



**UNIT SPECIFIC FIRE PLAN  
IN-PATIENT AND AMBULATORY PATIENT CARE AREAS**

**Note:** Use this form for your fire plan if you are:

1. An in-patient area, or
2. An ambulatory patient care area. In ambulatory patient care areas, patients do not stay overnight but four or more patients are regularly rendered incapable of self-preservation during an emergency at any given time.

Date Plan Completed:	November 22, 2008	Unit:	Main Operating Room
Location: Building:	White	Floor:	3
Unit Safety Contact:	Operations Manager	Phone:	pager 36605/ phone 617-724-8803
Alternate Contact(s):	Nurse Director	Phone:	pager 15562/ phone 617-643-0191

**SECTION 1:  
FIRE PREVENTION – AREA RISK ASSESSMENT**

**1. IDENTIFY THE MAIN FIRE HAZARDS IN YOUR UNIT AND ASSURE APPROPRIATE SAFETY MEASURES ARE IMPLEMENTED AND MAINTAINED.**

The Main hazards in the Operating Room (OR) are things that can ignite which are fuel sources (sponges, drapes, linen, gowns, prep solutions), items that plug into a power source which are the ignition sources (lasers, bovies, scopes, bair huggers, etc.) and oxidizers which would be the oxygen used during surgery. Proper measures are implemented to ensure proper use of such items as seen in our policies and procedures and in the way we store such items.

**2. CONTACT MGH EH&S AND REVIEW THIS PLAN WITH THE MGH LIFE SAFETY OFFICER PRIOR TO ANY CONSTRUCTION OR RENOVATION WORK ON YOUR UNIT. FULLY IMPLEMENT ALL INTERIM LIFE SAFETY MEASURES NECESSITATED BY CONSTRUCTION/RENOVATION ACTIVITY.**

- List significant storage quantities and regular accumulations of combustible materials such as paper products, linens, ignitable chemicals (including items like alcohol saturated wipes, hand washing gels), trash accumulations, plastics, housekeeping products and other such materials.

The majority of supplies are kept in the Jackson/Bulfinch 3 supply room, any of the anesthesia workrooms, the pump room, the OR blood bank and the service specific set up areas. Blake 3 has storage in the pump room and surrounding set up rooms. The White has a small room of sterile linen storage which is turned over daily to the different ORs. Cardboard boxes are being disposed of through the Gray Bigelow service and Jackson 3 elevator areas. Trash is brought to the Gray 3 service elevator area and quickly brought out of the OR. Larger quantities of ignitables like alcohol are stored in a fire rated cabinet.

- List potential sources of ignition. Pay particular attention to items such as heating appliances, electrical line-operated equipment, and specialty items such as lasers.
- This includes anything that plugs into an electrical outlet such as scopes, drills, bovies, light boxes, warming equipment, SCD machines, beds, anesthesia equipment, pumps, monitors, perfusion equipment, lasers, etc.
- List significant quantities of oxidizing materials in use or storage, particularly compressed oxygen gas, nitrous oxide gas and liquid oxygen.

Reminder on Gas Cylinder Storage Rules  
12 E (small) or 1 H (large) cylinder per smoke zone: may be located in alcove in corridor; do not obstruct hallways and fire egress; Quantities above this limit need to be in an enclosed space with a door. Call Safety at 6-2425 with questions

Oxygen tanks are delivered through the White elevators and temporarily placed in the Anesthesia workrooms for dispensing to the different ORs, other tanks are maintained in cardiac, across from Biomedical Engineering and outside of the PACU. We have gases in every OR.

- Apply appropriate safety measures.
  1. Minimize quantities of combustible storage.
  2. Isolate combustible storage and/or separate it in an approved room, closet or fire resistant cabinet.
  3. Utilize safe storage practices (e.g. secure gas tanks, do not obstruct sprinklers...).
  4. Provide continual area supervision.
  5. Practice effective housekeeping; keep trash accumulations to a minimum.
  6. Follow fire safety policies and procedures, particularly with respect to the prohibition on smoking and the use of only fire safe furnishings and decorations (e.g. upholstered and reupholstered furniture; draperies and other decorative materials; holiday decorations; wall coverings: vinyl paper (also if used on ceilings) and fabric/textile type coverings; panel systems: such as used for room dividers; floor coverings; tents and temporary enclosures: mattresses and mattress products).
  7. Isolate and control all potential sources of ignition.
  8. Assure the integrity and regular maintenance of all electrical equipment.
  9. Assure staff awareness and training.
  10. Other

## **SECTION 2: RESPONSE PREPAREDNESS**

- 1. DOCUMENT THE FOLLOWING INFORMATION FOR YOUR UNIT.**
- 2. ASSURE THAT THIS INFORMATION IS PRESENTED AT ALL UNIT FIRE SAFETY TRAINING SESSIONS.**
- 3. TEST STAFF KNOWLEDGE OF THIS INFORMATION DURING UNIT FIRE DRILLS.**

### **List Fire Alarm Pull Station Locations:**

- These are usually located by the exit stairwells.
- There may be an additional one at the Nursing Station.

There are pull stations throughout the O.R.. Everyone should find ones in the areas they travel. We listed more than just the one building because our staff travel to different areas. Here are some of the locations: Near stairwells, in the Blake next to the stairs near the pump room; outside O.R. 44; across from the decontamination/instrument room; across from the Jackson PACU (formerly O.R. 41); across from O.R. 42, at the Jackson elevators: across from O.R. 28; **across from O.R. 1; at the White elevators; behind the door on the right exiting the O.R. going to the PACU from the Thoracic area near OR 10; out of the O.R. past O.R. 5 on the left; across from O.R. 4;** behind the Gray desk; in the Induction room for O.R. 22

Description of unit's fire alarm signal: The signal is different for each building. It alarms as a tolling bell or flashing lights.

(Note: To familiarize yourself and others with the alarm sounds in your unit, actively listen during the next announced alarm test. For most floors, another option is to go to the Environmental Health and Safety Department's web page at [http://intranet.massgeneral.org/ehs/ehs\\_home.htm](http://intranet.massgeneral.org/ehs/ehs_home.htm), follow the links from Our Programs to Life Safety to Fire Alarm Sounds and click on your Building/Floor to hear a recording of your unit's signal.)

### **List Fire Extinguisher Locations:**

- Note the type(s) and be sure they correspond to the type(s) of fires anticipated in the area.

Fire extinguishers are located in every induction room as well as strategically placed throughout the O.R. such as in hallways in the glass fire cabinets and in rooms like the instrument room, near elevators and then one where the dumpsters are located. The Main OR has "ABC" extinguishers which can be used on all types of fire. We also have some BC extinguishers and 1 water extinguisher in the Main O.R. (OR 39 Induction). The White building has several glass cabinets like near the scrub sink in the ORs 3, 4, 14 hall and across from OR 9. Others are in the induction rooms and set up rooms.

### **Smoke and Fire Barrier Wall and Door Locations:**

- These are critical to allowing for safe and effective horizontal patient relocation on the in-patient and ambulatory patient units.
- Floor drawings showing these features are available from the EH&S Office and are intended to be attached as part of this unit-specific fire plan. These barrier walls are also labeled in the field at the abutting ceiling grid to assist in identification.
- All doors in these barriers must be closed during a Code Red event.

**Your Unit Evacuation Strategy:**

- All in-patient and ambulatory care patient areas use a “Protect-in-Place” evacuation strategy as described in section 3.

**Horizontal Areas of Refuge Locations:**

The horizontal relocation areas for this unit are as follows:

Within the Unit: As directed during an event  
Into an Adjacent Building: As directed during an event

**Vertical Evacuation Assembly Locations:**

Primary: As directed during an event  
Secondary: As directed during an event

**Medical Gas Zone-Shut Off Locations:**

- Zone-shutoff-valves for medical gases will be located in the corridors. Where a zone-shutoff-valve controls gas supply to more than one room, check patients for continued oxygen needs in all rooms identified as being controlled by the particular valve before shutting the valve in an emergency. Patients may need to be either moved or serviced with manual oxygen administration methods.
- The room(s) that a zone-shutoff-valve controls will be listed on the outside frame of the wall-mounted box that houses the shutoff valve.
- **RESPIRATORY CARE:** Whenever medical gas is shut off in a Code Red emergency, the nurse in charge or his/her designee must notify and consult with Respiratory Care regarding continued oxygen management. Clinical staff must follow the direction of Respiratory Care regarding supply management during such incidents.

The zone shutoff-valve(s) in this unit is/are located as follows and are clearly labeled:

Medical gas shutoff valves are labeled as to which valve contains which gas and are located outside each operating room. Each set of valves is labeled for which O.R. they control.

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**SECTION 3:  
RESPONSE PROCEDURE****1. USE THE “R.A.C.E.” PROCEDURE TO RESPOND TO A CODE RED EVENT IN YOUR UNIT.**

To the extent possible during a Code Red event, coordinate staff response to carry out these four steps simultaneously.

**R - RESCUE**

- Provide prompt assistance to persons in immediate danger and relocate them to a safe area if necessary.
- Reassure patients and visitors and coach them through the floor’s response as necessary.

**A - ALARM**

- Upon discovering smoke or flames, or upon hearing the building fire alarm activated, loudly announce “**CODE RED**” (and the location of the incident, if known) to other nearby staff members to assure that everyone recognizes that a fire-related incident is in progress.
- Anyone hearing “**CODE RED**” at the site of incident origin must immediately activate the nearest fire alarm pull station if the building’s fire alarm has not already sounded.
- In all cases, begin implementing this plan upon alarm and listen for and follow all overhead instructions.
- From a safe area, place a backup call to Telecommunications by dialing 6-3333. Give the specific location of the Code Red.

**C – CONTAIN**

- Act to limit the spread of smoke and heat by closing all doors and windows.
- Take appropriate actions to ensure that any portable oxygen (and in some locations, any nitrous oxide) cylinder supplies are moved and/or isolated from the event if necessary.

## **E - EXTINGUISH / EVACUATE**

### **EXTINGUISH**

- Extinguish the fire if it is small enough to do so safely.
- Smother the flames or use a nearby fire extinguisher.
- For clothing fire, “STOP, DROP AND ROLL”.

### **EVACUATE**

- Upon alarm, initially “**protect-in-place,**” provided it is safe to do so. Place patients in their rooms and close their doors. The hospital’s first response team will arrive promptly, assess the incident scene and advise regarding any further patient relocation.
- When patient relocation is required, the first option is always to relocate horizontally into an adjacent area of refuge. An area of refuge is an adjoining space on either the same floor or in an adjacent building at the same floor level that is separated by special construction to resist the spread of smoke or fire. Areas of refuge include separate smoke or fire zones and exit stairwells where people can shelter from a fire until the incident is controlled and/or emergency assistance arrives.

List of items you will need to take with you if evacuating the unit: A daily schedule, the Nursing “People sheets”, the Anesthesia “Road Map”, the visitor sign in book, available cell phones.

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- Only in the most extreme circumstances will the decision be made to move patients vertically and this order will come from the responding fire department chief or MGH Administration.
- In the event someone is unable to evacuate vertically, they shall be escorted to a horizontal area of refuge available to the floor and positioned there along with another person who is fully ambulatory. The unit safety officer will then notify the first response team or the fire department of the location of the area of refuge and the number of people positioned there.

## **SECTION 4: DRILLS**

- 1. ONCE YOU HAVE DEVELOPED THIS UNIT-SPECIFIC FIRE PREVENTION AND RESPONSE PLAN, YOU ARE READY TO PRACTICE ITS IMPLEMENTATION BY CONDUCTING UNIT FIRE DRILLS.**
- 2. IN-PATIENT AND AMBULATORY CARE UNITS ARE REQUIRED TO CONDUCT FIRE DRILLS ONCE PER QUARTER PER SHIFT. FIFTY PERCENT OF THESE DRILLS MUST BE UNANNOUNCED.**
- 3. UNITS MUST DOCUMENT DRILL ACTIVITIES USING THE CODE RED DRILL EVALUATION FORM FOR PATIENT CARE AREAS.**

Remember: Any time the fire alarm in your building is activated for any reason, and you implement your unit’s fire plan in response to it, you can count your response as an unannounced fire drill provided it is properly documented.

If anyone has any questions about this plan or their responsibilities regarding it, they should first contact the unit safety officer.


The MGH Life Safety Officer is always available at 6-2425 to consult with and/or to lend any further assistance.



**LEGEND**

 SMOKE BARRIER

 2 HR FIRE BARRIER

 1 HR FIRE BARRIER

 EXIT STAIRWELL

 EXTERIOR SPACE

LEVEL 3  
 NOT TO SCALE