UK HealthCare HOSPITAL

Safe Talk

Focus on the Environment of Care

January 2005 | A Special Edition: Focus on Fire Safety | Issue 71

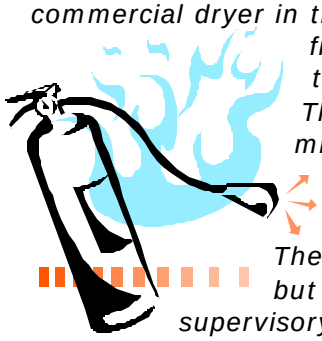
Fire Safety Resources

- Videos
  - Fire Safety
  - Fire Extinguishers At Work
- Fire Emergency Brochure
- Fire Extinguisher Classes
  - February 24 7:30-9 a.m. 1-2:30 p.m.
  - March 22 9-10:30 a.m. 2:30-4 p.m.
  - April 7 7:30-9 a.m. 1-2:30 p.m.
  - May 13 9-10:30 a.m. 1-2:30 p.m.
  - June 7 8-9:30 a.m. 3-4:30 p.m.

Send an email to sqdavi2@email.uky.edu to obtain videos or brochures or to register employees for a class.

A Small Fire Changes Everything

A little before 4 a.m. on December 16, 2004, a fire started in a commercial dryer in the Environmental Services (ES) shop. As smoke filled the room, an ES worker paged his supervisor then fought the fire with a 5 lb. fire extinguisher. The fire died down and flamed up again. Within minutes, the worker had to leave the room.



At 4:01 a.m., a smoke detector in the linen room next door activated the fire alarm system. The alarm sounded throughout the Hospital and CCC, but in PPD Dispatch the signal came across as a supervisory alarm. A supervisory alarm means that the system has been taken out of service for repairs or testing. It does not signal the fire department to respond.

A PPD mechanic responded to determine the cause of the alarm. He followed the smoke to the scene. After notifying the dispatcher of the fire, the mechanic donned a respirator, grabbed a fire extinguisher, and entered the smoke-filled room to battle the blaze. He, too, put out the fire, and watched it ignite again.

This story has a happy ending.

The fire department extinguished the fire 15 to 20 minutes after it was discovered. Personnel at the fire alarm monitoring station in Massachusetts called the Lexington Fire Department after they were notified by the PPD dispatcher.

Although the smell of smoke lingered for days in some areas of the hospital, the fire was contained in the dryer. No one was injured; the building wasn't damaged.

But the story could have had a much different ending.

What went wrong?

Since the fire, employees have asked what went wrong. What they really want to know is what caused the fire. The answer to that question is simple. A dryer full of mop heads overheated and caught on fire.

The answer to the question "what went wrong" is more comp licated.

- Because of a programming error, the smoke detector that activated the fire alarm system sounded a supervisory alarm, rather than a fire alarm.
- The fire extinguishers worked fine, but they were insufficient to put out the fire and keep it out.

HOT CORNER News in the EOC

Chimes Will Sound

From now on when a fire alarm sounds in a hospital building, you will hear continuous chimes—from the start of the fire alarm until the fire is out, the problem is fixed, or the drill is over.

Why? To ensure that building occupants know that a fire alarm is in progress and the issue—whatever it is—has not been resolved.

In the past, UK Hospital has silenced the chimes after the Green Grass announcement has notified staff.

After the recent fire, however, the state fire marshal ordered that the hospital sound continuous chimes during a fire alarm.

The sequence:

- Initial chimes--alerts employees to listen for the announcement.
- *Green Grass* or other code—identifies specific emergency.
- Continuous chimes—indicate that a fire alarm is still in progress.
- *All Clear*—indicates that the problem has been resolved.

Fire Changes Everything

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The list goes on.

The real answer to the question is this: **No one pulled the fire alarm or called 911.**

The employees who discovered and fought the fire failed to notify the fire department and, as a result, put themselves and others in danger.

RACE is not instinct.

Every hospital employee has heard the acronym RACE:

- **Rescue** anyone in immediate danger.
- **Activate** the fire alarm and call 911.
- **Contain** the fire by closing corridor doors.
- **Extinguish** the fire, if possible, or **evacuate** to an area of refuge.

The problem is that these basic steps run counter to instinct. Instinct tells a person to either fight the fire or to get away as far away from it as possible.

Either of those responses—to extinguish or evacuate--although instinctual, must be the fourth step in fire response, not the first.

We know that the only way to change what comes naturally is through repetition and practice.

- Every employee must *know* basic fire response procedures. Reading them from the back of the badge card doesn't get the job done in a real fire situation.
- Every manager must become a "drill sergeant" of sorts—requiring employees to demonstrate fire response procedures and to locate fire alarm pull stations, fire extinguishers, and other life safety features…over and over again.
- Every employee must participate fully in every fire drill. That means that the employee stops what he or she is doing—unless it is actively saving a life—to practice saving lives during a fire.
- Every employee must respond to every fire alarm as though it signaled a fire…because it might.

The Hospital is changing the way fire drills are conducted. Now, employees will be required to demonstrate fire response procedures, not just tell the evaluator how they would respond. They will be asked to communicate with their co-workers in exactly the way they would if they discovered a fire in the work area.

Also, the Hospital will conduct fire drills on weekends, not just during the week. That means that we'll need volunteers to help evaluate these drills too.

These are big changes—changes that must be championed by Hospital leaders if they are to be effective.

But then, a hospital fire changes everything, doesn't it.