

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**FIRE EVACUATION - PATIENT CARE AREAS**

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<b>Effective Date:</b> 8/2012	<b>Policy No:</b> AD093
<b>Cross Referenced:</b>	<b>Origin:</b> Administration
<b>Reviewed Date:</b> 4/2015	<b>Authority:</b> Chief Operating Officer
<b>Revised Date:</b> 4/2015	<b>Page:</b> 1 of 2

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**SCOPE**

Applies to all HRMC employees that assist in evacuation.

**PURPOSE**

The purpose of this policy is to establish a procedure for the safe evacuation of patients, staff and visitors.

**POLICY**

- I. All HRMC employees will be knowledgeable about the evacuation procedure and their role in applicable circumstances.
- II. The Incident Command Center, as outlined in the Emergency Preparedness Plan, will be established if the Administrator on Call, or Designee determines that, as a result of the fire emergency, an internal disaster exists.

**PROCEDURE**

**I. Patient Care Area Evacuation Flow:**

- PCU evacuates to ICU initially or to 3N/3S if necessary.
- 3N/3S evacuates to PCU.
- OB Labor & Delivery evacuates to OB Post Partum.
- OB Post Partum evacuates to OB Labor & Delivery.

The charge nurse will be responsible for the evacuation of patients in the fire area. All doors in the area must be closed and all patients removed from the hall. If the fire has not been extinguished and there is little or no smoke in the hall, commence further evacuation as follows:

1. All available personnel will evacuate patients in the area immediately surrounding fire (i.e. on both sides and across the hall of the fire area) to the adjacent smoke compartment.
2. After patients in immediate area of fire are evacuated, the remaining patients in the smoke compartment will be evacuated to the adjacent smoke compartment.
3. As each room is evacuated, double check the room to be sure all beds and the bathroom are empty. When the room is confirmed to be empty, leave room, close door and place pillow outside door. (pillow may be retrieved from the patient's bed)
4. Charge nurse will send staff that is assisting in evacuation of patients to other non-fire areas when no longer needed.

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**II. Special Care Area Evacuation Flow:**

Emergency Room - Evacuate to Surgical Suites.  
ICCU-CCU - Evacuates to PCU.

**Evacuation Procedure:**

1. Press Code Button or **call ext 6000** and request **“Code Blue”**.
2. Disconnect all equipment from patient
3. Evacuate patients from immediate fire area in patient beds.
4. Code team will arrive in ICU/CCU to help with evacuation.
5. The Code team will complete evacuating patient to PCU.
6. ICU/CCU nurses return to care for other patients or evacuation of other patients
7. When patients are all out of fire area, ICU nurses will go to PCU to care for patients and assure equipment is in working order.

**III. Surgical Suite Evacuation Flow:**

OR evacuates to Minor Procedures  
PACU evacuates to SDS  
Vascular Lab evacuates to PACU  
Minor Procedures evacuates to OR  
SDS evacuates to OR

**Secondarily, ED serves as an alternate site for each evacuated area**

**Evacuation Procedure:**

1. Press Code Button or **call ext 6000** and request **“Code Blue”**.
2. Disconnect equipment.
3. Evacuate patients in immediate fire area on stretchers or bed.
4. Code team will arrive and assist in evacuation of patients.
5. Evacuating Charge Nurse will **designate** staff responsibility at time of evacuation.
6. When evacuation is completed all Surgical Staff will report to area where evacuated patients are to care for patients and assure equipment is in working order.