
CODE RED (Fire)

Approved by: OHS Committee**Effective Date:** April 26, 2019

EP-05

Issued By: Administration**Review Date:** Oct 23, 2025**Department(s)** All

INTRODUCTION

All employees must be trained to respond promptly in a pre-planned and coordinated manner and all supervisors must be prepared to exercise supervision and responsibility as required. The procedures used during a fire emergency involves rescuing endangered occupants while at the same time taking steps to confine, control, or extinguish the fire.

All employees are expected to be familiar with the plan and capable of assisting in its implementation.

The hospital construction and safety systems are designed to minimize the prospect of a fire occurring or spreading significantly before effective counter measures are taken.

Heat and smoke sensors are strategically located throughout the hospital. Should any of these sensors detect an abnormal condition an alarm will be sent to both the hospitals internal alarm system as well as to the municipal fire station. The alarm will pinpoint the exact location of the fire for fast response. Triggering the alarm will also release the magnetic devices holding the fire doors open, isolating the threat to a single fire zone, and; disengage any magnetic locks on secondary exit doors.

The entire hospital is equipped with a sprinkler system that will automatically discharge whenever heat triggers the mechanism. Only the sprinkler(s) in the immediate area of the heat source will discharge. The kitchen hood is equipped with an automatic fire suppression extinguisher system.

Prevention is our first line of defence. Be aware, be vigilant, and be proactive.

Preparation is our second line of defence. Know the code, know the general layout of the hospital, know intimately the layout of your department, and know the location of your pull stations, fire extinguishers, emergency boards and your exits.

NOTICE

Please be advised that Emergency Preparedness Code Processes apply to Lennox and Addington County General Hospital proper. Therefore, not all steps in Emergency Preparedness Codes are necessarily applicable to programs, clinics and departments located in Lenadco Building, or Westdale Complex ("the Outbuildings"). Please refer to program, clinic, or department specific internal Emergency Preparedness procedures for further guidance as the case may be.

FIRE WATCH

On the occasions when the system controlling the heat and smoke detectors is temporarily disabled for maintenance or repair, a **FIRE WATCH** is declared reminding all employees to be extra vigilant for any indication of fire. Individuals discovering a fire or smoke must manually trigger the alarm. Alarm pull stations are situated beside every exit.

The fire hose cabinets contain fire extinguishers appropriate to the type of fire one could reasonably expect in the immediate area of the cabinet. In addition, there are extinguishers wall-mounted throughout the facility. Extinguishers are inspected monthly to ensure that they will function properly when needed.

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ROLES AND RESPONSIBILITIES

First Person on Scene of Fire

Upon Discovery of Smoke or Fire:

R	=	<p>RESCUE</p> <ul style="list-style-type: none"> Remove patients/residents, visitors and employees from the scene of the fire Call out "Code Red" and location.
E	=	<p>ENCLOSE</p> <ul style="list-style-type: none"> Close Oxygen Valves (if applicable) Close door to site of fire.
A	=	<p>ALARM</p> <ul style="list-style-type: none"> Call out "Code Red" and location. Activate pull station
C	=	<p>CALL 333</p> <ul style="list-style-type: none"> Dial Ext. 333 and advise of situation Give specific information such as your name and exact location of fire.
		Remove all person(s) from zone of fire.
T	=	<p>TREAT ANY INJURIES</p> <ul style="list-style-type: none"> Treat any injuries Await further instructions

Staff in the Immediate Fire Zone

- Assist in the evacuation of the fire room, shutting the room door behind you. Flip the rescue marker to white. Yell Fire.
- Pull the nearest fire alarm and call for help.
- Return to the scene of the fire closing doors as you go.
- Remain as close to the site of the fire as possible to direct responders.
- Designate an employee to coordinate the evacuation of any patients/residents or visitors.
- Designate an employee to go to the Main Entrance on the First Floor to guide Fire Response personnel to the site of the fire and communicate updates to Switchboard.
- Await further instructions.
- In the event of a hospital-wide evacuation (indicated by fire alarm sounding 120 beats/minute) all persons will be relocated to the Westdale Complex.
- Designate employee to monitor stairwell(s).

Staff Not in the Immediate Fire Zone

- Listen carefully to the location of the fire.
- If possible, send one staff member to fire scene to assist in evacuation.
- Stay in your current location and await further instructions.

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Switchboard (7 am – 9 pm) / Emergency Department (9pm to 8 am)

- Check fire alarm panel for location of fire.
- Switchboard ONLY – Confirm location of fire from Code Phone (333).
- Dial 911 to reach the local Fire Department and give location of the fire.
- Dial “781” and announce “Code Red”- Location (Repeat three (3) times).
- Upon direction from the Fire Department, Maintenance or Admin On Call, dial “781” and announce “Code Red - All Clear” repeat three (3) times.
- Contact Director of area affected or Admin On Call afterhours.

Key Things to Remember During a Code Red

- Stay calm and focused.
- Patients/residents are your responsibility and people are your priority. Remove them from the immediate area of the fire.
- Closing the door to the fire area is the most effective means of restricting the spread of fire.
- If you are clearing people from a room, turn off the oxygen at the wall outlet before turning off the lights, closing the door and setting the **rescue marker flag**. All rooms are equipped with a rescue marker flag. Following a room evacuation, the white marker is flipped up to cover the red flag indicating the room has been cleared of personnel. Should the door be opened following the marker being set, the white marker will drop exposing the red indicating the room has to be rechecked.
- Do not use the elevators.
- Do not use the telephones other than as it relates to the Code Red or another emergency code.
- Reassure patients/residents and visitors and ask visitors to stay/assist with patients/residents they are visiting.
- Clear all equipment impeding movement in the hallways.
- Check all rooms in your area.
- Remain alert for further instructions.
- Monitor entrances to minimize traffic.
- Unless in the fire zone, stay where you are and await further instruction.

EVACUATION TYPES

Room(s) Evacuation

When a fire has been discovered, all people must be removed from that room, and the door to the room must be closed to isolate the fire. **Flip the rescue marker to white.**

Horizontal Evacuation

An extension of the simple evacuation is a horizontal evacuation, whereby patients/residents are moved from the zone in which the fire has been discovered. Horizontal evacuation procedures can be extended at the discretion of the fire departmental Charge Person to reflect a move horizontally to another wing. Decision to evacuate horizontally is made by the Team Leader, Fire Department or Admin On Call.

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Vertical Evacuation

Vertical evacuation involves the removal of patients/residents from the fire-affected or fire-threatened floor to a fire-safe area or floor within the building. This type of evacuation is usually conducted downward. Decision to evacuate vertically is made by the Team Leader, Fire Department, or Admin On Call.

NOTE: It is imperative for any Horizontal or Vertical Evacuation that designated Fire Separation Doors throughout the hospital remain closed.

Total Evacuation

A total evacuation of the hospital, if required, will be carried out in accordance with the procedures detailed in **CODE GREEN**.

FIRE ALARMS

Three (3) devices that activate the alarm system:

1. Pull station (**Figure 1**) – These are located beside all building exits and staircases and are to be activated manually by anyone discovering smoke/fire in the hospital.
2. Smoke/heat detector (**Figure 2**) – These are located on ceilings throughout the hospital and are activated when smoke/heat reaches the sensors in the device.
3. Sprinkler system (**Figure 3**) – These are located throughout the hospital and are activated when the ceiling temperature reaches a certain level and activates the sprinkler head to release water.

-Figure 1-



-Figure 2-



-Figure 3-



In the event of a Fire Protection System malfunction, or the hospital being on **Fire Watch**, the telephone paging system will be utilized. Dial either 333 or 781 – state “**Code Red** and Location”. The Fire Department will be notified by telephone (911) by the Switchboard Operator or ED nurse.

The Hospital Alarm System Sounds Two Audible Signals:

- **The First Stage Alarm** sounds at a steady pulse rate of 20 strokes/minute and is intended to alert all occupants of a **potential** threat rather than to signal a need to evacuate all or a specific portion of the building. The alert stage is to advise occupants of the building of a fire emergency in a specific area of the hospital. At this stage, staff are expected to investigate their immediate surroundings and report any problems they encounter.

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- **The Second Stage Alarm** will sound a temporal tone continuously at a rate of 120 strokes/minute and indicates that an **evacuation** is imminent. On hearing this alarm, employees will be expected to prepare for the evacuation of the building. Staff will be advised as to which area to start evacuating.

USING THE RIGHT FIRE EXTINGUISHER

		TYPE OF FIRE			RANGE	HOW TO OPERATE
		 ORDINARY COMBUSTIBLES - wood - paper - cloth. etc.	 FLAMMABLE LIQUIDS - gasoline - paints (oil based) - oils etc.	 ELECTRICAL EQUIPMENT - motors - switches		
TYPE OF EXTINGUISHER						
WATER	Water Pump Tank	✓	✗	✗	9M TO 12M	Place foot on footrest, pump handle and direct stream at base of flame.
	Stored Pressure	✓	✗	✗	9M TO 12M	Pull pin, rupture cartridge if applicable, then squeeze nozzle to release agent.
CO2		✗	✓	✓	1M TO 1.5M	Direct discharge at base of flames in a sweeping motion, then direct it gradually forward or at remaining burning material. NOTE: All extinguishers require annual servicing or servicing after use.
HALON		✓	✓	✓	2.5M TO 4.5M	
DRY CHEMICAL	ORDINARY	✗	✓	✓	1.5M TO 6M	
	MULTI PURPOSE	✓	✓	✓	5M TO 7.5M	



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HOW TO USE FIRE EXTINGUISHERS

ACTION	TECHNIQUE
	<p>PULL THE PIN Pull the pin or other required motion to unlock the extinguisher.</p>
	<p>AIM AT THE BASE (BOTTOM) OF THE FIRE Stand 6 – 10 feet away.</p>
	<p>SQUEEZE THE TOP HANDLE OR LEVER This action will discharge the agent.</p>
	<p>SWEEP FROM LEFT TO RIGHT Repeat sweeping action until the fire is completely extinguished. Once the fire is extinguished, continue to observe the area in case it re-ignites.</p>

Fire Education

See [Fire Response Education/Training - Health & Safety #3-80](#)

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ALBAC RESCUE MATS



AlbacMats are available to assist with the evacuation of injured or disabled persons down the stairs from the Second to First Floor.

Persons injured or with disabilities on the Second Floor during an evacuation may need to be evacuated using one of the three (3) stairwells serving the floor. Persons incapable of evacuating on foot will need to be evacuated using the AlbacMats stored in the second floor Fire Hose Cabinet located next to the patient entrance of Room 204, across from the photocopy room.

Using the AlbacMat

All staff on duty must know the location of the AlbacMat.

Caution:

Risk assess the situation:

- Is it safe for you to use this equipment within an emergency environment?
- Do you have sufficient resources to manage the weight of the load of the person being rescued and the process of transferring the person and moving them down a flight of stairs?



Transferring Patient /Residents to the Mat



Hold the AlbacMat by the top handle across your body with the logo away from you. Stand at the foot end and to the side of the person and 'throw out' the AlbacMat to unravel it from within itself (keep hold of the handle).

Once unravelled, position the mat beside the person, on the floor. Assist the person to the floor lying them on the mat with their feet at the foot end of the mat. This may require two (2) rescuers if the person is unable to assist themselves.

Using the straps AlbacMat, strap and the knees. Use the side strap at the head the person and pull them to safety.

If the person is on the floor, in a narrow area, at the foot end to pull them to an area where you head end for your comfort.

Once the person is at the assembly point, they while the rescuer returns to evacuate other

Two Person Rescue

The process is the same, but two (2) rescuers working either side of the person to perform a difficult transfer.

Each rescuer has a free hand to assist another person by opening doors etc., should it be required.



down each side of the the person in across the chest end of the AlbacMat to turn

use the handle (not the strap) can use the handles at the

can be left on the AlbacMat people.

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Stairs

The AlbacMat has been tested using various methods of descending stairs and staircases. While it is preferable to have two (2) rescuers when transferring down stairs, it can also be performed by a single rescuer. The recommended procedures for each method are listed below.

Single Personnel:

It is recommended that the side handles be used for maximum control. The rescuer has brought the person to the staircase and may need to adjust their handle usage before beginning the descent. The rescuer walks on a backward angle down the stairs so that the person will also travel backwards. Be aware that the persons' bottom and feet will fall into each step, so caution will need to be taken. The patients/residents back may rest against the rescuers thigh to assist with balance and gravity for the rescuer as they can push into this weight to prevent being pushed down the stairs.

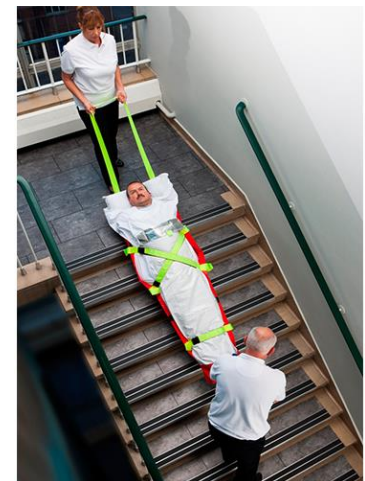


The above method enables the rescuer to have full control of the person and turn them as necessary to negotiate each flight of stairs.

Two Personnel:

An evacuation involving stairs can be performed quickly with two (2) personnel. If one (1) person is stationed at the stairs during an evacuation, the stairs will not be a problem.

The rescuer transfers the person on the AlbacMat to the top of the stairs. The person's feet need to be over the edge of the stairs so the rescuer on the stairs can assist using the handle (not the strap) at the foot pocket to position the person. The rescuer on the stairs guides the person until their feet/body are resting on top of the stairs.



The rescuer at the head end is to guide the persons' weight. The AlbacMat will do the work. Rescuers will walk down the stairs almost normally. One of the longer straps may be useful here. The method is to allow the mat to 'skate' over the top of each step, so the lower the person is on the mat, the better weight transference and the easier they will slide down the stairs.

The rescuer at the foot end is there as a support and can slow the person if it gets a little fast. This is done by raising the feet, using the handle on the foot pocket. Rescuers also turn the person around the staircase to the next flight. They are also available to 'tug' the mat if it stalls on the edge of a step (cease in board may rest upon a step).

GROUND LEVEL 0

REDACTED

LEVEL 1

REDACTED

LEVEL 2

REDACTED