SITE-SPECIFIC FIRE PLAN
FOR
Building #7593
North Pavilion
Ambulatory Surgery Center
Fire Emergency Plan

General Statement
The Ambulatory Surgery Center also adheres to the Duke University Safety Manual (http://www.safety.duke.edu)
All personnel are responsible for the knowledge and compliance with this policy as well as the ASC Fire Emergency Plan.

Fire Procedures

IF YOU DISCOVER A FIRE, SEE FLAME OR SMOKE:
1) Follow the RACE procedures:
   R = Remove all persons in immediate danger to safety.
   A = Activate manual pull station AND call or have someone call 911.
   C = Close doors and fire shutters to prevent the spread of smoke and fire.
   E = Extinguish the fire.

2) Initiate the ASC Fire Emergency Plan and establish the ASC Emergency Team.

IF YOU HEAR THE FIRE ALARM ACTIVATE:
1) Initiate the ASC Fire Emergency Plan and establish the ASC Emergency Team

General Fire Information

Evacuation
There are three types of evacuation that may be utilized in the ASC:

- **Horizontal Evacuation**: Movement of patients and personnel away from immediate danger to areas within the same floor but different fire or smoke compartment. The fire or smoke compartment boundaries may be found on the ASC Unit Leader Job Action Sheet.

- **Floor Evacuation**: Movement of patients and personnel to another floor, generally to the floor below the affected area. This is usually required when there is a need to remove personnel to a safer level but the
threat does not require evacuation of the building. Elevators may be used to evacuate patients by specially trained ASC personnel or firefighters with a Firefighter Elevator Service Key.

- **External Building Evacuation**: Movement of patients and personnel completely out of the building and to the designated Emergency Assembly Point (EAP) or Transitional Care Location.
  
  *Note: Only the ASC Fire Emergency Plan, Hospital Administrator (Operations Administrator-OA), Safety Officer, and/or the Fire Department representative in charge of the fire scene can order an External Building Evacuation. External Building Evacuation is rare and will only be used in extreme emergency*

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**Evacuation Plans**
Evacuation Plans are strategically located throughout the facility and can be useful in planning for evacuation. The Floor Plan depicts your current location, the nearest exits and the location of:

- Medical Gas Shut Off Valves
- Fire Extinguishers
- Manual Fire Alarm Pull Stations
- Fire Hose and Sprinkler Valve Cabinets

Staff should know the location of the floor plan(s) for their area.

**Emergency Assembly Point (EAP)**
Visitors are asked to evacuate to a EAP during a fire alarm. They are not required to go to the EAP, but must evacuate the building. It should be recognized approximately 80% of the building will evacuate immediately during a fire alarm, while the majority of the ASC remains in the building.

The designated EAP for the ASC is the Parking Garage area right outside the ASC. Other EAP’s are as follows;

- Pratt St EAP – grassy area by Pratt St
- Fulton St EAP – grassy area by Fulton St

**Fire Alarm Pull Stations**
Fire alarm pull stations activate the building fire alarm system and are located throughout the North Pavilion. Pull stations are usually located at or near an exit and staff should know where each pull station is located in their immediate work area.

Although activation of a manual fire alarm pull station will activate the building fire alarm and automatically notify Duke Police and other emergency personnel, it is important to call or have someone call 911 and provide all pertinent information to include your name, location, type of fire and your observations of the situation. Stay on the line until released by the emergency dispatcher.

**Fire Compartments**
The first step in defending against the threat of fire and smoke is containment. The ASC is designed and constructed using fire compartments. Fire walls and fire doors are designed and constructed with a specific fire resistance rating to limit the spread of fire and restrict the spread of smoke. Smoke walls and smoke doors are designed and constructed to restrict the movement of smoke and may or may not have a fire resistance rating. Closing all doors is crucial to prevent the spread of fire and smoke.

Corridor fire/smoke doors close automatically, ONLY between the activated fire zone and the adjoining fire zones. If corridor doors fail to close automatically, they should be closed manually and the failure reported to OESO-Fire Safety Division.
Fire Extinguishers
Fire extinguishers of the appropriate size and type have been installed throughout the ASC. Any Duke employee may use the fire extinguisher to reduce or extinguisher a fire. The acronym, PASS, defines the proper procedure:

P = Pull the pin breaking the plastic seal;
A = Aim at the base of the fire;
S = Squeeze the handles together; and
S = Sweep from side to side.

Fire Alarm Activation
There are four types of devices that will initiate a fire alarm utilized in the North Pavilion:

- manual pull stations;
- smoke detectors;
- heat detectors; and
- water-flow indicators.

Activation of any of these devices in any part of the building sends a signal to the Building Automated Systems (BAS) Control Room in the Duke Hospital North.

When the fire alarm signal is received in the BAS Control Room, the following occurs:

- Information is immediately transmitted to the Durham Fire Department and Duke University Campus Police;
- Corridor smoke doors will automatically close on the floor of origin and the floors above and below;
- Voice messages are announced over the public announcement system three times.

Fire Alarm Announcement
The following message will sound three (3) times, on the 1st and 2nd floors during an alarm: “May I have your attention please, a Code Red has been reported in your area, please follow your emergency plan”.

The term “Code Red” is used for all fire messages in the North Pavilion. All employees are expected to respond to fire drills in their area as if there was a real fire. It is the employee’s responsibility, regardless of where they travel to listen for fire alarms.

Fire drills are conducted for three reasons: fire drills allow personnel to practice fire response (training), reinforce fire safety (education) and allow for evaluation of staff knowledge. To ensure that drills provide the maximum benefit, personnel should respond to each drill as if there were an actual fire. All fire drills conducted in patient care and clinical areas will be unannounced. Fire drills will be conducted as if there were a real emergency.

Fire Drill Frequency
Fire drills will be conducted at least quarterly in the North Pavilion per shift. Areas under renovation or construction requiring Interim Life Safety Measures (ILSM) may require additional fire drills.

Fire Drill Evaluation
A specific fire zone is selected for each fire drill. Up to 50% of false alarms may be utilized to satisfy fire drill requirements. The OESO-Fire Safety Division utilizes a Fire Drill Form and database to determine the effectiveness of each actual fire drill by evaluating the staff participation and understanding of the fire response (RACE), as well as, site-specific fire response issues in the area or zone where the fire alarm was initiated. Each unit participating in an actual fire drill is given a score to determine whether it “passed” or “failed”. Pass or Fail criteria is outlined on each Fire Drill Evaluation Form and must pass the fire drill with
a score of 90% or more. Those departments who fall below this 90% score will be rescheduled within 30
days for a follow-up fire drill. Additional fire drills are required until a passing score is obtained.

**Staff Roles and Responsibilities**
Initiate the ASC Fire Emergency Plan, establish the ASC Emergency Team, and listen for further information.

During a fire, it may be necessary to shut off medical gas if the fire is at or near the medical gas distribution valve
in a patient’s room. DO NOT shut off medical gases during a fire drill. The primary person responsible for shutting
off medical gas is the Charge Nurse. In intensive care areas, the Charge Nurse, in conjunction with respiratory
therapy, is responsible for shut off.

ALL equipment must be removed from hallways. This must be done during a drill as well as during a fire event.

**Site Specific Fire Plans**

OESO-Fire Safety Division, in collaboration with the ASC, is responsible for the development and maintenance of
the Fire Emergency Plan. The Fire Emergency Plan is submitted to the Duke University Safety Committee for
approval prior to implementation.

The ASC must keep a copy of the ASC Fire Emergency Plan on site. A back up copy is kept at the OESO-Fire
Safety Office at 1411 Hull Street.

**Interim Life Safety Measures (ILSM)**

Interim life safety measures are a series of temporary administrative actions required during construction to
provide the level of life safety that existed prior to construction start-up. Interim life safety measures apply to all
personnel (including construction workers), must be implemented upon project start-up, and must be continuously
enforced through project completion. Each interim life safety measure action must be documented through written
policies and procedures.

**OESO-Information Telephone Numbers:**

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