Long-Term Care Survey Alert

Risk Management: Cut To The Chase In Promoting Fire Safety: An Expert Explains How

Make sure this plan becomes second nature for all staff.

When a fire occurs, the race is on to keep residents safe. And knowing how to follow the steps in the R.A.C.E. acronym can go a long way toward preventing a fire from turning deadly, according to **Pier-George Zanoni, PE, CSP, CIH**, who spoke in an audioconference sponsored by **Eli Research** and **Audio Educator**.

R.A.C.E. stands for rescue, alert/alarm, confine/contain and extinguish/evacuate. The first step is to rescue patients in danger of immediate harm, which can sometimes seem counterintuitive, Zanoni noted.

Example: Suppose you walk into a resident's room, see a wastebasket on fire and think that all you need to do is put that fire out and you'll be set, Zanoni said. But consider an actual legal case where a nursing home staff person tried to do exactly that but failed. The staff person moved the residents in the room away from the fire but not out of the room. And "after all was said and done, people died." The court decided that staff was negligent for not following the standard procedure of getting residents out of harm's way, Zanoni said.

That doesn't mean you have to remove the resident(s) from the building, Zanoni clarified. Start by moving the resident or residents out of the room and closing the door so he is in the corridor. Then you can go back in and fight the fire, he advised. The only exception to that rule would be if the resident's blanket or bedding were on fire. You would smother the fire with a heavy blanket because you are actually rescuing the patient in that case, he pointed out. Rescuing residents is always the first step because a fire can quickly escalate with lethal results, Zanoni explained. Also, elderly people are especially susceptible to smoke inhalation, which is the No. 1 killer in a fire.

Step 2: Sounding the alert/alarm: Whoever discovers the fire should yell the code word for fire, for example, Code Red or Doctor Red, as he attempts to rescue the residents or others in imminent danger, as described in step 1. When a staff person hears the code word, he should pull the alarm, which gets the fire department coming and alerts staff to start the fire action plan.

Step 3: Confining/containing the fire requires closing the door to the room in which the fire originates. That's perhaps the most important step for preventing "large loss of life and property," Zanoni emphasized.

Step 4: As for the "extinguish/ evacuate" step in the R.A.C.E acronym: Staff should know the location of the fire extinguishers and be able to find them even if the lights are out or there's a lot of smoke.

Thus, it's good to put the extinguishers in standard places, such as near the stairs, Zanoni suggested. And don't lock them or put holiday decorations on them or a wheelchair in front of them, he instructed.

Staff should know and be able to follow the simple acronym for using a fire extinguisher, which is "P.A.S.S": **Pull** the pin in the nozzle of the extinguisher. **Aim** the nozzle at the base of the fire and **squeeze** the handle. **Sweep** from side to side, covering the fire. Chances are that you can put out a small fire using a fire extinguisher, but if that doesn't work, "leave and let the fire department put out the fire." If there is danger from smoke or fire in your work area, evacuate that smoke compartment. You will have to evacuate farther away if there's continued danger from smoke or fire, Zanoni warned. "Evacuate vertically to the ground floor" if there's not a safe horizontal alternative. But never use the elevators to do so, he stressed.

Key point: Evacuate people closest to danger first, Zanoni said. After that, evacuate ambulatory patients and visitors, followed by non-ambulatory patients and, lastly, critical patients on life support, he advised. Zanoni agreed it sounds

counterintuitive to wait to evacuate critical patients last, but "we are not talking about those in immediate danger" due to the fire. You need more time and care to evacuate the critical patients, he said.