
UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO
CLINICAL CARE GUIDELINES

Subject: Fire safety in the Labor & Delivery Rooms and OB Triage.

OBJECTIVES

To provide a safe environment for the surgical patient and staff by preventing injury and/or death from fire.

To minimize the potential causes of fire.

To contain the spread of fire.

These goals will be achieved by:

- Following the **RACE** procedure in the event of a fire.
- Providing a fire safety program for employees annually.
- Following University of Illinois Medical Center at Chicago Disaster Plan Procedures B.4.1, B.4.2, and B.4.3.

POSITION STATEMENTS

1. We at the University of Illinois Medical Center at Chicago believe that patient and staff safety is paramount to the mission of the Medical Center.
2. We are committed to minimizing the potential causes of fire in the surgical environment.

DEFINITIONS

RACE: An acronym that stands for: Rescue, Alarm, Confine, and Extinguish/Evacuate. This is the process all 4th Floor employees must follow in the event of a fire.

PASS: An acronym that stands for: Pull, Aim, Squeeze, and Sweep. This is the process all 4th Floor employees must follow when using a fire extinguisher in the event of a fire.

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PROCEDURE

- A. Fire safety program consists of:
1. Identify presence of fire.
 2. Implement the RACE procedure:
 - a. **Rescue** anyone in immediate danger of the fire.
 - b. **Alarm** others of the emergency:
 - i. Announce loudly "CODE RED" and the location of the fire emergency.
 - ii. Activate the nearest manual fire-alarm station if the fire-alarm system has not yet sounded.
 - iii. Contact the University of Illinois Police by dialing 6-FIRE (6-3473) and report the location and nature of the fire.
 - c. **Confine** the fire to its point of origin by closing all doors.
 - d. **Extinguish** any fire, and/or **Evacuate** from the immediate area.
- B. Special conditions.
1. Only patients who are in immediate danger are evacuated.
 2. Any patient in immediate danger and who is receiving mechanical ventilation, must be disconnected from the anesthesia machine and manually ventilated during transport.
 3. The charge nurse or their designee will determine the need for and supervise O₂ valve shut off.
 4. All other operating rooms will continue with surgery, if in progress. No procedures will be started.
 5. If fire occurs after completion of a surgical case, the staff will not receive another patient until an "all clear" is sounded.

In case of *lateral evacuation* the following routes will be utilized:

1. LDR rooms 1 through 8 will use the hallway leading to the Post Anesthesia Care Unit, the OR rooms, and to 4 West if necessary.
2. If fire is blocking the evacuation route through the main LDR hallway, the charge nurse may choose to evacuate through the stairwell and over to the OR corridor.
3. Triage rooms will evacuate to 4 West or move within the main Labor & Delivery Unit.

Vertical evacuation is conducted only in extreme circumstances and at the discretion of the Disaster Command Group in conjunction with the Chicago Fire Department. Wait

University of Illinois Medical Center at Chicago
Nursing Services
Women's & Family Health Services
Labor & Delivery

CODE: EC.1.1.1, EC.1.5, EC.2.5, EC.2.8,
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for a phone call from the Nursing Resource Office or for an overhead announcement with instructions.

Reference: UICMC Disaster Plan, Chapter 3 – Evacuation Procedures and Chapter 4 – Fires

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12/04 Review – no changes made
11/07 Review – no substantive changes made