



Case Study: Hospital Fire Incident September, 2024

Massachusetts

- Tuesday, February 7, 2023 (morning)
- 10 alarm fire started at Signature Healthcare Brockton Hospital (electrical room)
- Fire department responded in less than five minutes
- An arcing electrical fire was occurring at the time of the fire department's arrival
- Due to the nature of the fire, firefighting efforts could not safely begin and the power company was immediately called to shut off power from the street
- While the fire was contained to the electrical room, it almost immediately cut off power to the entire hospital, including the generators, telecommunications, and oxygen system requiring full evacuation of the entire building
- 162 patients were evacuated from the hospital – hospital was closed for an extended period
- Successes:
 - Incident command (IC) was activated virtually at first, then transitioned to in-person in a different building, remaining open for months
 - They kept the same incident commander throughout the incident which kept information streamlined between fire dept. and hospital leadership
 - They split hospital into two operating areas, each area having a fire chief as appointed lead – this helped with fire suppression and evacuation
 - The fire department activated their statewide plan to call resources in a phased approach; almost 60 agencies responded, providing both EMS and fire support along with resources to evacuate patients in smoky hallways
 - The Massachusetts Department of Public Health prioritized patient tracking
 - The Massachusetts state hazmat team was deployed as part of the fire department's response plan; they also helped manage the transfer of patients in the morgue
 - Internally, staff were used as “runners” to convey information
 - Personal cell phones were main form of communication; fire, security and maintenance staff used the few two-way radios
 - Hospital worked with the state to set up a phone line for patients' loved ones
 - Relationships built prior to fire assisted in hospital intensivists to proper placement with neighboring hospitals for high acuity patients
 - Placed case managers at exits to do a final review of patient name and destination to report back to IC who tracked them on a white board
- Challenges:
 - IC was not activated in a physical space until after the fire had been extinguished
 - The hospital lost communications very quickly: IT, medical records, overhead intercom, emergency alert system

- As the recovery process began, the need for redundancy for HICS positions became clear; staff had an “all hands-on deck” feeling for an event of this size
- Hospital could not contact their healthcare coalition effectively immediately after the incident due to all the communication disruptions
- There were not enough pharmacists to override their pharmaceutical dispensing system
- Communication with facilities receiving patients with downed comm systems and no electronic medical records was extremely challenging (they plan to purchase more two-way radios to support this)
- People kept coming to hospital for care; an ambulance was placed at ED entrance for two weeks

Impacts:

- Shut down entire hospital to include:
 - Power
 - All communication systems, overhead paging and electronic medical records
 - Oxygen systems
- Required evacuation of entire hospital
- Created ambulance diversion
- Extended shutdown left staff without a job for extended period of time

Preparedness:

- Considered adding redundancy in various forms to IT networks to restore applications if they go down
- Consider identifying a predetermined external location for staff to report to during an evacuation
- Consider how you will provide medical records with patients as they are evacuated
- Identify how you will provide mental health support to your staff
- Consider how you could provide staff with a job during recovery operations, so that they won't take new jobs before hospital reopens (i.e. leasing and deploying them to other community healthcare organizations)
- Develop a strong Continuity of Operations Plan (COOP)
- Review evacuation plans
- Review/update Risk Communication Plans; assure training of your PIO
- Consider having boxes containing access cards, maps, and other resources for first responders
- Review your portable oxygen supplies
- Have preparedness supplies in various locations of facility in case one room is not accessible
- Have working flashlights available; the dark can cause significant issues for patients with mental and behavioral health issues
- Consider weather conditions in your plans

Sources:

<https://files.asprtracie.hhs.gov/documents/signature-healthcare-brockton-hospital-fire-experiences-from-the-field.pdf>

Resources:

- ASPR TRACIE: [Continuity of Operations/Business Continuity Planning](#)
- Harvard School of Public Health: [Hospital Evacuation Toolkit](#)