



## Fire Safety: The R.A.C.E. Protocol

Nursing facilities report about 3,500 fires a year, and resident rooms are the leading place of origin for fires that lead to a death. Everyone has a role and responsibility in the event of a fire emergency, which may involve the rescue of residents and others, assisting with moving them to safety, sounding the alarm, or just staying out of the way of firefighters and other designated emergency response personnel. All healthcare staff should know the following:

- Their facility's Fire Emergency Plan;
- The location of pull/call boxes;
- The location of and how to use a fire extinguisher;
- Places of safe refuge; and
- Evacuation procedures.

If a fire occurs, there will be confusion, excitement, and nervousness. To help staff prepare, providers should routinely conduct fire safety training and practice drills using different scenarios. An easy acronym to help staff retain the information is **R.A.C.E.**, which stands for Rescue, Alert/Alarm, Confine/Contain, and Extinguish/Evacuate. Each of these steps should be accomplished while responding to a fire emergency at any location throughout the building.

**Step 1: (R) Rescue** – Remove residents and individuals in danger of immediate harm by assisting them from the room and closing the door. Rescuing residents is every healthcare worker's primary concern, and it is always the first step because a fire can quickly escalate with lethal results. Elderly people are especially susceptible to smoke inhalation, which is the primary killer in a fire.

**Step 2: (A) Alert/Alarm** – Whoever discovers the fire should call out to a co-worker to call the emergency number and activate the fire call box/pull station while rescuing the resident.

Facilities with intercom systems can utilize their facility's code words, such as "Code Red." When dialing the emergency number, staff members need to be prepared to state the following information: their name, the phone number from which they are calling, the exact location (building, floor and room number), and what they are reporting (sight or smell of smoke or fire and location).

Staff members need to be cognizant that alarms will trigger locked doors to unlock, even in an Alzheimer's wing, so exits should be quickly monitored.

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your own activities. For more information, contact the GuideOne Center for Risk Management at (877) 448-4331, ext. 5175 for Senior Living Communities.

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**Step 3: (C) Confine/Contain** – Fire, smoke, and toxic combustion products must be confined to the area where the fire started as much as possible. Closing doors and windows can prevent the smoke from spreading, cut off the flow of oxygen to the fire, and save lives. Staff should never open a door if it is hot to the touch.

**Step 4: (E) Extinguish/Evacuate** – Staff should know the location of the fire extinguishers and be able to find them even if the lights are out and there's a lot of smoke. Fire extinguishers are labeled with the name or type of extinguisher, a picture of the type of fire it will extinguish, and operating instructions. Fortunately, all fire extinguishers operate in the same way, which can easily be remembered with another acronym, **P.A.S.S.**, which stands for:

**P** – Pull the pin in the nozzle of the extinguisher;

**A** – Aim the nozzle at the base of the fire;

**S** – Squeeze the handle; and

**S** – Sweep from side to side, covering the fire.

Staff should attempt to extinguish only small, contained fires (no larger than a waste basket) where their safety is assured, they have an escape route behind them, and other staff members are available to assist. The rescuing of those in immediate danger, sounding the alarm, and confining fire and smoke should be concurrently accomplished by sufficient numbers of other staff members. If the fire cannot be extinguished, staff should immediately leave, close-off the area, and let the fire department put it out.

Staff members should be prepared, so if there is danger from smoke or fire in their immediate work area, they will evacuate that smoke compartment. To do this, they should first initiate a horizontal evacuation by moving residents down the corridor, through at least one set of fire doors to a safe area. If there's continued danger from smoke or fire, they should next initiate a vertical evacuation by moving residents down the stairs to a lower level of safety and ultimately out of the building.

The means of assisting a resident varies, depending on the resident's frailty and the number of staff available. Ideally, staff can use a "team and chain" method where staff form a line and pass residents along a pathway, from one staff member to another, until the residents reach a safe smoke compartment. If there is insufficient staff and urgency is required, residents can be moved in blanket or sheet carries, where a resident is placed in a blanket and pulled down the hall to safety. As rooms are evacuated, identifying tags should be affixed to let others know that the room has been evacuated. It is important for staff to remember the following:

- Never use elevators to evacuate a fire area.
- Evacuate people closest to danger first, then ambulatory residents, followed by non-ambulatory residents, and lastly, critical residents on life support (because they are not in immediate danger and will need more time and care).
- If possible, move resident charts with the resident.

All staff members should know the primary and secondary safe areas and route of evacuation according to the facility's fire plan, which should be openly displayed. The plan should include a chain



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of command for clear and frequent communication so that staff members know what has been done and needs to happen next. Fire plans should be tailored to the facility and shared with the community fire department. Audits should be performed routinely to ensure exit doors are lit and paths to exits are never blocked.

The keys to protecting the health and safety of residents and staff are frequent in-services, varying practice drills, clear policies and communication, and a commitment from administration and staff.