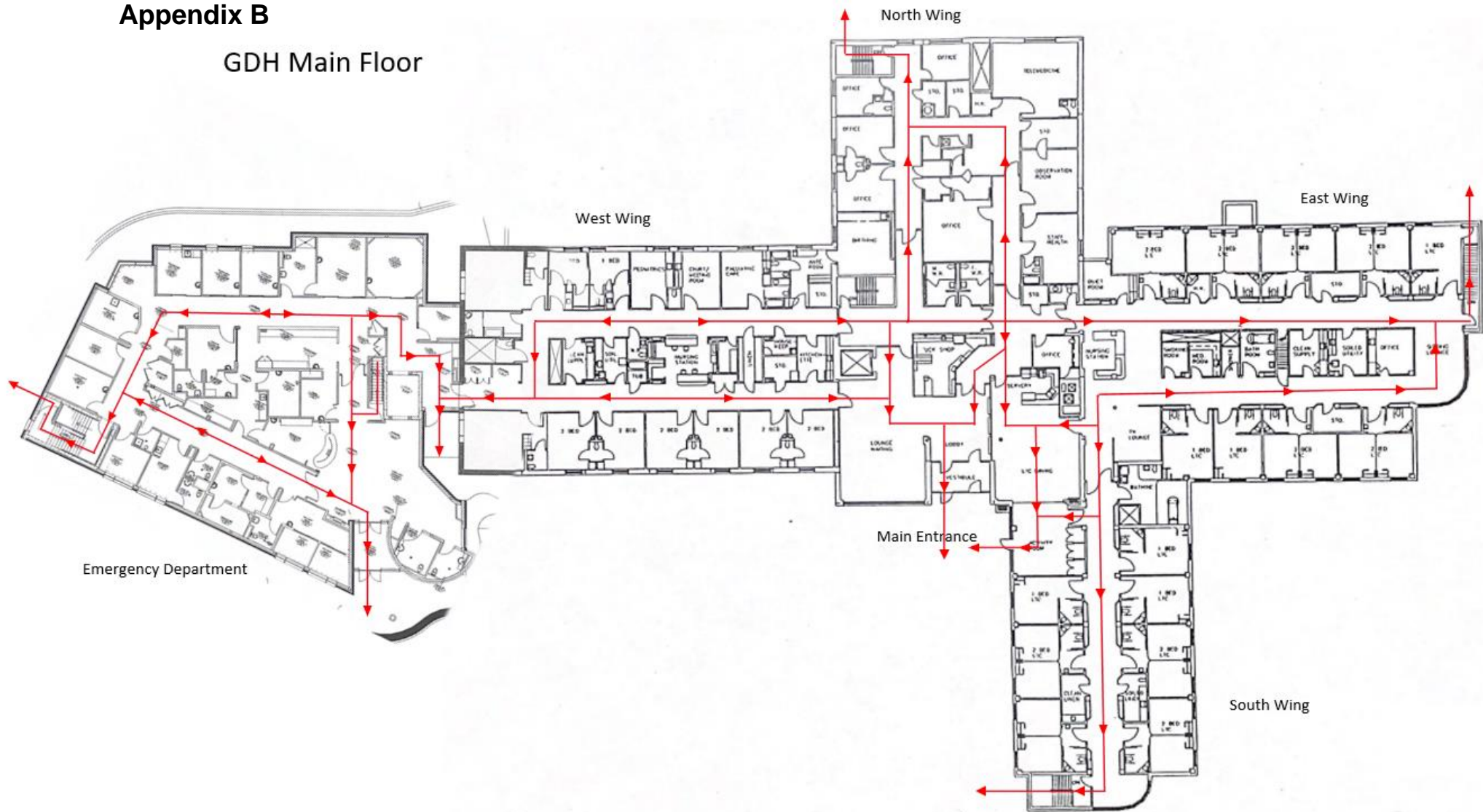
Fire Separation:

Areas/units (i.e.: LTC, ER, Acute Care) are separated by firewalls or fire doors to contain and/or prevent further spread of fire.

Appendix A

GDH Ground Floor



Appendix B**GDH Main Floor**

Appendix C

FIRE SAFETY CHECKLIST (Code Red)

Date: _____ Time: _____ Location: _____

☐ Comprehensive Drill ☐ Silent Drill ☐ Table Talk ☐ Other

Instructions:

The Fire Safety Officer or designate is responsible for monitoring employee responses and assessing building features during every fire drill and at any time the fire alarm audible signal activates. Forward this completed form after each drill to the Support Services Manager.

Section 1: Assessment of persons discovering/responding to fire:

Describe fire drill scenario, fire incident or fire alarm occurrence:

	Yes	No		Yes	No	N/A
Simulated or actual activities						
Were people in immediate danger evacuated?			Zone of origin evacuated?			
Were doors closed and latched to confine the fire and reduce smoke spread?						
Was the fire alarm manually activated (if the scenario required this action)?						
Was the fire department called or switchboard notified as required by procedures?						
Was an attempt made to extinguish the fire?			Was attempt appropriate?			
Did sufficient staff respond and evacuate endangered occupants in an organized and timely manner?						
Was scene supervision appropriate?			Were instructions clear?			
Horizontal evacuation conducted?			Vertical evacuation conducted?			
Comments/observations/recommendations on emergency responses:						
Assessment of specialized supervisory staff responses						
Was the fire department notified by phone promptly and correctly?						
Were verbal instructions correct and clearly stated over the voice communication system?						
Did designated staff respond correctly to provide fire dept. assistance and access?						

				Yes	No	N/A
Confirmed fire alarm monitoring company received alarm signal?						
Fire department notified after drill?						
When applicable, confirmed fire department received alarm signal?						
Unscheduled fire alarm signal activation:	Date:	Time:	Applicable:			
Cause of alarm determined to be:						
Fire department arrival time (if known):						
Fire alarm control panel reset after emergency was over?						
Fire alarm "trouble signal" clear?						
"All clear" announced and staff instructed to sign "emergency codes participation record"?						
Fire alarm ancillary devices reset and checked: -Electro-magnetic locking devices -Elevators -HVAC -Hold-open features on fire doors						
Fire alarm system repair company notified of repairs required? -Time: -Name of person contacted:						
Fire alarm system repaired: Date: Time:						
Conclusions, recommendations for changes to fire safety plan or procedures:						

Print Name:	Signature:	Date: