

EMERGENCY EVACUATION PROCEDURE & SOP FOR FIRE MOCK DRILL FOR COVID WARD 51

In COVID WARD 51, certain patients will be in critical conditions & would require continuous life support. Hence prevention & mitigation measures are of primordial importance prior to evacuation. Critical decision on starting evacuation procedure in the event of emergencies lies with duty staffs present at the site of accident. Hence fire safety awareness & training is mandatory for all staffs to handle such events

1 Fire Command Structure: -

1. The Medical Superintendent / block coordinator will act as the **commanding officer** during emergency.
2. The commanding officer has the primary responsibility to recognize hazards and prepare the fire order and fire operation plan & get them promulgated.
3. The commanding officer will supervise the regular training to the hospital staff (non-medical & medical) of the hospitals and keep them informed about the fire emergency evacuation plan.
4. Block coordinator along with Lead coordinators shall formulate the emergency evacuation plan and impart training to all the staffs (medical & non-medical) regarding the emergency evacuation procedure for their respective blocks.
5. The first floor level working staff who notice the fire will act as the **fire warden** and lead the patients and other health workers in the evacuation process.
6. The member secretary FSPC shall lead the firefighting team and ensure that all the fixed firefighting installation system are maintained and constitute the firefighting team. He should also impart the training about the operation and maintenance of fire installation and conduct training at regular intervals.

2 The Key Elements of Evacuation in Standard Operating Procedure should be: -

1. To identify the fire Escape Route in order to start evacuation procedure in orderly manner, during fire emergency.
2. To identify the location of Fire Fighting Equipment's as installed in the premises and needs appropriate application.
3. Conduct of firefighting drills at regular interval to enable the in-house firefighting team to respond for any emergency in systematic and disciplined manner.

3 Evacuation Procedure: -

The evacuation procedure depends on intensity of fire, detection, reaction and travel time.

• Detection: -

The detection time is determined by the time of actuation of the smoke detector. Calculated detection time for automatic detection system varies from manned and unmanned area.

• Reaction: -

After the actuation of the detector system usually the staffs should interpret the situation before responding, and with adequate training to staffs in response to the fire alarm, the reaction time will be very short. But under ideal circumstances, staffs attending the healthcare units- the response time should not be more than 30sec. Hence adequate safety training is mandatory to prevent loss of life and property.

• Travel Time: -

The following steps generally involved in hospitals for evacuation of patients.

- ✓ The staff moves towards the patient occupied area.
- ✓ The staff prepares the patient for transportation and evacuation with available facility
- ✓ The staff assists the patient to move towards the ear marked safe area- common assembly point
- ✓ The staff check for head counts of all patients and other members who are evacuated

4 General steps to be followed for evacuation procedure

Rapid Response: Know your Fire Plan and location of all extinguishers and fire alarms pull stations so that in case of emergency you can act quickly. Fire extinguishers are easily accessible and located in cabinets throughout the corridors, wards and in certain higher hazard area (i.e. Laundry, kitchen, mechanical rooms, operating theatres etc.).

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The JIPMER Hospital utilizes mainly ABC multipurpose fire extinguishers that can be used for a variety of fire situations.

Fire Alarm System: Know the location of automatic detectors and the procedure involved in informing the facility management during the alarm on status. A fire may originate in a storeroom or other remote area, which may set off a smoke detector. If the alarm sounds and no one has informed you of the location or of their awareness of a fire, you should immediately check the annunciator panels located at the Hospital Nursing Station or at the Main Admitting Desk for the location of the fire. Search this area and when the fire is located immediately implement the Immediate Fire Procedure.

Know evacuation procedures and methods of moving patients with limited help. The escape route will, of course, depend on the location of the actual fire.

1. Consideration must be given to those patients and occupants who are impaired with loss of hearing, vision, or other sensory functions to insure that they receive notification, assistance, and immediate attention when in endangered areas.
2. Health care workers and patients will be provided with required personal protective equipments as per institute recommendations
3. Never evacuate patients/occupants to basement areas. If the fire is localized or segregated from other parts of the building it is not necessary to move patients outside of the building, but rather out of the smoke compartment to areas of refuge within the facility, which are protected by fire doors and smoke barriers. If it appears the fire may be out of control, the decision for complete evacuation shall be made by supervisory personnel in the fire area and/or by the fire department.
4. When moving patients/occupants under circumstances where access to ramp is obstructed, non-ambulatory patients shall be lowered to a blanket on the floor and pulled to the area of refuge, "Blanket Drag". If further evacuation is necessary, patients will have to be carried.
5. Ambulatory patients/occupants shall be instructed to crouch below the smoke level and be assisted to safety.
6. New-borns will be given to their mothers for care and evacuation. Isolate and incubator babies will be the responsibility of the staff.
7. New-borns and/or patients needing or using oxygen shall be provided with portable tanks. Additional tanks are available in the storage area.
8. Because of potential power failure, the elevator should not be used for patient evacuation during a fire. The main air handling units located in AHU rooms and on the roof is also inter-connected to the fire alarm system. Thus, when the fire alarm is activated all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system.

Escape routes shall be free from obstructions at all times. All corridors in high risk areas are to keep free from obstruction at all times (Carts, patient lifts, chairs, Equipment's, Shelters etc.)

No furnishings or decorations shall be explosive or highly flammable in characteristics.

1. All pre-construction/remodelling evaluations shall include a fire retardant evaluation.
2. The Safety officer of facility management shall maintain all fire ratings for furnishings, products, carpets, etc.
3. All heat generating equipment shall be identified and strategically placed to insure safe operation. Storage rooms located on nursing floors shall not exceed the normal "fire load"

5 Note:

1. The instruction for evacuation will be given by the "fire warden" after receiving communication from the **commanding officer** in the fire control team that fire is not getting controlled and she/he will assign such staff as are available for the purpose to the evacuation team.
2. Security should check safety of the evacuation route(s) and report back on the safe route available.

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3. Prepare and evacuate the building by way of the nearest emergency exit. Walk as fast as possible but do NOT run. Do NOT use elevators.
4. The elevators (lifts) should not be used for evacuation.
5. Before exiting through any closed door, check for heat and the presence of fire behind the door by feeling the door with the back of your hand. If the door feels very warm or hot to the touch, advise everyone to proceed to another exit.
6. Patients who are stable and ambulatory shall be instructed to walk down the corridor (maintaining minimum of 1-meter distance from each other) leading to nearest exit leading away from the cubicle of fire spot and out of the building and assemble at the ‘common assembly point’ at the designated site for each building. They should not crowd the assembly point and maintain safe distance.
7. Thereafter non-ambulatory i.e. wheel chair patients and bed bound patients (in that order) shall be physically assisted and evacuated through ramp to the safe area and horizontal evacuation or vertical evacuation as per feasibility. Use trolley / slings made of bed sheet /blanket for carrying the patients or the patients must be physically carried out.
8. All hospital staff will assist the different teams and will leave last after ensuring that all patients have been evacuated on the instructions of the ‘fire warden’.
9. In the event you are unable to exit the building:
 - o Remain calm; do not panic
 - o In a smoky room or corridor remain low; crawl if necessary.
 - o Place a cloth, wet if possible, over your mouth to serve as a filter
 - o If trapped in a room signal for help from a window. Use a towel, clothing, sign etc.
10. Do not block any driveways and approach to casualty, as Fire Department personnel will need access to these areas.
11. The cessation of an alarm/departure of the fire department is not an “all clear” to re-enter the building as corrective measures any still be in progress.
12. Stay clear of the building, until your designated Fire Safety Officer has advised you to re-enter the building/area.
13. In the event of an evacuation order, the priority is to evacuate patients. However, once all patients are evacuated, do assist visitors in need. Visitors may not be aware of exits/alternative exits and the procedures that should be taken during alarm situations. Employees should calmly inform visitors of the proper actions to be taken and assist them with the evacuation.
14. At the end of evacuation, a roll call must be performed by the ‘fire warden’ to make sure that all patients and staff having been evacuated. In case someone is left behind, the fire service teams that would have arrived by then must be informed to take steps for their search and rescue process.

6 SOP FOR FIRE MOCK DRILL
PRE REQUISITE FOR FIRE DRILL

1. Availability of fire protection system – Ensure that firefighting equipment’s are available, tested and in proper working condition
2. Fire safety training – Ensure that all staffs in your work place are periodically trained in fire safety
3. Know your occupant load - All occupants in your work place and their mobility should be taken into consideration for a timely evacuation plan
4. Know your storage / fire load details – availability of MSDS and weekly consumption rate of inflammable chemicals
5. Plan a safe escape to assembly point / refuge areas – Ensure your work place have clear and accessible escape routes

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The following are the steps shall be performed prior to conducting fire evacuation mock drill:

1. Prior information's to be circulated to the block level in charge, Individual Department In-charge, O/I Nursing section, DNS, Security, 6999 and PRO regarding the conduct of Mock drill.
2. Meeting should be arranged for Pre mock drill briefing of that particular place by FSPC with all involved staffs like Doctors, Nursing staffs, Paramedical staffs, Office staffs, DRL, SMC, Security and HLL FM / Sodexo fire team
3. Choosing volunteers as performers & Patients
4. Creation of Mock drill scenario
5. Team formation with designating roles & responsibilities to each members of the team
6. Documentation of the events with timeline creation for drafting mock drill SOP – for the respective block
7. Attendance register along with the participant details of the Mock drill program shall be maintained.

SOP FOR GENERAL WARDS & ICU - WARD 51

Steps to be performed during mock drill Procedure

1. **Both step 1 A Step 1B, Step 1C, Step 1D & Step 1E has to be performed simultaneously**
 - ❖ **Step 1A- Fire warden** – (Doctor / Nursing Staff / Paramedical staff)
 - a) The first identifier of Fire accident i.e. “Fire warden” – shouts **“CODE RED and clearly mention the name of the fire spot”** 3 times or more.
 - b) Fire warden - Rush to scene **FIRE SPOT** / identifies – type of fire / source of fire / intensity of fire
 - c) Fire warden - **Remove** inflammable materials away / **Rescue** any one in imminent danger away from the fire spot
 - d) Fire warden - Quickly approach the Power Source “Switch Off” point either at the level of fire accident equipment or at the level of distribution board – if required
 - e) Fire warden - Swiftly carries the mobile fire-fighting equipment (FFE) that is relevant to the type of fire. (Preferably choosing a CO2 gas otherwise, ABC Powder type)
 - f) Brings the FFE, and follows the **“PASS”** procedure.
 - g) The staff then keeps the FFE safely away
 - ❖ **Step 1B- Alarm staff** - Doctor / Nursing Staff / Paramedical staff
 - a) Rushes to the nearest manual call point and pulls the MCP for alerting others near by
 - b) Staff calls 6999 – informs in telegraphic language i.e., **CODE RED** – – what is on fire, Intensity of fire, location of fire – **BLOCK NAME – FLOOR – department name**. Repeat the message when demanded by the 6999 operator. The alarm team staff shall ask for name & contact details of the telephone operator who is receiving the fire call.
 - c) (For first floor ICU 1& 2, operation theater, isolation wards) The alarm team Staff will inform the ward staff located above to ensure shutting down of AHU (automatic fire damper provided).
 - d) **Prepare** the patients for evacuation, if required to the nearest refuge area / move valuable items / critical equipments in a safe preparedness position.
 - ❖ **Step 1 C - Support staff** – ward Doctor / Nursing Staff / Paramedical staff **from immediate adjacent ward to the fire spot location**
 - a) On hearing the fire alarm from the fire hooter, one of the working staff (Doctor / Nursing Staff / Paramedical staff) swiftly carries the mobile fire-fighting equipment (FFE) from their premises to the fire spot and assist the fire warden in extinguishing the fire. The other working staff (Doctor / Nursing Staff / Paramedical staff) after ensuring that Power Source to the fire spot is “Switched Off”, shall assist in firefighting using the nearest available hose reel system.

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❖ **Step 1 D Rescue staff**

- (a) The rescue staffs DRL & SMC– on hearing the fire alarm from MCP, alerts the security at the building main gate by intercom phone – CODE RED and comes back to fire spot for assistant and mobilize patients and attenders to the nearest refuge area.
- (b) DRL & SMC shall wait for further command and prepared for evacuation only upon instruction from the fire warden / DMS / DNS of the ward concerned

❖ **Step – 1 E – Security guard**

- a) On hearing the fire alarm from the fire hooter, the security guard should alert others by blowing long whistle for three times.
- b) Security guard - at main gate, passes communication to the QRT team for following fire procedures and guiding firefighting team to the fire spot.
- c) Security – quickly clears all obstruction in the evacuation routes & guards the gate of the building for assisting occupant evacuation process & waving of unnecessary crowd entry in to the fire spot.

2. **Step-2**

- a) The Fire warden after evaluating the fire spot condition and upon uncontrolled fire accident situation, shouts “**CODE RED uncontrolled and clearly mention the name of the fire spot**” 3 times or more.
- b) The alarm team Staff calls 6999 again – informs in telegraphic language i.e., **CODE RED – uncontrolled** – what is on fire, Intensity of fire, location of fire – **BLOCK NAME – FLOOR – department name**. The staff informs about the evacuation process and location of designated assemble point. Repeat the message when demanded by the 6999 operator. The telephone operator at 6999 shall follow fire call procedure for **CODE RED – uncontrolled situation**.
- c) The alarm team Staff will inform the ward staff located above and below the fire spot, through the hospital intercom telephone connection to follow fire call procedure for **CODE RED – uncontrolled situation**.
- d) The Fire warden after evaluating the fire spot condition decides for Evacuation. Without panicking the occupants, the fire warden informs about the fire accident by clear message and guides the direction for evacuation. Instruction for maintaining distance, wearing mask and other required PPE’s should be clearly given.
- e) Upon direction by fire warden, the Evacuation starts in an orderly manner to the nearest exit gate.
- f) The firefighting team with appropriate PPE shall enter the fire spot and take over the firefighting process from the fire warden.
- g) The Fire warden shall hand over the firefighting procedure to the firefighting team with complete appraisal about the fire situation, fire hazardous locations with available escape route pathway.
- h) The Fire warden, alarm team, SMC staffs and QRT team shall follow the priority of mobilizing and Escorting the ambulatory patients to the common assembly point and waits near the emergency exit gate at the ground floor to further aid in movement of patients to the safe area
- i) **SOP FOR ICU - WARD 51** Defend in place shall be the priority as mobilizing ICU patients is extremely challenging. When the need arises for evacuation – horizontal evacuation of ICU patient to the nearest and safest treatment facility should be planned. The Doctor / SNO / Support staffs shall move along with the needed medical support devices / manually operated Ambu-bags attached to the critically ill bed fast patients to the nearest appropriate ward / ICU / treatment room which is located well away from the fire spot. As first option, mobilizing to the OT complex (pre-anaesthesia clearance unit and post-OP care unit) and re-establish the medical support to the patients. As second option, patients should be mobilized through the ramp and establish medical assistance in the ground floor - near MRI / CT scan room (in MRI – 03 & CT scan area – 08 oxygen port). As third option, to the Paediatric casualty of WCH block ground floor, especially if the requirement arises for complete evacuation outside the building.

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3. **Step -3**

- a) After reaching assembly point, the fire warden makes roll call of staff and patients. Their names should be read clear and sound acknowledgement shall be done by staffs and patients (raise the hand and by shouting “yes”). Patients and all health workers should maintain strict distance from each other and wear appropriate PPE.
- b) For any missing patients, fire warden along with the 2 members of QRT team with appropriate PPE, shall reenter the fire spot to retrieve missing patients to the assembly point.
- c) Again repeat the roll call procedure to ensure for complete evacuation of the occupants along with the QRT / alarm staffs / rescue staffs / security staffs.
- d) On arrival of firemen from the Fire Department, the firefighting team shall hand over the firefighting procedure along with complete appraisal about the fire situation, fire hazardous locations and available escape route pathway. The firefighting team will assemble again in the common assembly point for roll call procedure.
- e) No one reenter the buildings until “All clear” signal given by the fire department.
- f) The firefighting team and QRT team shall undergo COVID restriction process as per institute policies. Further isolation / quarantine / testing procedures shall be carried out as per policies.

**SEQUENTIAL EVACUATION PROCEDURE FOR
WARDS LOCATED ABOVE AND BELOW THE FIRE SPOT**

Step 1 - Security guard

- a) On hearing the long whistle for three times from the security / fire alarm from the fire hooter, the security guard informs the security at main gate to pass communication to the QRT team for following fire procedures by assisting in evacuation procedure.
- b) Security – quickly clears all obstruction in the evacuation routes & guards the gate of the building for assisting occupant evacuation process & waving of unnecessary crowd entry in to the fire spot. The security shall be in preparedness situation to assist in evacuation.

Step2 - the alarm staff - Doctor / Nursing Staff / Paramedical staff

- a) Upon receipt of fire call from “the fire spot alarm team” - the alarm staff rushes to the nearest manual call point and pulls the MCP for alerting others nearby and assist the rescue team for evacuation.
- b) The alarm staff calls 6999 again – informs in telegraphic language i.e., **CODE RED – uncontrolled** and informs about the evacuation process of this concerned ward and location of designated assemble point. Repeat the message when demanded by the 6999 operator. The telephone operator at 6999 shall follow fire call procedure for **CODE RED – uncontrolled situation**. The alarm team Staff will inform the ward staff located above to ensure shutting down of AHU (automatic fire damper provided).

Step 3 - Fire warden – Doctor / Nursing Staff / Paramedical staff

- a) Without panicking the occupants, the fire warden informs about the fire accident by clear message and guides the direction for evacuation. Instruction for maintaining distance, wearing mask and other required PPE’s should be clearly given.
- b) Upon direction by fire warden, the Evacuation starts in an orderly manner to the nearest exit gate
- c) The Fire warden, alarm staff, SMC staffs and QRT team shall follow the priority of mobilizing and Escorting the ambulatory patients to the common assembly point and waits near the emergency exit gate at the ground floor to further aid in movement of patients to the safe area
- d) For non-ambulant patients (like wheel chair patients, bedfast patients) The NO and DRL move the patient with the bed through the Ramp.

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Step -4

- a) After reaching assembly point, the fire warden makes roll call of staff and patients. Their names should be read clear and sound acknowledgement shall be done by staffs and patients (raise the hand and by shouting “yes”). Patients and all health workers should maintain strict distance from each other and wear appropriate PPE.
- b) For any missing patients, fire warden along with the 2 members of QRT team with appropriate PPE, shall reenter to retrieve a missing patient to the assembly point.
- c) Again repeat the roll call procedure to ensure for complete evacuation of the occupants along with the QRT / alarm staffs / rescue staffs / security staffs.
- d) No one reenter the buildings until “All clear” signal given by the fire department.
- e) The firefighting team and QRT team shall undergo COVID restriction process as per institute policies. Further isolation / quarantine / testing procedures shall be carried out as per policies.

Important note: if the fire spot is located in the ground floor of multi storey building, SOP for sequential evacuation shall be followed for all the floors located above

Covid Ward 51 - OT COMPLEX SOP

Steps to be performed during mock drill Procedure

1. Both step 1 A Step 1B, Step 1C, Step 1D & Step 1E has to be performed simultaneously

- ❖ **Step 1A-** Fire warden – Doctor / Nursing Staff / Paramedical staff inside OT complex
 - a) The first identifier of Fire accident i.e. “Fire warden” – shouts “**CODE RED and clearly mention the name of the fire spot**” 3 times or more.
 - b) Fire warden - Rush to scene **FIRE SPOT** / identifies – type of fire / source of fire / intensity of fire
 - c) Fire warden - **Remove** inflammable materials away / **Rescue** any one in imminent danger away from the fire spot
 - d) Fire warden - Quickly approach the Power Source “Switch Off” point either at the level of fire accident equipment or at the level of distribution board – if required
 - e) Fire warden - Swiftly carries the mobile fire-fighting equipment (FFE) that is relevant to the type of fire. (Preferably choosing a CO2 gas otherwise, ABC Powder type)
 - f) Brings the FFE, and follows the “**PASS**” procedure.
 - g) The staff then keeps the FFE safely away
- ❖ **Step 1B- Alarm staff** - Doctor / Nursing Staff / Paramedical staff inside OT complex
 - a) Rushes to the nearest manual call point and pulls the MCP for alerting others nearby, turns off the nearby AHUs.
 - b) Staff calls 6999 – informs in telegraphic language i.e., **CODE RED** – – what is on fire, Intensity of fire, location of fire – **BLOCK NAME – FLOOR – Name & number of OT theater**. Repeat the message when demanded by the 6999 operator. The alarm team staff shall ask for name & contact details of the telephone operator who is receiving the fire call. The alarm team Staff will inform the ward staff located above to ensure shutting down of AHU (automatic fire damper provided).
 - c) On hearing the fire alarm from the fire hooter, depending on the situation - the operating team shall quickly close the operating procedure to a safe / temporary level and shall prepare the patient with attached life supporting equipments to the nearest refuge area in a safe preparedness position for evacuation, if required. Inside OT complex, defend in place should be the priority and evacuation should be considered in uncontrollable fire accidents. The OT team in the fire spot shall move as follows
 - The Scrub nurse shall move the instrument tray, unlock the OT table, open the OT door
 - OT Technician shall disconnect the tubings from OT pendant and disconnect power cables

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- Surgeon shall remove the upper drape along with cables and place it over the assisting tray, quickly packed the surgical operating area and kept the hand there, covered the patient with sheet, removed the cautery cable from machine and keep it over the patient, arm wrist rotated to side
- The surgeon shall hold the head end of the table, the OT technician shall hold Anesthesia machine, Anesthesia SR shall hold the IV stand.
- The Floor nurse OT will shout “move “after checking the completion of above steps
- The Staff nurse and surgeon shall push the OT table, OT technician moved the Anesthesia machine along with OT table. The anesthesia team shall move the IV stand and carefully monitor for the intact in anesthesia tubings connections during evacuation movement and help to negotiate the transfer smoothly
- The convoy moved towards safest refuge area which is available nearby to reconnect the anesthesia machine and completing the operating procedure to safe mode.

❖ **Step 1 C - Support staff – OT Doctor / Nursing Staff / Paramedical staff from adjacent OT complex to the fire spot location**

On hearing the fire alarm from the fire hooter, one of the working staff (Doctor / Nursing Staff / Paramedical staff) swiftly carries the mobile fire-fighting equipment (FFE) from their premises to the fire spot and assist the fire warden in extinguishing the fire. The other working staff (Doctor / Nursing Staff / Paramedical staff) after ensuring that Power Source to the fire spot is “Switched Off”, shall assist in firefighting using the nearest available hose reel system.

❖ **Step 1 D Rescue team**

- (a) DRL & SMC alerts the security at the building main gate – CODE RED and comes back to fire spot for assistant and mobilize patients to the nearest refuge area.
- (b) DRL & SMC shall wait for further command and prepared for evacuation only upon instruction from the fire warden / DMS / DNS of the ward concerned
- (c) DRL & SMC shall quickly clear all obstruction in the evacuation routes & assist in occupant evacuation process

2. **Step-2**

- a) The Fire warden after evaluating the fire spot condition and upon uncontrolled fire accident situation, shouts “**CODE RED uncontrolled and clearly mention the name of the fire spot**” 3 times or more.
- b) The alarm staff calls 6999 again – informs in telegraphic language i.e., **CODE RED – uncontrolled –** what is on fire, Intensity of fire, location of fire – **BLOCK NAME – FLOOR – name & number of OT complex**. The staff informs about the evacuation process and location of designated assemble point. Repeat the message when demanded by the 6999 operator. The telephone operator at 6999 shall follow fire call procedure for **CODE RED – uncontrolled situation**.
- c) Through intercom, the alarm team Staff will call the staff at nearest ICU complex which is located away from the fire spot and inform about the evacuation transfer process of operating patient (including the escape route pathway) to their premises for completing the interrupted / ongoing procedure with continuous life support.
- d) The alarm team Staff will inform the ward staff located above and below the fire spot, through the hospital intercom telephone connection to follow fire call procedure for **CODE RED – uncontrolled situation**.
- e) The Fire warden and the alarm team Staff, after evaluating the fire spot condition decides for evacuation to the pre decided intensive care space for completing the operating procedure to the safe possible extent for the patient. Without panicking the occupants, the fire warden informs about the fire accident by clear message and guides the direction for evacuation. Upon direction by fire warden, the Evacuation of OT patient shall start from the fire spot OT complex to the ICU complex in the same floor in an orderly manner. The Doctor / SNO / Support staffs shall move along with the needed life supporting devices

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attached to the operating patient for completing the operating procedure to the safe possible extent for the patient.

- f) The firefighting team with appropriate PPE shall enter the fire spot and take over the firefighting process from the fire warden.
- g) The Fire warden shall hand over the firefighting procedure to the firefighting team with complete appraisal about the fire situation, fire hazardous locations with available escape route pathway.
- h) Subsequently, patients from nearby OT theaters shall be evacuated in similar fashion under “uncontrollable fire accidents CODE RED”.

3. Step -3

- a) After reaching nearest ICU room which is located well away from the fire spot, as per decision made by the medical team and considering the life support device availability - the operating team continuous the procedure to the safe extent for the patient.
- b) In the meantime, the fire warden makes roll call of staffs. Their names should be read clear and sound acknowledgement shall be done by staffs (raise the hand and by shouting “yes”). All health workers should maintain strict distance from each other and wear appropriate PPE.
- c) For any missing staffs, fire warden along with the 02 members of QRT team with appropriate PPE, shall reenter the fire spot to retrieve a missing patient to the assembly point.
- d) Again repeat the roll call procedure to ensure for complete evacuation of the occupants along with the QRT / alarm staffs / rescue staffs / security staffs.
- e) On arrival of firemen from the Fire Department, the firefighting team shall hand over the firefighting procedure along with complete appraisal about the fire situation, fire hazardous locations and available escape route pathway. The firefighting team will assemble again in the common assembly point for roll call procedure.
- f) No one reenter the buildings until “All clear” signal given by the fire department.
- g) The firefighting team and QRT team shall undergo COVID restriction process as per institute policies. Further isolation / quarantine / testing procedures shall be carried out as per policies.

SOP FOR BACKUP OT TEAM

(Nearest appropriate ward / ICU / treatment room which is located well away from the fire spot)

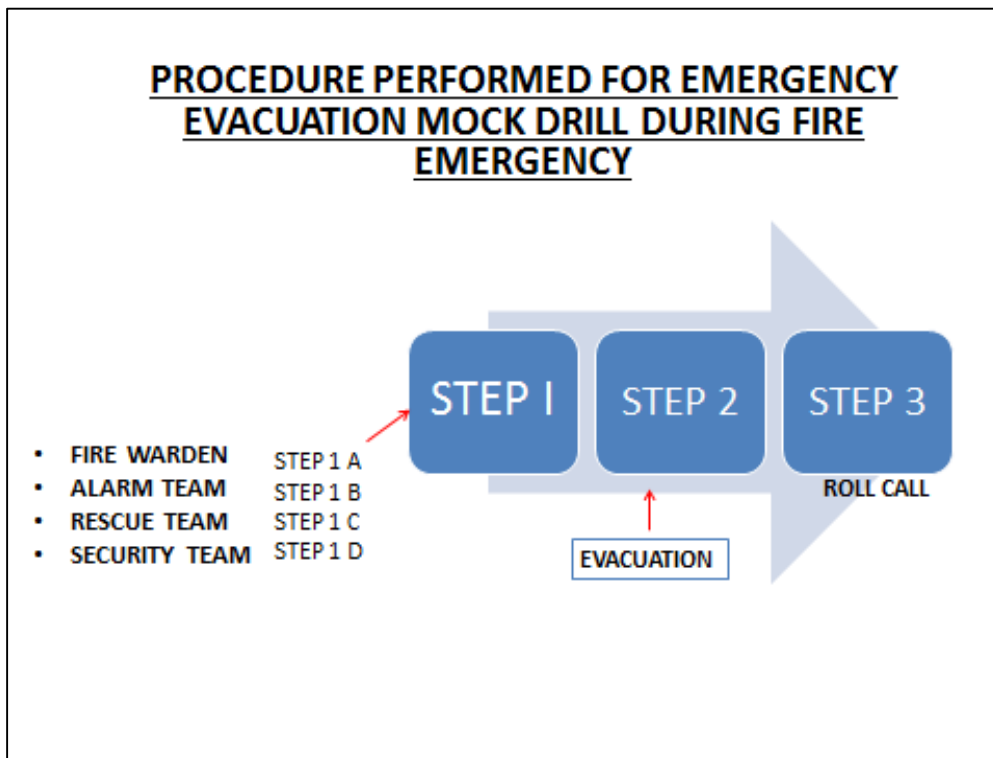
The following are the outline steps on receipt of Fire / Rescue related calls: CODE RED

On getting the fire call from alarm team from the fire spot OT complex, trigger the SOP meant for fire emergency.

Includes the following:

- 1) The backup team shall quickly prepare their premises to receive the OT patient from the fire spot OT theater as well as from the subsequent OT theaters of the same complex
- 2) The backup team shall ensure that the pathway of the rescue route to their operating room shall be free and clear of all obstruction as mentioned by the fire spot alarm team
- 3) The backup team shall call through intercom number to the EMSD OT complex for further medical assistance as per the requirement of the OT complex patients.
- 4) The backup team shall call **6999** to inform about the status of transferred OT complex patients for further communication to MS / DMS / NS / DNS
- 5) The QRT team and the rescue team which has accompanied in the evacuation process shall be in preparedness position to assist for further rescue measures if required.

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SOP for FIRE CONTROL ROOM OPERATIONAL PROCEDURE

The presently operated telephone exchange room will also receive fire accidents and rescue related calls which should be transmitted properly and efficiently the information without any delay to Puducherry Fire Service Department for responding. Hence the operator who is manning the telephone exchange reception room has the highest responsibility in receiving and disseminating the fire call / emergency related messages to the line departments (Fire / Police etc.) immediately so that they can mitigate the losses.

The following are the outline steps on receipt of Fire / Rescue related calls: CODE RED

- **Step 1** – the operator should record in the appropriate register clearly & legibly the information of fire accident location along with **time line of events** of fire accident in Campus that are as follows–
 - a) **BLOCK NAME, DEPARTMENT NAME, FLOOR Level, WARD NO.**
 - b) **Particulars of material on fire** – (e.g.: what is burning? Equipment such as fridge, A/C, Stock material such as cotton, spirit etc.)
 - c) **Please ask for Name and Mobile Number of the Staff** (Lead coordinator)
 - d) **“Repeat the Questions, if required”**
- **Step 2**
 - a) Inform Security services at **main gate - 4** through Extension number - 7429 to follow the fire call procedure.
 - b) Inform **Security Control Room QRT team** through Extension number - **6074** about the fire accident information as received in-order to
 - ✓ To follow fire call procedure in assisting evacuation by the QRT team.
 - ✓ To facilitate Crowd management, immediate safe diversion of hospital traffic away from the fire spot block / building / ward
 - c) Inform Utility management **HLL** facility management through extension number 7002 and **CPWD** through extension number 6982 / 6981 for their assistance at fire accident spot and record the name & designation of the service provider who has received the information.

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- **Step 3** - Inform the fire accident particulars to the members below:
 - a) Inform the DMS of the block, HOD / Block in-charge officer – refer annexure in phone list
 - b) Inform O/I Nursing section / Matron office of the concerned block
 - c) Inform the Member Secretary, FSPC (Dr. K Gunaseelan – 9362966444, 9500501257)
 - d) Inform the PRO (for mock drill only)
 - e) Inform the MS, JIPMER (Dr. Ashok Shankar Badhe 9894436714)
 - f) Inform the Director, JIPMER (0413-2272901)
- **Step 4** – Record the time & details of extinguishing the fire accidents from the DMS of the concerned block.

SOP for “CODE RED Uncontrolled” situation

The following are the outline steps on receipt of “CODE RED Uncontrolled” Fire / Rescue related calls:

- **Step 1** – the operator should record in the appropriate register clearly & legibly the information of fire accident location along with **time line of events** of fire accident in Campus that are as follows–
 - a) **BLOCK NAME, DEPARTMENT NAME, FLOOR Level, WARD NO.**
 - b) **(From the fire spot alarm team) Particulars of material on fire** – (e.g.: what is burning? Equipment such as fridge, A/C, Stock material such as cotton, spirit etc.)
 - c) **(From the fire spot alarm team and rescue team of above and below floor wards) - Route of evacuation and location of safe assembly point**
 - d) **Please ask for Name and Mobile Number of the Staff** (Lead coordinator)
 - e) **“Repeat the Questions, if required”**
- **Step 2** -:

Inform - **Dhanvantari Nagar Fire station through telephone number 0413-2272913**
“And / or” Puducherry fire service control room telephone number 101/ 0413 - 2336238
 About the particulars of fire accident as received such as

 - a) **BLOCK NAME, DEPARTMENT NAME, FLOOR Level, WARD NO.**
 - b) **NEAREST ENTRANCE GATE NUMBER** - which is free for access and close to the fire accident area
 - c) **PARTICULARS OF MATERIAL ON FIRE** – (e.g.: what is burning? Equipment such as fridge, A/C, Stock material such as cotton, spirit etc.)
 - d) **THE NAME, DESIGNATION AND TELEPHONE NUMBER** of the exchange operator who is informing the particulars of Fire accident to the Operator of Fire station / control room.
- **Step 3**
 - a) Inform Security services at **Main Gate - 4** through Extension number - 7429 to follow the fire call procedure and crowd management at main gate.
 - b) Inform **Security Control Room** through Extension number - **6074** about the fire accident information as received in-order to
 - ✓ To follow fire call procedure in assisting evacuation by the QRT team.
 - ✓ To facilitate Crowd management, immediate safe diversion of hospital traffic away from the fire spot block / building / ward
 - ✓ To **inform main gate security for Escort** the Fire guards, Fire tender from Fire Service Department on their arrival at the Entry gate to the fire accident site and.
 - c) Inform Utility management **HLL** facility management through extension number 7002 and **CPWD** through extension number 6982 / 6981 for their assistance at fire accident spot and record the name & designation of the service provider who has received the information.
 - d) Inform the police in EMSD block through the extension number 4012 / 2271988

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- **Step 4** - Inform the fire accident particulars to the members below:
 - a) Inform the DMS of the block, HOD / Block in-charge officer – refer annexure in phone list
 - b) Inform O/I Nursing section / Matron office of the concerned block
 - c) Inform the Member Secretary, FSPC (Dr. K Gunaseelan – 9362966444, 9500501257)
 - d) Inform the member FSPC Fire Officer, Govt. of Puducherry (Mr. J MUKUNDAN – 9952651351, 9585541195)
 - e) Inform the PRO (for mock drill only)
 - f) Inform the MS, JIPMER (Dr. Ashok Shankar Badhe 9894436714)
 - g) Inform the Director, JIPMER (0413-2272901)
- **Step 5** – Record the time & details of extinguishing the fire accidents from the DMS of the concerned block.

SOP FOR FIRE TEAM

The following are the outline steps on receipt of Fire / Rescue related calls: CODE RED

The firefighting team should be in preparedness position 24 / 7 with all necessary PPE and rescue device for fire emergency. The superior of the fire team shall ensure prior roll call with briefing on the fire SOP preparedness procedure. The fire team should have sound knowledge on access pathways for individual building details with available escape route pathways which shall be used for emergency.

On getting the fire call from 6999, trigger the SOP meant for fire emergency. Includes the following:

- The fire guard should record in the appropriate register clearly & legibly the information of fire accident location along with **time line of events** of fire accident in Campus that are as follows–
 - a) **BLOCK NAME, DEPARTMENT NAME, FLOOR Level, WARD NO., Particulars of material on fire** – (e.g.: what is burning? Equipment such as fridge, A/C, Stock material such as cotton, spirit etc.), **Please ask for Name and Mobile Number of the Staff** (Lead coordinator)
 - b) **“Repeat the Questions, if required”**
 - c) The fire team shall enter the fire spot building through the nearest exit / gate to reach the fire accident spot.
 - f) The fire team shall take over the firefighting procedure from the fire warden after knowing the fire spot condition and associated hazardous situations. The fire team shall continue fighting the fire until the arrival of firemen from the Fire Department Puducherry. Upon arrival of Department Fireman, the fire team shall assist in firefighting procedure and guide the team for available escape route paths under uncontrollable situations. The firefighting team and QRT team shall undergo COVID restriction process as per institute policies. Further isolation / quarantine / testing procedures shall be carried out as per policies.

SOP FOR FACILITY MANAGEMENT

The following are the outline steps on receipt of Fire / Rescue related calls: CODE RED

ELECTRICAL TEAM (*Periodic maintenance report / register should be made available after the mock drill*)

On getting the fire call from 6999, trigger the SOP meant for fire emergency. Includes the following:

- 1) Shall send assistance electrical team with PPE to the fire accident spot for switching off the electrical supply to the fire spot block. The electrical team shall ensure that Air Handling Units (AHUs) is switched off in the block
- 2) Shall Turn on the DG supply for emergency lightings along the evacuation route
- 3) Send the fire team to the fire pump room for ensuring continuous fire pump operation under standard pressure condition with alternative motor pump system with DG backup in preparedness position.

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- 4) Ensure that Fire and Smoke dampers are activated.
- 5) Be available and report to the Fire Service Officials

HVAC (Periodic (weekly / monthly / yearly) maintenance report / register including testing for fire and smoke dampers should be made available after the mock drill*)

(*Note: HVAC Maintenance register should include the following period preventive maintenance and simulation tests and attested by the officers from HLL and Block in-charges:

SOP FOR SECURITY

The following are the outline steps on receipt of Fire / Rescue related calls: CODE RED

Procedure for QRT Security team

- a) On getting a fire call from intercom - 6999, the security should know the building where fire incidence happened, if required – ask once more from 6999
- b) Clear the hospital traffic leading to the fire spot building.
- c) QRT team shall enter the fire spot building through the nearest exit / gate to reach the fire accident spot with appropriate PPE, communication device and items related to rescue accessories.
- d) Upon direction by Fire warden at the fire spot, the QRT team shall assist in evacuation in an orderly manner to the nearest exit gate
- e) The Fire warden, alarm team, SMC staffs and QRT team shall follow the priority of mobilizing and Escorting the ambulatory patients to the common assembly point and waits near the emergency exit gate at the ground floor to further aid in movement of patients to the safe area
- f) After reaching assembly point, the fire warden makes roll call of staff and patients. Their names should be read clear and sound acknowledgement shall be done by staffs and patients (raise the hand and by shouting “yes”). For any missing patients, fire warden along with the 02 members of QRT team with appropriate PPE, shall re-enter to retrieve a missing patient to the assembly point.
- g) Again repeat the roll call procedure to ensure for complete evacuation of the occupants along with the QRT / alarm staffs / rescue staffs / security staffs.
- h) No one re-enter the buildings until “All clear” signal given by the fire department. The firefighting team and QRT team shall undergo COVID restriction process as per institute policies. Further isolation / quarantine / testing procedures shall be carried out as per policies.

Procedure for Security officer at the main gate (main gate & temple gate)

- a) On getting a fire call from intercom - 6999, the security should know the building where fire incidence happened, if required – ask once more from 6999
- b) Inform security agency at control room with intercom phone no 6071
- c) Clear the traffic on both sides of the main gate – from the main road.
- d) When fire Tender arrives one security boards the engine to guide it to the site of fire accident.
- e) Assist the fire guards and the fire department in firefighting.

Procedure for security person at the gate of the building where the fire accident happening:

- a) Clear the traffic from main road till the fire spot site
- b) Should not panic or alert the crowding people around the incident site.
- c) Block the entry of crowd into the incident site and clear crowding of onlookers
- d) Clear all vehicles and divert them to other areas away from fire tender route
- e) Should inform the security control room and take commands / directives only from them.
- f) He should ensure that all the Emergency Exit doors are kept opened & pathway is kept for access
- g) Evacuate the occupants by using fire exits and emergency exits only and assemble them in a safe place.

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- h) Ensure that the people who are physically constrained, unconscious, disabled and woman are evacuated.
- i) Squadron the place where fire has occurred, main aim is to safe guard all the Government properties which removed and displaced during fire.
- j) Do not permit any unauthorized persons to enter the building
- k) The security must know the locations of the fire hydrants and hose reels in order to assist the Fire men.
- l) Without panicking the situation, alert the occupants by using public address system & give them proper guidance for safe evacuation from the building.
- m) Operate the grounding switch to bring fire elevator to ground floor level.
- n) In case of casualties, call ambulance or mobile trauma care unit.

GENERAL INSTRUCTION

The following steps needs to be implemented Irrespective of the fire drill:

- ❖ Team formation: In every shift, three teams are identified for fire emergencies and their roles briefed. It gets activated at the instance the RACE is triggered:
 - Team 1: Fire WARDEN – who rushes to fight the fire when reported;
 - Team 2: Alarm team – who on hearing “code red” makes a call to 6999 and calls nearby security if available, or triggers nearby fire alarm.
 - Team 3: Rescue team – should make access for exit gate, starts evacuating patients and attenders. The same team regroupes after reaching the assembly point as transport team to move the injured patients / persons to casualty.
 - Security team: makes the hose reel is made ready for use and if required use it to fight the fire.
- ❖ All patients & attenders in the ward are to be informed about the procedures to be followed during fire emergencies, viz. knowing the fire exits, not taking the lift/ elevators, taking the nearest staircase or location of the ramps, location of the assembly point of the building, etc. These instructions are to be given at the time of admission to ward itself.
- ❖ All nursing staff should have the list of patients with them (in a pocket book / preferably in memory) and list of staff available in their ward.
- ❖ Head Nurse of the block should have the list of staff posted in the block (in a pocket book / memory).
- ❖ Common Assembly Point and Fire exit routes should be known to all in the ward and the routes to be cleared up to assembly point.

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