1. **PURPOSE**
	1. To provide essential information to all staff at <<Facility Name>> relative to fire/life safety to help ensure a prompt and effective response in case of emergency for the benefit and well being of all patients/residents, visitors and staff.
	2. To provide for a uniform fire response and evacuation plan for <<Facility Name>>, which must be learned and regularly practiced by all staff.
2. **RESPONSIBILITY**
	1. Responsibility for development, implementation and maintenance of this policy rests with the facility safety officer.
	2. This policy shall be reviewed annually and updated as necessary.
	3. Responsibility for ensuring that all staff and employees receive training on their responsibilities as outlined in <<facility name>> fire safety and evacuation plan at time of orientation and at least annually thereafter rests with the facility education director. Responsibility for specific departmental training rests with the department supervisor.
	4. Responsibility for planning and conducting fire drills rests with the facility safety officer.
3. **POLICY**
	1. All staff and employees of <<Facility Name>> shall be familiar with fire safety information and evacuation techniques applicable to health care institutions for the safety of patients/residents, visitors and staff. For purposes of this policy, all volunteers and vendors in the building shall be considered visitors.
	2. All staff and employees of <<Facility Name>> shall know and be able to respond and implement the "Code Red” fire procedure and evacuation plan of <<Facility Name>>.
	3. All staff and employees of <<Facility Name>> shall participate in regularly scheduled fire drills, fire safety orientation, and other general fire safety programs.
		1. All staff and employees shall be trained in appropriate staff response to a fire emergency.
		2. All new staff and employees shall receive fire safety orientation which shall include:
* Employee responsibilities
* Fire prevention
* The fire detection and extinguishing systems
* Fire plan protocols including RACE (Rescue, Alarm, Confine, Extinguish)

3.3.3 Departmental supervisors shall orient new staff and employees to the fire detection and extinguishing systems located in their departments.

* + 1. All staff and employees will be in-serviced annually on fire plan protocol.

3.4 Fire drills shall be planned by the facility safety officer and held each month in such a manner that at least one drill is scheduled for each work shift during each calendar quarter. Fire drills shall involve a simulated evacuation of all residents to a safe assembly point outside of the smoke compartment containing the area of simulated fire origin.

3.4.1 Patients/residents who are capable of assisting in their own evacuation shall be instructed in evacuation routes and techniques and may participate in drill exercises.

3.4.2 All fire drills will be observed and recorded by the facility safety officer or designated representative.

3.4.3 The results of fire drills shall be documented. Any deficiencies noted during a fire drill will be discussed immediately with applicable personnel. Such deficiencies in drill completion will be documented and presented to the Safety Committee.

3.4.4 Fire drill deficiencies will be used to develop in-services for departments.

1. **GENERAL FIRE SAFETY INFORMATION**

4.1 Help prevent fires. Good housekeeping is the best assurance against fire. Do all you can to maintain order and a high state of cleanliness in the interest of fire safety. Make it a habit to watch for fire hazards and report them to your supervisor or the facility safety officer.

4.2 Be alert for signs of fire. If you see or smell smoke, report it immediately for investigation. Early detection means prompt extinguishing of fires. Form habits of watchful care. Above all be especially alert at night as help is in smaller numbers on that shift.

4.3 Avoid panic. Never shout FIRE or any other danger signal. One of the greatest dangers in a fire event is panic. Never alarm the residents by excited motions. They look to you for protection. Appear calm, cool and collected and move with assurance.

4.4 Know your fire plan and the location of all extinguishers and fire alarm pull stations so that in case of emergency you can act quickly.

4.5 Fire extinguishers are easily accessible and located in cabinets throughout the corridors and in certain higher hazard areas (i.e. laundry, kitchen, mechanical rooms, etc.). <<Facility Name>> utilizes mainly ABC multi-purpose fire extinguishers that can be used for a variety of fire situations.

4.6 Fire alarm pull stations are located at <<identify locations>>. Sounding the building fire alarm system serves to notify building occupants of a fire problem and summon assistance for evacuation of patients/residents and visitors.

4.6.1 The building is equipped with what is called an addressable fire alarm system that includes automatic smoke detection in the corridors and other selected locations for early warning. When any fire alarm pull station or automatic smoke detector is activated, the exact location of the device activated will be identified at the fire alarm annunciator panel(s) located at <<identify location(s)>>.

4.6.2 The fire alarm system is connected to an "automatic dialer" or digital communicator. Upon actuation of the fire alarm system, this dialer automatically dials a monitoring agency and gives them a recorded message. This helps to insure a quick response by our local fire department. However, when you discover a fire, the person or station discovering the fire should also immediately call the facility operator who, in turn, will call “911” as an added precaution in case the automatic equipment should fail.

4.6.3 The building’s main air handling units are also inter-connected to the fire alarm system. Thus, when the fire alarm is activated all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system.

4.6.4 The building is protected by an automatic fire sprinkler system, which is inter-connected with the building fire alarm system. Water flow equivalent to that from one sprinkler head will cause the sounding of a general building fire alarm.

4.7 Know evacuation procedures, methods of moving patients with limited help and the location of fire/smoke barrier walls. The escape route will, of course, depend on the location of the actual fire.

4.7.1 Special consideration must be given to those patients/residents with mobility impairments or who are impaired by medications or with loss of hearing, vision or other sensory functions to insure that they receive notification, assistance and immediate attention when in endangered areas.

4.7.2 Emergency evacuation of patients/residents in a health care facility can be very labor-intensive and time-consuming. For that reason, each floor at <<facility name>> is subdivided into at least two smoke compartments.

4.7.2.1 If it becomes necessary to evacuate an area, the first level of evacuation is horizontal to another smoke compartment on the same floor.

4.7.2.2 Evacuation by stairs or elevator is the second level of evacuation. While stair evacuation may be suitable for ambulatory visitors and staff, patients/residents should be evacuated by stair **only if** horizontal evacuation is not possible. Because of the danger of potential power failure, the elevator(s) should not be used for patient/resident evacuation during a fire event unless absolutely necessary and then only if the elevator(s) are located outside the smoke compartment of fire origin.

4.7.2.3 The third level of evacuation is evacuation to the exterior. GENERAL EVACUATION OF THE ENTIRE BUILDING WILL BE DONE ONLY UPON ORDERS FROM ADMINISTRATION OR THE FIRE DEPARTMENT INCIDENT COMMANDER.

4.7.3 Patients/residents and visitors should be evacuated according to their physical condition. Evacuation should be in this order:

* Patients/residents and visitors in immediate danger.
* Ambulatory patients/residents and visitors.
* Wheelchair patients/residents and visitors.
* Bedridden patients/residents and visitors.

4.7.4 If evacuation by wheelchair is not feasible, the following methods shall be used for evacuating non-ambulatory persons:

* HIP CARRY – One person carrying one patient/resident (only when necessary).
* SADDLE CARRY – Two persons locking hands and wrists to form a chair.
* EXTREMITY CARRY – Two persons, one at the top of the victim; the other between the legs at the knees.
* BLANKET DRAG – Lowering the patient/resident onto a blanket on the floor and pulling them to the area of refuge.
	+ 1. Ambulatory patients/residents shall be instructed to crouch below the smoke level and be assisted to safety.
		2. Newborns will be given to their mothers for care and evacuation. Isolette and incubator babies will be the responsibility of the staff.
		3. Piped oxygen shut-off valves will be turned off only at the direction of the charge nurse. Newborns and/or patients/residents needing or using oxygen shall be provided with portable tanks. Additional tanks are available at <<identify location(s)>>.
	1. To the extent possible, corridors shall be kept free from obstructions at all times. While federal fire/life safety standards allow some wheeled equipment in corridors (e.g. carts in use, patient lifts, isolation carts, etc.), this equipment should be promptly removed from the corridor when the fire alarm is sounded as it could interfere with a prompt and safe evacuation. Rescue of persons in immediate danger shall, however, take precedence over clearing the corridors.

4.8.1 Nursing staff will be responsible for removing isolation carts and removing and securing med carts.

4.8.2 Laundry staff will be responsible for removing linen carts from the corridor.

4.8.3 Housekeeping staff will be responsible for removing housekeeping carts from the corridor.

4.8.4 Food service personnel will be responsible for removing food carts from the corridor.

* 1. Never block fire exits or fire/smoke barrier doors. Do not leave chairs, over-bed tables, wheelchairs, or housekeeping or medication carts in front of fire exits or fire/smoke barrier doors.
	2. Never use wedges or other hold-open devices to prop open fire doors or smoke barrier doors. Fire and smoke barrier doors must be closed at all times or held open by an electromagnetic door holder which will release the door automatically when the alarm is activated.
1. **IMMEDIATE FIRE PROCEDURE**

5.1 IF YOU DISCOVER FIRE OR ARE ALERTED THAT FIRE IS IN YOUR AREA, FOLLOW THESE STEPS:

5.1.1 **R.A.C.E.:** Remember R.A.C.E. **R**escue, **A**larm, **C**onfine, **E**xtinguish.

5.1.2 **Rescue/Use of Alarms:** Announce “CODE RED” and sound the fire alarm or assign a co-worker to do so while you move patients/residents and visitors from immediate danger to a location outside the room of fire origin. Fire alarm pull stations are located at <<identify locations>>. Push in and pull down hard on the station to activate the alarm. If the fire alarm system is out of order, call the facility operator immediately in accordance with the procedure outlined in the following Section 5.1.3.

5.1.3 **Transmission of Fire Alarm to Fire Department:** Call the facility operator or assign a co-worker to do so. Announce “CODE RED” and give the exact location of the fire. The facility operator will in turn call “911” to give the Fire Department the location of the fire and the best entrance to use when they arrive. The automatic dialer will notify the alarm monitoring company, who will in turn notify County 911 Emergency Dispatch.

5.1.4 **Isolation of Fire**: Close all patient/resident room doors to prevent the spread of fire and smoke. This has been shown to be the single most effective action staff can take to limit the spread of fire and smoke. Upon activation of the fire alarm system, the magnetic door holders will automatically release all held-open doors. When instructed by the charge nurse, shut off zone oxygen valves in the fire area. If there are patients/residents on oxygen, take portable oxygen carts from <<identify location(s) for use.

5.1.5 **Evacuation of Immediate Area**: Remove any patient/resident or other person from immediate danger. Patients/residents restricted to bed shall be removed utilizing emergency evacuation procedures such as the saddle carry, extremity carry or blanket drag.

5.1.6 **Evacuation of the Smoke Compartment**: Page for all available personnel to report to the fire area to assist in moving patients/residents and visitors from any areas of immediate danger. Continue to move patients/residents and visitors beyond the closest set of corridor fire/smoke barrier doors to a safe area in an adjacent smoke compartment and/or begin removal of wheeled equipment from the corridor.

5.1.7 **Preparation of Floor and Building for Evacuation**: Close patient/resident room doors behind you as you evacuate patients/residents. Clear hallways of all obstructions. Evacuate the patient/resident room list as well as charts, Med carts and Med books if needed and time permits.

5.1.8 **Extinguishment of Fire:** Available personnel who have been properly trained in the safe use of hand-held portable fire extinguishers shall help fight fire using portable fire extinguishers. Remember P.A.S.S. – **P**ress, **A**im, **S**queeze and **S**weep when using fire extinguishers.

5.1.9 **After Fire Area is Evacuated:** The charge nurse will be responsible for checking the patient/resident room list to confirm that all patients/residents are accounted for. The charge nurse is also responsible for ensuring that all staff are accounted for.

5.1.10 **All Clear:** No one shall reenter the fire area until the fire incident commander has given an ALL CLEAR.

5.2 IF YOU HEAR THE FIRE ALARM AND THE FIRE IS NOT IN YOUR AREA, FOLLOW THESE STEPS:

5.2.1 **Facility Operator:** Check the fire alarm annunciator panel located at <<identify panel location>>.

5.2.1.1 Announce over the intercom and paging systems slowly and clearly DR. RED, DR. RED, FLOOR\_\_\_\_\_\_\_, HALL\_\_\_\_\_\_\_, ROOM\_\_\_\_\_\_\_. Remember to do it twice, slowly and clearly.

5.2.1.2 Dial 911 – Tell the dispatch operator there is a fire at <<Facility Name and Address>>. Tell the operator the type and location of the fire, the best door to use to access the building, and any additional information you may have related to the event.

5.2.1.3 When the fire event is completed, announce over the intercom and paging system, slowly and clearly, DR. RED ALL CLEAR, DR. RED ALL CLEAR. Do it twice slowly and clearly.

5.2.2 **Security:** The security supervisor shall open secured entrance doors as needed for fire department personnel to enter, direct them to the fire event location and update them on known conditions, including extent of occupant evacuation. All other on-duty security personnel shall immediately respond to the fire event location to assist with evacuation.

5.2.3 **Maintenance:** All on-duty maintenance staff shall immediately respond to the fire event location to assist with extinguishment of the fire to the extent safely possible to do so. Portable fire extinguishers are located throughout the facility corridors.

5.2.4 **Nursing and Care Staff:** Wait for the announcement of where the fire is located and be prepared to respond to the fire event location to assist with evacuation if assigned to do so; however, patient areas should never be left unattended. Be prepared to evacuate your assigned area in case evacuation becomes necessary at some point during the fire event. Clear hallways of all obstructions. Collect the patient/resident room list as well as charts, Med carts and Med books.

5.2.5 **Housekeeping, Dietary, Lab, Administration, etc.:** Wait for the announcement of where the fire is located and be prepared to respond to the fire event location to assist with evacuation if assigned to do so. Be prepared to evacuate your assigned area in case evacuation becomes necessary at some point during the fire event. Clear hallways of all obstructions.

5.3 A fire may originate in a storeroom or other unattended location, which may set off a smoke or heat detector or automatic fire sprinkler and activate the building fire alarm system. If the alarm sounds and no one has reported a fire, the facility operator shall check the fire alarm annunciator panel located at <<identify panel location>> and follow the procedures identified in Sec. 5.2.1. All other staff shall then immediately implement the Immediate Fire Procedure.

1. **BUILDING EVACUATION**

6.1 In most cases, evacuation of areas beyond the smoke compartment of fire origin will not be necessary or advisable. If it is determined, however, that some or all of the facility may not be suitable for occupancy, partial or total evacuation may be warranted**.**

6.2 GENERAL EVACUATION OF THE ENTIRE BUILDING WILL BE DONE ONLY UPON ORDERS FROM ADMINISTRATION OR THE FIRE DEPARTMENT INCIDENT COMMANDER.

6.2.1 **Decision to Evacuate:** Factors upon which the decision to evacuate include, but are not limited to:

* Structural Integrity of the Building (following an episode such as an explosion, an extended fire event, or a weather-related event).
* Emergency/Life Threatening Conditions (e.g. widespread fire, large amounts of smoke, chemical or gas releases, etc.)

6.2.2 **Assembly Points:** All building occupants will be evacuated to the following assembly points where they can be loaded onto ambulances, buses or other appropriate transportation for transport to <<identify designated off-site facilities>>:

<<Identify designated assembly points>>

6.2.3 **Off-site Facilities:** Administration will coordinate confirmation /acceptance / and transfer of patients/residents to off-site facilities.

INSERT FACILITY FLOOR PLAN DRAWING SHOWING EVACUATION ROUTES, FIRE EXTINGUISHER LOCATIONS, FIRE ALARM PULL STATIONS, FIRE ALARM ANNUNCIATOR PANELS, AND SMOKE COMPARTMENTS

INSERT SITE MAP OF FACILITY CAMPUS SHOWING EMERGENCY EVACUATION ROUTES OUT OF FACILITY AND ASSEMBLY POINTS