



Disaster Codes

DR. RED: Fire

DR. BLUE: Cardiac Arrest

DR. BLACK: Bomb Threat

DR. ORANGE: External Disaster

DR. PURPLE: Storm/Tornado

DR. GREEN: Riot

DR. BROWN: Earthquake

DR. YELLOW: Additional Manpower

DR. PINK: Infant Abduction

DR. ICE: In Case of Emergency (Rapid Response)

DR. SILVER: Active Shooter

Safety

- Safety is every employee's responsibility.

Dr. Red- Fire

- Fire poses a serious threat to the safety of our patients, visitors and staff.
- Every employee, volunteer, and independent licensed practitioner must know and use the proper steps to follow in the event of a fire or during a fire drill. Each person must know the location and proper operation of the features of fire protection (fire alarm pull stations, fire extinguishers and exits) located within their departments and work areas.
- Fire Alarm Pull Stations - Located at every primary exit (may be located closer to decrease travel distances).
- Fire Extinguishers - Located every 75 feet of travel distance (may be located closer to decrease travel distances).
- If a fire extinguisher is discharged (used), it **MUST** be promptly returned to Maintenance for replacement.
- Exits - Each smoke compartment is provided with two remote exits.
- Fire and Smoke Compartments - Fire compartments are designed to protect persons and property by stopping the spread of smoke and fire. They also provide an area of safe refuge while evacuating.
- In the event of fire emergency or fire drill, do not enter or exit through closed fire doors unless you are responding to the fire or fire drill or you are instructed to evacuate the area. Smoke and fire doors are important and are required to close and latch properly.

Emergency Procedure

- In the event of a fire drill or actual fire, you must perform the **RACE procedure**:
- **R**escue those in danger
- **A**ctivate the alarm
- **C**onfine the blaze
- **E**xtinguish the fire with a fire extinguisher

Other items to perform include:

- Prepare a patient and staff roster in the event evacuation is necessary.
- Only the Charge Nurse or Supervisor is authorized to turn off oxygen zone valves and only after evaluating the situation. This step is simulated during a fire drill. The valves are located in the Med/Surg, Psych, ER, Swing Bed, Outpatient and OR units.

Fire Extinguishers Operation

- **P**ull
- **A**im
- **S**queeze
- **S**witch

Dr. Blue- Cardiac Arrest

- Give the specific room number or location when you page.
- Also, see the section that refers to Rapid Response and Dr. ICE.

Dr. Black- Bomb/Bomb Threat

- Bombs can be disguised in several ways in order to tempt a person to make physical contact-
 - a cell phone
 - pager
 - package
 - box, etc.
- **None of these items should be touched.**

- Report it to Administration who will alert the appropriate authorities.
- Notify the Administrator, Director of Nursing and/or Disaster Chairperson.
- Dr. Black should be implemented during any of the following actions:
- Receiving phone calls of a threatening nature in relation to a bomb.
- Locating any suspicious object.

If a bomb threat is received, you should:

- Stay calm and keep the caller talking.
- Alert a fellow employee to dial 911 and report that a bomb threat is in progress.
- The fellow employee should then contact Administration, Director of Nursing and/or Disaster Chairperson.
- Refer to the Bomb Threat Checklist located at each phone. Get as much of the information from the caller as is possible.
- Upon Administrative approval, the operator will announce “Dr. Black” three times.
- The Luverne Police Department will be called to assist in the subsequent search.

Dr. Orange- External Disaster

- The hospital defines an external disaster as a massive accident which throws upon the medical staff of the hospital a sudden excess of patients in urgent need of emergency or specialized treatment and at a rate greater than the system is normally scheduled to absorb or handle under the special circumstances, i.e., Radiological contamination or hazardous materials contamination.
- Whether or not a particular situation is deemed a disaster will be determined by the highest person present in the chain of command. A general rule of thumb will be seven (7) or more people at one time admitted to the emergency room requiring medical or trauma treatment and in the case of contamination by radioactive or chemical agents, two (2) people. Those persons who have been contaminated with either radioactive materials or hazardous materials or both may also require trauma or medical treatment in addition to their contamination which requires special procedures.
- Check with your manager to make sure you know your role and responsibility during Dr. Orange.
- **Remember, you will need your Identification Badge to get on/in the hospital property.**

Hazardous Materials

- Hazardous and infectious materials are those materials which are potentially capable of causing injury or disease or even death. Listed below are the five types of hazardous materials spills.

Infectious or Bio-hazardous Materials –

- Isolation Waste
- Sharps, Culture or Etiologic Agents
- Blood or Blood Products
- Pathological Waste
- Laboratory Waste
- Contaminated food or other contaminated products

Chemical

- Corrosives, Flammable, Combustibles
- Reactive Agent, Health Hazards

Chemotherapeutic

- Cytotoxic or Antineoplastic

Gaseous

- Nitrous Oxide, Xylene, Formaldehyde

Radiologic

Access to Safety Data Sheets (SDS) is available to all employees. Department specific SDS are located within each department. SDS for all products located throughout the hospital are available in the Emergency Department.

SDS contains useful information about a specific chemical such as fire and explosion hazard, reactivity, and health hazard data. They also list precautions for safe handling and use, control measures and disposal methods. Check with your manager if unsure about how to view and use SDS.

In the event of a chemical or infectious materials spill, you should:

- If it is a chemical spill, view the SDS and call Shane Dillon (Safety Officer).
- Isolate the spill area.
- Wear gloves, gowns, masks and face shields to prevent contamination and follow proper clean-up and disposal procedures if you are spill response personnel.
- Fill out an occurrence report after the area has been completely decontaminated.
- Check with your manager to make sure you know how to view the SDS in your area

Dr. Purple – Serve Storm or Tornado Warning

- **Immediately move all bed patients into halls.**
- **Close all windows and doors, and draw drapes.**
- **Ambulatory patients can be advised to go into bathrooms or hallways.**
- **Protect all patients from flying debris; have them get under beds and cover bed ridden patients with heavy blankets.**
- All exit doors and windows should be closed.
- Local radio and law enforcement officers will notify the hospital of a tornado warning or severe storm warnings in this area.
- At the time this alert is received, it will be brought to the Administrator’s attention by the person receiving the notification.
- The Administrator will communicate immediately with the switchboard operator who can announce an imminent strike of a tornado or severe storm. S/he will announce **“DR. PURPLE CALL 1200”** three times, and then repeat in one (1) minute. Once a Dr. **Purple** is called, employees should follow the steps below:
- The number of injuries sustained by hospital patients, visitors, fellow citizens and employees will determine if the triage area will be set up and if the emergency call back roster will be put into effect.
- When the storm is no longer a threat, the operator will announce **“DR. PURPLE ALL CLEAR”** three times and normal operations will return immediately with patients and beds put in their assigned areas.
- Injured will be moved immediately to the triage area unless they have only minor injuries that can be treated on the hall.
- Protect yourself as quickly as possible. Remember you will have to help others when the storm is over.

Dr. Green - Riots

- Riots and Public Demonstrations can vary from small insignificant disagreements that can be handled quietly by the administration to large eruptions of violence.
- The situations can develop slowly and deliberately or be triggered quickly with no previous warning.
- If the disagreements or unrest develop slowly, hospital department heads and the Administrator will council all persons known to be involved with the unrest.
- **NOTIFICATION OF VIOLENCE**
- The switchboard operator will be notified immediately of the disturbance and approximate number of persons involved.
- S/he will notify the Administrator and announce **“DR. GREEN”** three times to the area of disturbance and repeat in one minute.
- If the Administrator is not in the building, the Director of Nursing will be notified, and if the Director of Nursing is not in the building, the House Supervisor at that time will be notified.
- Local Law Enforcement Officers will be notified (335- 3335) if the eruption of violence is significant enough to endanger the welfare of others.
- If local policeman can’t handle the situation they will immediately ask for help from county and state law enforcement officers.

ACTION BY HOSPITAL PERSONNEL

- The Administrator, the Director of Nursing, or the House Supervisor will evaluate the situation at the time of the announcement.
- All personnel will remain in their assigned work areas unless evacuation of the area is necessary for staff and patient safety.
- In the event injuries are sustained, the triage area will be set up and injured persons moved to that area. The charge nurse will then assign staff as needed to both patient care areas and triage until sufficient "off duty" staff can be called in.
- Keep all patients' doors closed. Do not allow visitors to enter the hospital. All visitors who are with patients will be requested to remain in the patient's room.

PERSONNEL RESPONSIBILITY

- Do not become involved in a situation that could develop into a riot.
- Stay away from the riot area; you will be given instructions as necessary.
- Avoid use of the telephone except for emergency requests or reports.
- Public inquiries will be answered by the Administrator or a person designated by him.

POST RIOT ACTIONS

- The operator will announce "**DR. GREEN ALL CLEAR.**"
- Clean up and return to normal operation in the riot area will begin immediately unless law enforcement officers request the area untouched for further investigation.

Dr. Brown - Earthquake

- Should the hospital receive the report of an earthquake from local authorities or if the building begins shaking or tremors are felt without any previous warning, the following steps should be taken:
- The person receiving the report or feeling the tremors will immediately notify the Administrator and announce "Dr. Brown" three times over the PA system.
- If the tremors and shaking cause objects to begin falling, the switchboard operator or a designated person should calmly advise all persons to take cover under a bed or desk and remain calm.
- **DO NOT** run outside.
- **DO NOT** use candles.
- **DO NOT** use matches or open flames during the tremors.
- Douse all fires.
- **After the earthquake**
- Employees should do the following:
- Check for injuries; treat as necessary. Set up the TRIAGE area if casualties are expected from the surrounding area or sufficient hospital injuries are sustained.
- Check for fires.
- Move very carefully in all areas near debris and broken glass.
- Maintenance will be notified of any suspected gas, electrical, or appliance damage.
- **DO NOT** use matches or lighters.
- Clean up spilled medications, drugs, and other potentially harmful materials.
- Collect water in all sinks and bath tubs in case of service disruption.
- Open all doors carefully to guard against falling objects.
- If a portion of the hospital is severely damaged, stay out of that area and request help from fire and rescue units.
- Use the telephone only for emergency.
- Turn on the radio or TV for latest emergency bulletins.
- Once it is determined by the Administrator that the area is safe, he will instruct the switchboard operator to announce "**DR. BROWN ALL CLEAR.**"

Dr. Yellow - Need for Extra Manpower

- Dr. Yellow is the hospital's designation for the need of extra manpower.

- This is paged when there is a disorderly or uncontrollable patient and extra assistance is needed to help control the situation.

Dr. Pink - Infant Abduction

- Dr. Pink is the emergency code called for an infant abduction. When Dr. Pink is called, all available personnel should guard the exits to prevent the abductor(s) from exiting with the infant (even if the person is an employee, friend, or family member). Consistently be alert to unusual behavior and report it immediately to a manager, supervisor or security.
- **Precautions are taken to prevent infant abduction:**
- CCH IDs must always be worn by all employees.
- Always be alert to any suspicious behavior.
- All mothers are instructed not to give their baby to anyone who is not wearing a CCH ID.

Dr. ICE

- Dr. ICE is a code used when a patient's condition is deteriorating and the need for additional help is necessary to prevent a Dr. Blue.
- An ICE team is established each shift.
- Only nurses designated to the ICE team should be present when this code is called.
- Dr. ICE is paged three times to the patient's location. For example, "Dr. ICE to room 132. Dr. ICE to room 132. Dr. ICE to room 132."
- Dr. ICE code sheets are located in the crash cart books on top of the crash cart along with the policy.

Electrical Safety

- Only equipment with a three prong (grounded) plug should be used in patient areas. The purpose of the ground connection is safety.
- All new medical equipment must be electrically safety tested by Biomedical Engineering before use in the hospital. This includes rental, demo or borrowed equipment.
- Do not place liquids on top of electrical equipment. Most liquids are conductive, putting you at risk for electrical shock if spilled. They can also cause permanent damage to the equipment.

Common Electrical Hazards:

- Frayed power cords
- Liquid spills
- Overloaded receptacles
- Broken or damaged power plugs
- Electrical power plug adapters
- Extension cords
- You should report these electrical hazards to the Maintenance department immediately by calling extension 1185.
- **Identifying Emergency Power Outlets**
- In case of power interruption, the hospital maintains backup diesel generators.
- Within ten seconds of a power failure, the generators will power critical areas and equipment.
- ***Emergency power outlets are identified by RED outlet plates (receptacle covers).***

Dr. Silver- Active Shooter

It is the policy of Crenshaw Community Hospital to provide an emergency response plan to alert hospital staff that an active shooter appears to be actively engaged in killing or attempting to kill people in the hospital or on the hospital campus. An active shooter is a person or persons who appear(s) to be actively engaged in killing or attempting to kill people in the hospital or on the hospital campus. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use other weapons and/or improvised explosive

devices resulting in additional victims and act as an impediment to police and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses, or detonate on contact.

- The first employee to identify an active shooter situation should follow the protocol below:
 - Page over the hospital intercom and announce a “Code Silver” with location of shooter.
 - If safe to do so, staff with knowledge of the situation should call the hospital Supervisor and announce a Code Silver (with the location of the incident) and a description of the person(s) with the weapon, and type of weapon if known, as well as any current injuries and current census and department staff of the department affected with location of patients.
 - Evacuate patients, visitors and staff ONLY if safe to do so, as long as this evacuation does not place staff and/or patients in potential harm.
- The Supervisor upon notification will:
 - Overhead page “Code Silver with the location” three times, if not previously done.
 - The supervisor will then notify local law enforcement first, then administrative staff.
- If an Active Shooter comes into the area where you are and enters your unit, office or meeting room, you should:
 - Try to remain calm.
 - Try not to do anything that will provoke the active shooter.
 - If there is no possibility of escaping or hiding, only as a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter
 - If the active shooter(s) leaves the area, barricade the room or go to a safer location, only if you can safely do so.
- At a location distant from the active shooter, such as on a different unit; or you are not able to leave the area safely:
 - Remain calm
 - Warn other staff, visitors and patients to take immediate shelter
 - Go to a room that can be locked or barricaded
 - Lock and barricade doors or windows
 - Turn off lights
 - Close blinds
 - Block windows
 - Turn off radios or other devices that emit sound
 - Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)
 - Turn off your cell phone, as even a vibrating cell phone can give clues to your location.
 - Have one person call 911 and state: “This is (your name) at Crenshaw Community Hospital in (the unit or department you are currently in). We have an active shooter in the hospital.” Give only information that you are certain of.
- If you are in an outside area and encounter an active shooter, you should:
 - Try to remain calm.
 - Move away from the active shooter or the sound of gunshot(s) and/or explosions(s).
 - Look for appropriate locations for cover/protection (i.e., brick walls, retaining walls, parked vehicles, etc.)
 - Call 911 and provide the information listed above.
- The objectives of responding law enforcement officers are:
 - Immediately engage or contain the active shooter(s) in order to stop the threat.
 - Identify threats such as improvised explosive devices.
 - Identify victims to facilitate medical care, interviews and counseling.
- Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the incident as quickly as possible. The officers may be armed with rifles, shotguns and handguns. Do exactly as the officers instruct. The first responding officers will be focused on

stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured, but they will not assist with any wounded until the situation is secure.

- How to react when the police arrive at your location:
 - Remain calm, and follow officers' instructions
 - Put down any items in your hands (i.e., bags, jackets)
 - Immediately raise hands and spread fingers
 - Keep hands visible at all times
 - Avoid making quick movements toward officers such as attempting to hold on to them for safety
 - Avoid pointing, screaming and/or yelling
 - Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the area
- Hospital staff, visitors, and patients will be kept away from the area until the situation is fully resolved. Once police announce resolution of the situation the Incident Commander will announce the "All Clear" three times over the hospital intercom.
- Once the scene is pronounced "All Clear," medical staff will then be allowed to enter the scene to begin triage and treatment of victims, but must still follow directions from Law Enforcement regarding preservation of evidence.

Biohazard

Infectious Medical Waste

- Blood and blood products: liquid or semi-liquid, saturated material containing blood, caked, dried blood.
- Containers such as suction canisters, chest tubes, IV tubing with blood
- Lab cultures and devices used in Microbiology
- All disposable isolation waste soaked with respiratory, oral or wound secretions, etc. for an isolation patient
- Sharps to include, but not limited to: needles, syringes, pipettes, scalpels, blood vials, glass slides, cover slides
- Surgery and autopsy waste that were in contact with infectious agents
- Dialysis waste
- **Infectious Medical Waste must be placed in a red bag. Red bags must always be twisted and taped.**
- **General waste should be placed in a clear bag. Clear bags are stored separately from red bags. Sharps should be placed in a sharps container.**

Biohazard Symbol

- Warns personnel that a
- container's contents are
- potentially infectious
- Labels containing the
- biohazard symbol are
- required for:
 - Refrigerators that contain potentially infectious material
 - Contaminated equipment
 - Regulated medical waste

Supplies and Linen

- Clean Supplies Handling and Storage
- There are designated areas for clean supplies. Keep them separate from dirty items
- Anything that comes into contact with the floor is considered contaminated.
- Must be stored 18 inches from the ceiling, eight inches off the floor and two inches from an outside wall
- *Clean Linen Storage*
- Must be covered even when transporting to the patient rooms
- Never stockpile in patient rooms
- Never carry in contact with healthcare worker's clothing
- Must be separate from dirty linen

Dirty Linen

- Place in **blue** plastic bags for transport and storage

- Store soiled linen in the soiled utility room
- Do not place linen on floors of patients' rooms or hallway floors
- Place soiled linens from patients' rooms in the blue plastic bags *before* exiting the patients' rooms.
-

Equipment Cleaning

- Always clean equipment before it touches a patient.
- Remember; connect patients to hospital devices, not your hospital's germs.

How do you know something is clean?

- Something is clean when it is covered with plastic, marked that it has been cleaned or you know that you have cleaned it immediately prior to use.

Regulated Medical Waste

- *These DO go in the RED bag:*
- Contaminated:
 - All waste

Sharps

- *What is transmitted?*
- More than 20 pathogens, including Hepatitis B, Hepatitis C, and HIV, may be transmitted occupationally via injuries from contaminated needles and other sharp devices.
- When possible, it behooves healthcare workers to seek alternatives to needle use. These efforts benefit both patients and healthcare personnel. Facilities can eliminate or reduce needle use by using alternate routes of medication delivery and vaccination when available
- ***Always remember***
- Sharps should be placed in a sharps container.
- Sharps to include, but not limited to: needles, syringes, pipettes, scalpels, blood vials, glass slides, cover slides
- Do not bend, recap, shear or break used sharps
- Do not recap needles
- Dispose of used sharps immediately after use
- Safety sharps should always be used when available.
- **Be Prepared**
- Organize your work area with appropriate sharps disposal containers within reach
- Work in well-lit areas

- Before handling sharps, assess any hazards—get help if needed
- **Be Aware**
- Keep the exposed sharp in view
- Be aware of people around you
- Stop if you feel rushed or distracted
- Focus on your task
- Avoid hand-passing sharps and use verbal alerts when moving sharps
- Watch for sharps in linen, beds, on the floor, or in waste container.
- **Dispose of Sharps with Care**
- Be responsible for the device you use
- Activate safety features after use
- Dispose of devices in rigid sharps containers; do not overfill containers
- Keep fingers away from the opening of sharps containers
- **Sharps Disposal Containers**
- Puncture resistant
- Display the biohazard symbol
- Replace when $\frac{3}{4}$ full
- **In the event of a needle stick or exposure:**
- Immediately wash the area with soap and water
- Immediately flush eyes or mucous membranes with water or saline for at least ten minutes
- Report the injury to your supervisor and immediately go to the Emergency Department. Fill out the First Report of Injury Form, OSHA 301 Form, Sharps Injury Log and/or Blood borne Exposure Form
- After hours, notify the house supervisor immediately and go to the Emergency Department. Fill out the First Report of Injury Form, OSHA 301 Form, Sharps Injury Log and/or Blood borne Exposure Form
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GHS Globally Harmonized Systems

- The Hazard Communication Standard was revised in order to align with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) has been adopted by 67 nations, to provide a common and coherent approach to classifying chemicals, reduce confusion and increase understanding of the hazards, facilitate training and help address literacy problems.
- The revised Hazard Communication Standard provides employees with the right to know and understand about hazardous chemicals and how to protect themselves.
- Manufacturers classify hazardous chemicals according to health and physical hazards.
- Health hazards:
- Acute toxicity, through any route of exposure
- Skin corrosion or irritation
- Serious eye damage or irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity, (mutations to egg or sperm cells)
- Carcinogenicity (causes cancer)
- Reproductive toxicity
- Specific target organ toxicity through either single or repeated exposure
- Aspiration
- Manufacturer product labels must include the following:
- A product identifier or name
- A signal word such as “danger” or “warning”
- A hazard statement using standard phrases
- Pictograms, or symbols, that convey health and physical information
- Precautionary statements
- Supplier information (name, address, phone, etc.)

There are 10 health hazard classes under GHS, each of which is divided into categories at 29 CFR 1910.1200 Appendix A-Health Hazard Criteria, which include:

1. Acute Toxicity, Categories 1-4 (*with 1 being the most dangerous, 4 the least dangerous*)
2. Skin Corrosion/Irritation, Categories 1A, 1B, 1C, and 2
3. Serious Eye Damage/Eye Irritation, Categories 1, 2A, and 2B
4. Respiratory or Skin Sensitization, Category 1A and 1B
5. Germ Cell Mutagenicity, Categories 1A, 1B, and 2
6. Carcinogenicity, Categories 1A, 1B, and 2
7. Reproductive Toxicity, Categories 1A, 1B, 2, and additional category for effects on or via lactation
8. Specific Target Organ Toxicity - Single Exposure (STOT-SE), Categories 1-3
9. Specific Target Organ Toxicity - Repeated or Prolonged Exposure (STOT-RE), Categories 1 and 2
10. Aspiration Hazard, Category 1

Product Identifier or Name

- "Product identifier" means the name or number used for a hazardous chemical on a label or in the SDS.
- It provides a unique means by which the user can identify the chemical.
- The product identifier used shall permit cross-references to be made among the list of hazardous chemicals required in the written hazard communication program, the label and the SDS.

Signal Words

- In the past, there have been several signal words that may have been used to indicate a hazard like **caution**, **warning**, and **danger**.
- The GHS permits the use of only **2** signal words: "**Danger**" and "**Warning**".
- Only 1 of the signal words is permitted to appear on the label based on the classification of the chemical.
- "**Danger**" will be used for a more severe hazard
- "**Warning**" will be used for a less severe hazard.

Hazard Statement

- "Hazard statement" means a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
- Examples of Hazard Statements include the following: Flammable liquid and vapor, Causes skin irritation, or May cause cancer

Precautionary Statements

- "Precautionary statement" means a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.

Recommended measures related to:

- Prevention
- Response
- Storage
- Disposal

Examples of Precautionary Statements:

- Wear respiratory protection
- Wash with soap and water
- Store in a well-ventilated place
- Not a mandate for employers/employees to follow.

Safety Data Sheets

- SDSs were formerly called MSDSs, Material Safety Data Sheets.

- The most obvious of these changes is the dropping of the “M” from the document title.
- The other modifications – including presentation in a consistent, user-friendly format to include 16 sections – were designed to simplify communication regarding hazardous chemicals and to promote international consistency to that end.
- Although additional languages are permitted, they do not take the place of the requirement for an English version.
- Each department has a SDS book/s that is readily accessible during each work shift and in the work area.
- Upon hire, you will be oriented to the location of the SDS book/s on your unit.
- Additionally, master copies of all SDS books can be found in the Emergency Department. SDSs must follow the format below.
- **Section 1, Identification** includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
- **Section 2, Hazard(s) identification** includes all hazards regarding the chemical; required label elements.
- **Section 3, Composition/information on ingredients** includes information on chemical ingredients; trade secret claims.
- **Section 4, First-aid measures** includes important symptoms/effects, acute, delayed; required treatment.
- **Section 5, Fire-fighting measures** lists suitable extinguishing techniques, equipment; chemical hazards from fire.
- **Section 6, Accidental release measures** lists emergency procedures; protective equipment; proper methods of containment and cleanup.
- **Section 7, Handling and storage** list precautions for safe handling and storage, including incompatibilities.
- **Section 8, Exposure controls/personal protection** lists OSHA’s Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).
- **Section 9, Physical and chemical properties** lists the chemical’s characteristics.
- **Section 10, Stability and reactivity** list chemical stability and possibility of hazardous reactions.
- **Section 11, Toxicological information** includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
- Section 12, Ecological information*
- Section 13, Disposal considerations*
- Section 14, Transport information*
- Section 15, Regulatory information*
- **Section 16, other information**, includes the date of preparation or last revision.
- **Special Note:** Since other Agencies regulate the information for the sections above marked with asterisks, OSHA will not itself be enforcing the requirements of Sections 12 through 15 and will leave enforcement to the appropriate Agencies.
- **Hazardous drugs** are required to have a Safety Data Sheet just like any other hazardous chemical.
- **If employees work off-site**, the employer can keep SDSs at a primary location as long as provision is made to communicate information to employees who are on the road.

Psych Unit Emergency Fire Release Button and Plan Education

1. P&P #201 Life Safety Management Plan (attached)
2. P&P #211 Fire Safety Management Plan (attached)

Education (Fire Safety) Code Red

- A. CCH has an in-depth fire safety plan to ensure that staff and patients are safely cared for in the event that a fire breaks out.
 1. Code Red Alarm: All employees and patients are to report to the nurse's station. Employees should make sure all doors are closed.
- B. There have been some changes made to the way the fire exits open when a fire is detected by the fire panel. Because of the type of patients we care for in the psych unit we had to install an emergency fire release button in order to meet the fire codes and safety of our patients.
- C. **Once we determine that there is a true fire and/or immediate danger to our patients and employees, there will be an authorization to evacuate given by the administrator and/or designee or a representative of the fire department.**
 1. **Charge nurse and/or designee should have an updated patient roster with him/her at all times to verify that all patients and employees are present.**
- D. Evacuation of patients in "Code Red" situation:
 1. Each pt. must have the blanket from his/her bed placed around their shoulders before being evacuated.
 2. Learn and practice several transfer techniques for evacuating patients.
 3. Unless a fire is major, consisting of extensive flames and smoke, move patients to the next safe adjacent smoke compartment.
 4. Always move patients towards an exit.
 5. Always touch the door before opening. DO NOT OPEN IF IT FEELS HOT!
 6. Again review patient's roster and locate all patients as evacuation is taking place.
 7. Exit according to the fire plan horizontally using the safest clear exit.
 8. Always have a fire extinguisher with you at all times.
 9. Once patients and employees are at the evacuation destination review the patient roster again to ensure that all patients are located and present.

Crenshaw Community Hospital Policies and Procedures	Policy Number 201	Effective Date 6/08
	Revision Date 11/8/21	Review Date 11/8/21
Manual: Maintenance Title: Life Safety Management Plan	<hr/> Chief Of Staff. <hr/> Administrator	

Purpose/Scope

Crenshaw Community Hospital maintains a Life Safety Management Program as part of the hospital's ongoing commitment to providing quality health care via a safe environment. This Program is an integral part of the hospital's EOC Management Program which is fully supported by the Governing Board, anchored by the Safety Director, and implemented by the EOC Committee.

Objectives

The Life Safety Management Program establishes objective standards regarding the following:

1. Building compliance with the Life Safety Code.
2. Construction/Renovation Safety
3. Fire Safety

The Program incorporates management systems which strive to maintain adherence to Program standards.

This comprehensive Life Safety Management Program is designed to protect patients, personnel, visitors, and property from fire and the products of combustion, and to provide for the safe use of buildings and grounds.

I. STATEMENT OF CONDITIONS

A comprehensive and current statement of construction/renovations and Fire Protection shall be maintained which describes the structural features of fire protection at CCH. This statement of conditions (SOC) is a proactive document and a self-assessment of the organization's level of compliance. It is a "living" document that is used to continually identify, assess, and resolve deficiencies.

II. PLAN OF CORRECTION

When requirements of the Life Safety Code or their equivalents are not met, a comprehensive plan of correction shall be developed.

The plan of correction shall address all Life Safety Code deficiencies and include the following:

1. Corrective actions and equivalencies in writing,
2. Total cost of corrective actions with a description of the source, availability and commitment of funds.
3. A timetable of events that documents the actions that will be taken to implement the plan of correction.
4. An accounting of all interim life safety measures which have been implemented and currently enforced.

III. INTERIM LIFE SAFETY MEASURES

1. Interim life safety measures for fire protection or environment and grounds safety shall be implemented to compensate for hazards resulting from construction-related life safety deficiencies.
 - a. These interim life safety measures shall be documented.
 - b. The interim life safety measures shall continue to be implemented and documented as long as the construction and/or renovation is underway.

2. Interim life safety measures shall incorporate the following elements:
 - a. Exits shall provide free and unobstructed egress. Affected personnel shall receive training if alternative exits are designated.
 - b. Ensuring that fire alarm, detection, and suppression systems are not impaired. If any alarm system is impaired, a temporary but equivalent system shall be provided and this temporary system shall be inspected and tested monthly.
 - c. Ensuring that temporary construction partitions are smoke tight and built of noncombustible materials.
 - d. Additional fire-fighting equipment shall be provided and training on such equipment shall be provided to personnel.
 - e. Smoking shall be prohibited in, or adjacent to, all construction areas.
 - f. Storage, housekeeping, and debris removal policies and procedures that reduce the flammable and combustible fire load to the lowest level necessary for daily operations shall be developed and enforced.
 - g. A minimum of two (2) fire drills per shift per quarter shall be conducted.
 - h. Hazard surveillance of buildings, grounds, and equipment shall be increased with special attention given to excavations, construction areas, and construction storage and field offices.
 - i. Personnel shall receive special training when structural or compartment features of fire safety are compromised.
 - j. Organization-wide safety education programs to ensure awareness of any Life Safety Code deficiencies, construction hazards, and the interim life safety measures.

IV. BUILDING SUITABILITY

CCH maintains an ongoing program to assure that the building and grounds are suitable to the nature of the services provided and the ages and other characteristics of the patient population served.

1. New Construction: New construction shall provide for the safe and convenient use of buildings and grounds by physically disabled individuals.
2. Patient Use of Grounds and Equipment: CCH shall maintain and implement specific policies for the maintenance, supervision, and safe use by patients of all grounds and equipment, including special activity areas.
3. Documentation: Compliance with the "Building Suitability" and "Life Safety Code" aspects of the Life Safety Management Program shall be documented and reports shall be submitted to the safety committee at least quarterly.

V. FIRE SAFETY

CCH shall maintain an on-going program designed to establish and maintain fire safety.

1. Program Establishment: CCH's Fire Safety Program shall be established via the following:
 - a. Current record drawings and/or documents shall be maintained which address the location of all structural features of fire protection.
 - b. Procedures for inspecting and testing all automatic fire-extinguishing systems annually shall be maintained.
 - c. Procedures shall be maintained for the management of portable fire extinguishers, including guidelines for their identification, placement, and use, a monthly inspection program, and a regular maintenance program.
 - d. Procedures shall be maintained for the review of proposed acquisitions of bedding, window draperies and other curtains, furnishings, decorations, wastebaskets, and other equipment to identify issues related to fire safety.

VI. PROGRAM MAINTENANCE AND IMPLEMENTATION

CCH's Fire Safety Program shall be maintained and implemented as follows:

1. A fire alarm or fire detection system that upon activation minimizes smoke and fire transmission through control of designated corridor doors and ensures staff and patient notification through the use of audible and visual alarms.

2. A fire plan shall be maintained which addresses appropriate staff response to a fire emergency and appropriate education and training for all personnel in all elements of the fire plan. The fire plan shall address the following:
 - a. Facility-wide needs in response to a fire.
 - b. Area-specific needs for all areas.
 - c. Specific roles and responsibilities of personnel at fire's point of origin.
 - d. Specific roles and responsibilities of personnel away from fire's point of origin.
 - e. Specific jobs and responsibilities of personnel in preparing for evacuation.
3. Quarterly fire drills shall be conducted and evaluated for all personnel on all shifts in all patient care buildings.
4. Fire drills encompassing the entire hospital are performed on a regular basis. At least one drill per shift per quarter is performed.

Fire Warning and Safety System Testing:

Fire Alarm System:

Fire alarm system is tested quarterly. Each pull device and smoke detector is tested at least annually.

Fire Extinguishers:

Inspected monthly. Use and selection of fire extinguishers is included as part of the annual safety in-service education.

The drills shall test staff knowledge of the use and function of the fire alarm systems, transmission of alarms, containment of smoke and fire, transfer to areas of refuge, fire extinguishment, assignment of specific duties, and preparation for building evacuation.

VII. FIRE PROTECTION PROGRAM

1. Purpose: CCH's Fire Protection Program identifies fire safety concerns and institutes fire prevention measures to resolve these issues in order to protect patients, employees, visitors, volunteers, and physicians.
2. Smoking Policy: CCH maintains a NO SMOKING policy throughout the hospital.
3. Flammability Control:
 - a. Waste Basket Specifications: Waste baskets placed in the hospital are on a non-combustible material and are not to be used as ashtrays.
 - b. Draperies, Furnishings and Interior Finishes Specifications: The Safety Director is responsible for on-going monitoring of fire ratings of all draperies, furnishings, and interior finishes.
4. Fire Safety Inspection Surveys:
 - a. Department Fire Safety Inspections: Departments will be inspected for Life Safety Management Program compliance during the regularly scheduled hazard surveillance (department safety inspection) as set forth in this Plan.
5. Failure of Fire Alarm System, Smoke Detection System
In the event the above mentioned systems are disconnected for at least four (4) hours during a 24-hour period, the hospital will notify the local fire department, and implement a fire watch. (The fire watch will be manned by the Facility Management Department making a tour of the building every 30 minutes, and documenting results.)

VIII. SAFETY COMPLIANCE DURING CONSTRUCTION/RENOVATION

During major construction or renovation, if there is a potential for life safety protection to be disrupted or made inoperative, CCH implements interim fire safety measures to temporarily compensate for the hazard.

1. Pre-Construction Inspection: Prior to construction, Engineering conducts a safety inspection of the construction site to identify any safety issues. On-going monitoring takes place as part of the hospital's interim life safety measure program.
2. Safety on Construction Sites: All construction projects are conducted in a safe and orderly manner. Specific contractor requirements include the following:
 - a. Contractor and contractor personnel will be registered with CCH.
 - b. Contractor will notify and receive permission-from CCH prior to interruption of the following:
 - i. Fire Protection System
 - ii. Utilities
 - iii. Transportation Systems.
 - c. Projects which affect the life safety measures inside the building will be inspected regularly for adherence to the Life Safety Code.

IX. BUILDING MAINTENANCE AND INSPECTION

CCH performs periodic building inspections designed to minimize Life Safety Code deficiencies in the hospital facilities.

1. The Facilities Management Department performs quarterly inspections on all 1.5 hour fire rated doors (including occupancy separation doors, horizontal exit doors) located in the CCH complex to ensure the doors have the following:
 - a. Properly functioning positive latching devices.
 - b. Properly functioning self-closing or automatic closing doors.
 - c. <1/8 inch gaps between edges of door pairs.
 - d. <3/4 inch undercuts.
2. The Facilities Management Department performs quarterly inspections on all smoke barrier doors in the CCH complex to ensure the doors:
 - a. Have properly functioning self-closing or automatic closing devices.
 - b. Are maintained to prevent the spread of smoke.
3. The Facilities Management Department performs quarterly inspections on all corridor doors in the CCHI complex to ensure the doors:
 - a. Have properly functioning latching devices (i.e. positive latches maintain their positive latch).
 - b. Are maintained to prevent the spread of smoke.
4. The Facilities Management Department performs semi-annual inspections of smoke barrier walls throughout the CCH complex to ensure penetrations are properly sealed.
5. CCH Facilities Department performs monthly and yearly required inspections of egress illumination devices which operate on battery power.
6. The Facilities Management Department performs monthly inspections of exit lights to ensure proper illuminations and functioning.
7. Snow and ice are rare events in Luverne, Alabama, however, should an ice and/or snowstorm descend upon Luverne, the Facilities Management Department takes measures to ensure the safe removal of ice.
8. The following grease producing devices are cleaned and maintained at the CCH complex as follows: ,
 - a. Exhaust hoods are cleaned and maintained semi-annually by a contractor.
 - b. Exhaust ducts systems are cleaned and maintained semi-annually by a contractor.
 - c. Hood filters are cleaned monthly.

Any deficiencies noted generate a PFI and is corrected immediately.

X. REPORTING AND RESOLUTION MECHANISMS FOR OPPORTUNITIES TO IMPROVE CARE.

Any deviation from the Life Safety Management Program will be reported through the Safety Management Program reporting and resolution mechanisms as set forth in this Plan.

XI. LIFE SAFETY, ORIENTATION, AND EDUCATION

1. Orientation and Education: The orientation and education program of Life Safety addresses the following:
 - a. Specific roles and responsibilities personnel, physicians, and other licensed independent practitioners at the fire's point of origin.
 - b. Specific roles and responsibilities of personnel, physicians, and other licensed independent practitioners away from the fire's point of origin.
 - c. Specific roles and responsibilities of other personnel who must participate in the fire plan, such as volunteers, students, and physicians.
 - d. Use and functioning of fire alarm systems.
 - e. Specific roles and responsibilities in preparing for evacuation.
 - f. Location and proper use of equipment for evacuating or transporting patients to areas of refuge, and building compartmentalization procedures for containing smoke and fire.
2. Performance Monitoring: One or more of the following are monitored on an ongoing basis. Identification of which ones to monitor is dependent on the annual evaluation of the effectiveness of the Life Safety Program. A copy of the current monitors is located in the EOC Program Description.
 - a. Staff knowledge and skills.
 - b. Level of staff participation.
 - c. Monitoring and inspection activities.
 - d. Emergency and incident reporting.
 - e. Inspection, preventive maintenance, and testing of equipment.

XII. ANNUAL EVALUATION

The objectives, scope, and effectiveness of the Life Safety Management Program will be evaluated annually by the Safety Director and approved by the EOC Committee.

Issues which will be evaluated include, but are not limited to, the following:

- Policies and Procedures.
- Staff Knowledge.
- Inspection, Testing and Maintenance.
- Information and Evaluation.
- Overall Program Performance.

Goals and objectives for the upcoming year will be established as part of the annual evaluation.

GENERAL RULES TO FOLLOW IN THE EVENT OF A FIRE

1. Upon suspicion or confirmation of a fire, locate the fire alarm nearest you and pull. (Fire alarm pulls are located near the exits-consult floor plan map for specific locations.) This will simultaneously activate the fire alarm at both the Hospital and the fire department.
2. Upon hearing the "CODE RED" page, report to the preplanned evacuation area for the department where you are when the page is announced. (See the floor plan map for specific locations.)
3. Unlock all fire doors and close all doors to rooms, closets, etc., once they have been checked and found empty.
4. Do not open a door if smoke is visible. Let the fire brigade handle the situation until the arrival of the fire department.
5. Discourage personnel from congregating at the location of the fire. The only individuals who should be in this area are those on the fire brigade.
6. If opening doors in the area of a suspected fire, touch the door first to determine if it is hot. **If the door is hot, do not open.**

7. If caught in an area of heavy smoke, remember to keep low to the floor while moving to avoid inhaling smoke as much as possible. If available, wet a towel and hold it to your mouth and nose to prevent smoke inhalation.
8. If instructed to evacuate, follow the evacuation route as indicated on the departmental floor plans. Attempt to evacuate on the side of the building opposite the fire.
9. If an evacuation occurs, report to the designated area for your department (indicated on department sheets), and begin assisting in the head count for your department.
10. If individuals are missing in the head count, inform the fire department and instruct them to enter the building to search.
11. Never shout "FIRE!" Keep calm and remember **R-A-C-E**:

R-Rescue; Immediate action may be needed to save a life.. And CLOSE THAT DOOR; however, DO NOT DELAY THE ALARM.

A-Alarm; Alert help and have switchboard notified of exact location and condition of the fire.

C-Confine; CLOSE DOORS AND WINDOWS, shut off fans, etc., to prevent smoke spread and to cut off air supply to fire.

E-Extinguish; if possible fight the fire.

Psychiatric Unit Responsibilities During a Fire

Upon Hearing "CODE RED" page:

1. Dispatch staff member with fire extinguisher to the location of the fire.
2. Patients should be instructed to report to the center of the building (NURSE'S STATION) and remain there in case evacuation is necessary, or until hearing "Code Red, All Clear".
3. If there is an immediate danger from fire or smoke within the Psych unit, activate the emergency fire release button. Plan and begin the evacuation process. (refer to policy #211, Fire Safety Management Plan)
4. Check all patient rooms and make head count using daily roster.
5. If evacuation occurs, bring daily roster with patients to aid in head count.
6. If evacuation occurs, use the route indicated on the floor plan unless prevented by the location of the fire. If so, use the evacuation route farthest from the fire.
7. No Employees or patients shall enter the building until notified by the fire department that there is no danger.

INSTRUCTIONS ON PAGING WHEN THE OPERATOR IS AWAY FROM THE LOBBY DESK (You will be notified by the operator anytime he/she leaves the lobby area):

1. When a fire alarm is pulled, the enunciator board located at Nurse's Station is activated, indicating the location of the fire.
2. In the absence of the operator from the lobby, immediately page "Code Red — Location " three times; pause and repeat; pause and repeat (To page, dial 88, wait for confirmation tone, then speak).

*If this route is blocked due to the fire, use the closest exit to the rear of the building.

DIETARY DEPARTMENT RESPONSIBILITIES DURING A FIRE

Upon hearing "CODE RED" page:

1. All Dietary staff should report to the dining room and remain there until instructed to evacuate or until hearing "Code Red, All Clear". Take a head count and locate any missing employees.

2. If patients/staff are in the dining room, they should remain in the cafeteria until hearing "Code Red, All Clear" or until given instructions to evacuate.
3. If evacuation occurs, dietary employees should exit through the kitchen area and out the service entrance door or other safe exit. Once outside, go around the building and gather at the designated area and take a head count.
4. Staff/patients should not enter the building until notified by the fire department that there is no danger.

If this route is blocked due to the fire, use the next closest exit farthest from the fire.

**** PRIOR TO REPORTING TO DINING ROOM, staff should cut off all appliances and lights in use in the kitchen, and close all doors and windows.**

FRONT OFFICE STAFF RESPONSIBILITIES DURING A FIRE

Upon hearing "CODE RED" page:

1. Dispatch a staff member to the location of the fire with a fire extinguisher.
2. Report to the designated area as indicated on the following map and remain there until hearing "Code Red, All Clear" or until instructed to evacuate.
3. In actual fire, the Administrative staff will assume roles of Incident Command.
4. All bathrooms, conference rooms, and offices shall be checked for staff, patients, and visitors.
5. If instructed to evacuate, exit the building through the front entrance and gather across the street on the hillside on the other side of the road.
6. Staff should not enter the building until they are notified by the fire department that there is no danger.

RECEPTIONIST RESPONSIBILITIES DURING A FIRE

1. When a fire alarm is pulled, the enunciator panel in the lobby will automatically be activated, indicating the location of the fire.
2. Immediately page "Code Red — Location" three (3) times; pause and repeat; pause and repeat.
3. Contact the fire department by dialing 911 and notify them of the fire, its location, and the entrance they should use.
4. Contact all departments to make sure they heard the "Code Red" page.
5. Reassure patients/visitors in the lobby area. Be available to answer the phone; take messages when possible to leave lines available for emergency calls.
6. Remain in the lobby area and at the phone until instructed to page "Code Red, All Clear" or until instructed to evacuate the building.
7. If an evacuation occurs, page "Evacuate, the building" three times.
8. If evacuation is necessary, exit through the front lobby doors and gather across the street. Keep visitors with you and make sure they get out of the building safely.
9. Page "Code Red, All Clear" upon instruction by the fire department or Administration/administrative designee.
10. Contact all departments to make sure they heard the "Code Red, All Clear" page.

ENUNCIATOR PANEL OPERATION

1. To silence the alarm, press "SILENCE".
2. To reset the alarm's condition, press "RESET ALARM" and "ENTER".

3. If the enunciator panel gives forth a chirping signal, this indicates that a "trouble" condition exists. The panel will display "Trouble" and the location.
4. To silence a "trouble" signal, press "SILENCE".
5. Immediately notify Facility Management if a trouble condition exists.

Crenshaw Community Hospital Policies and Procedures	Policy Number 211	Effective Date 06/08
	Revision Date 11/8/21	Review Date 11/8/21
Manual: Maintenance		
Title: Fire Safety Management Plan	Chief Of Staff.	
	Administrator	

Purpose:

To safeguard patients, personnel and hospital property by a thorough understanding and practice of fire control procedures and emergency evacuation of patients.

Fire Safety is the responsibility of all employees. The responsibility of a department head or supervisor is to implement the procedure devised by the Administration in the event of fire. Each employee must know the fire plan and their individual role.

CCH is protected by a fire detection and alarm system. The main panel is located in the Equipment Room adjacent to the Dietary Department. A remote fire panel readout station is located at the Nurse's Station. The facility is equipped with a sprinkler with manual fire alarm boxes and appropriate type fire extinguishers are in readily accessible areas. There are audible and visual alarms maintained in all areas of the hospital. The fire code for CCH is as follows:

**Dial 88, wait for tone and announce:
"Code Red and Location"-The code for a fire.
Ex: "Code Red to North Wing" paged three (3) times.**

Please Note: Do not use the word fire at any time. This could cause panic.

Procedure:

1. Points of Emphasis:
 - a. Keep duty areas clean and free from non-essential materials and equipment.
 - b. Assure that all electrical equipment is checked regularly by staff or by a bio-medical engineer.
 - c. Enforce NO SMOKING regulations in specified areas.
 - d. Know the location of all fire alarm boxes and know how to operate them.
 - e. How to operate all fire extinguishers.
 - f. Know the location of all emergency exits.
 - g. Know and review frequently the hospital's plans for fire control and evacuation.
2. Personnel at a Fire's Point of Origin:
 - a. If the fire is in your area, keep calm and do not panic.
 - b. Move all patients out of the danger area.
 - c. Close all doors and windows; and turn on lights.
 - d. Attempt to extinguish the fire using the proper equipment.
 - e. Keep telephone lines open for emergency calls.
 - f. In case of smoke, use wet linen or blankets at the bottom of the doors. Remember, smoke always rises. Therefore, if necessary, get patients and visitors to lie down on the floor.
 - g. Remain at your stations until otherwise notified, and always keep calm.
3. Personnel Away from Fire's Point of Origin:

- a. Fire Response Team:
 1. The following departmental personnel will respond immediately to all "Code RED" with fire extinguishers:
 - A. Environmental Services/Safety Director
 - B. Nursing Administration/Supervisor
 - C. Administrator
 2. All Nursing Personnel Not Directly Involved in Fighting the Fire will:
 - A. Close all patient doors.
 - B. Retrieve any ambulatory patients and visitors from corridors.
 - C. Close all hall doors.
 - D. Reassure patients while making a patient count on the unit.
 - E. Anticipate evacuation of patients.
 3. Communication:
 - A. Staff will call the following when the fire alarm goes off.
 - B. Calmly announce over paging system, "Attention please, Code RED" and give location three times, consecutively.
 1. If during the day shift, notify: Administrator or designee and Nursing Director or designee.
 2. If during the evening or night shift and/or weekends or holidays, notify: Nursing Supervisor, Administrator on call and Maintenance on call personnel.
4. Authorization to Cancel Code RED and Reset Fire Alarm System:
 - a. The Fire Alarm System is not to be reset until all areas are searched and the fire is extinguished or the cause of the alarm has been determined.
 - b. The Safety Officer, Administrator, or Nursing Supervisor will notify staff and authorize "All Clear".
 - c. Staff, when notified of "All Clear" will calmly announce over the paging system, "Attention please, Code RED, ALL CLEAR" three times, consecutively.
5. Authorization to Evacuate Patients and Personnel:
 - a. The command to evacuate patients into another unit on the same floor (horizontal) will be given by the Nursing Supervisor or a representative of the Fire Department.
 - b. The command to evacuate the building will be given only by the Administrator or designee, or a representative of the Fire Department.
 - c. Once the command evacuation is given, the charge nurse and/or designee will engage the emergency fire release button in the south wing nurses station.

NOTE: When the code red fire alarm system is activated the psych /south wing exits will not automatically unlock. These exit doors are wired and controlled by an emergency fire release button located in the south wing nurses station. This emergency release button must be pushed/activated in order to release all fire exit doors for evacuation. There is a blue strobe light and an alarm that will sound once this button is activated. It will not stop until the emergency fire release button is reset.
6. Evacuation of Patients in "Code RED" Situation:
 - a. Each patient must have the blanket from his/her bed placed about the shoulders before being evacuated.
 - b. Learn and practice several transfer techniques for evacuating patients.
 - c. Unless a fire is major, consisting of extensive flames and smoke, move patients to next safe adjacent smoke compartment.
 - d. Always move patients toward an exit.
 - e. Always touch a closed door before opening. DO NOT OPEN IF IT FEELS HOT.
7. Fire Knowledge:

- a. Administration, in cooperation with the Director of Nursing and Safety Director, will be required to make sure that each new employee know how to activate the fire alarm and is familiar with evacuation routes, location of fire extinguishers and the Fire Plan.
 - b. The Safety Director or designee will be responsible to instruct the personnel as to the Departmental Fire Plan/Evacuation route and the location of each fire alarm and extinguisher within the department.
 - c. The Safety Director shall decide on the date, time, and location of the drill for each month.
 - d. Fire burns because of three elements:
 1. Ignition Temperature
 2. Fuel
 3. Oxygen
 - e. Take away any one of the three and the fire is extinguished.
 - f. There are three classes of fires:
 1. Class A: Combustible (paper, wood, etc.) Use pressurized water extinguisher or water.
 2. Class B: Flammable Liquids (gasoline, oils, fats, etc.) DO NOT USE WATER. Use C02 extinguisher, baking soda, dry chemical, or ABC extinguisher.
 3. Class C: Electrical Equipment (siring, appliances, etc.) use dry chemical C02 and dry extinguisher.
 4. NOTE: ABC EXTINGUISHER MAY BE USED ON ALL FIRES.
8. Evaluation:
- a. A report form has been devised and is to be completed by the Safety Director or designee during each drill.
 - b. The Committee of the Whole will update "Code RED" policies and procedures annually.

Crenshaw Community Hospital Policies and Procedures	Policy Number #AHW.800.0030	Effective Date 03/05/20
	Revision Date	Review Date
Manual: Administrative Housewide		
Title: Storage of Medical Gases Within the Facility	Chief Of Staff	
	Administrator	

Purpose

Establish guidelines in the storage of medical gases including oxygen

Policy

Storage of medical gas tanks will follow the guidelines indicated by the NFPA. According to the NFPA, storage of medical gas tanks is dependent on the size of the tank. At Crenshaw Community Hospital, the standard size oxygen tank is the Type E tank, which is about three feet tall. The Type E tank is rated at about 23-25 cubic feet of Oxygen per tank, and when using for a patient at 2 liters per minute, will last about 5-6 hours. Tanks of oxygen must be stored in a lockable room. Type E tanks will follow the storage criteria below:

- Cylinders that are in use are not considered to be in storage. Cylinders that **are** in use **must be** in a cylinder stand or cart, or they must be attached to a medical device. With either, the tank must be secured in such a method designed for the tank.
- When empty and full cylinders are stored together in the same room, empty cylinders must be segregated from full cylinders.
- Empty cylinders must be marked and placed in a rack designated for empty cylinders. If you have a partially full cylinder and you do not have a portable cart to place it in while not in use, it may be placed in the cart with empty cylinders.
- Signage must be displayed on each door of each storage room and must be readable from five feet away. The signs must include the following verbiage:

**CAUTION:
OXYGEN STORED INSIDE
NO SMOKING**

- A tank is considered “Not Full” when the seal is broken, therefore it cannot be stored with full tanks, therefore any tank with the seal removed is considered “not full.”
- A maximum of 12 full Type E oxygen tanks may be stored in any given location designated as “Oxygen Storage.” Tanks that are in use or partially used in single stands are not considered part of this maximum storage.
- Each storage rack must have signage attached that clearly indicates whether it contains full or empty cylinders.
- **No other flammable gas or liquid may be stored in any room with oxygen storage.**