

CENTRAL STATE HOSPITAL
PLAN

SUBJECT: **FIRE SAFETY**

ANNUAL REVIEW MONTH: February

RESPONSIBLE FOR REVIEW: Safety Director

LAST REVISION DATE: February, 2008

I. PURPOSE

The purpose of this plan is to establish an effective, efficient fire safety program that protects clients, visitors and staff from fire, smoke, and other products of combustion in accordance with the National Fire Protection Association (NFPA) National Fire Codes.

II. RESPONSIBILITIES

- A. The CSH Safety Director is responsible for the overall supervision and development of this Plan.
- B. The Safety Director has functional authority for implementation of the FIRE SAFETY Plan and is to provide technical assistance to CSH staff, leadership, and the medical staff in all areas of fire prevention and life safety. The Safety Director coordinates fire protection and fire suppression activities with the Baldwin County Fire Department.
- C. The Safety Director is authorized to intervene and take immediate action in any situation where there is an actual or potential danger to life or property.
- D. The police captain is responsible for providing assistance to the fire department in the control of traffic in or near the scene of a fire and for providing security and crowd control at the scene of a fire.
- E. The Safety Director has oversight and monitoring responsibilities for the life safety program, provides technical support to the fire department and DDOs, and ensures effective coordination of this plan with other facility safety plans.
- F. The Chief Executive Officer (CEO) has designated the Auditorium, Howell Building South, and Educational Work Activities Center (EWAC) Buildings as emergency evacuation sites in the event of a total client building evacuation.

- G. The Director of Plant Operations will (1) provide technical guidance and assistance to the fire ground commander at the fire scene, (2) conduct a survey of fire damage and its cost, and (3) notify appropriate agencies to ensure full compliance with regulations related to fire damage to a state building.

The Director of Plant Operations, safety director and/or fire department inspector will inspect any damaged building to determine if it is safe to re-occupy, prior to clients/employees returning to the damaged area.

- H. The Chief Medical Officer is responsible for coordinating, within available resources, medical care for any fire related victim(s) requiring emergency care.
- I. The hospital Director of Finance and the Director of Materials Management are responsible for the issuance of necessary supplies and equipment required to establish an emergency evacuation site and in directing removal and replacement of supplies and equipment from the fire area.
- J. The Food Service Director will prepare and distribute food to the emergency site, upon request, and implement sanitary measures at the site.
- K. Each employee is responsible for becoming knowledgeable of fire emergency procedures and will respond immediately to drills and emergency fire situations.

III. **APPLICATION OF FIRE PLAN**

Service chiefs, department heads and office directors, in coordination with the safety director, are responsible for developing individual fire plans for their respective areas and ensuring that adequate fire safety training is provided to employees and documented through the Staff Development and Training (SDT) Department.

The fire plans shall provide for the use of alarms, transmission of alarms to the Fire Department, response to alarms, isolation of fire, evacuation of fire area, preparing for building evacuation, and fire extinguishment. Employees are expected to be familiar with the plans posted in their work areas.

IV. **DISCOVERY AND INITIAL NOTIFICATION OF A FIRE**

The following actions will be taken by a person discovering a fire, in accordance with R.A.C.E. Procedures:

1. **RESCUE** - Rescue anyone in immediate danger and close door(s) to fire area.
2. **ALARM** - Pull nearest fire alarm. Call or have another employee call the Fire Department (5484); give name, location of fire, type and extent of fire, if possible.
3. **CONFINE** - Close doors of all client rooms and/or employee office(s), including fire

and smoke barrier doors.

4. **EXTINGUISHMENT** - Secure appropriate fire extinguisher and extinguish the fire, if doing so will not endanger yourself or others.
5. Be prepared to direct Fire Department personnel to fire area.
6. Turn fire-fighting duties over to Fire Department personnel.

V. **FALSE ALARM**

Periodically, the fire alarm will sound when there is no drill or fire. When it is ascertained by the person in charge of the area that a false alarm has occurred, reassure clients/employees/visitors that there is no active fire. Call the Fire Department to advise them of the false alarm and be ready to assist Fire Department personnel when they arrive. Only the fire department or CSH maintenance department can re-set a fire alarm system.

VI. **EMERGENCY REMOVAL OF CLIENTS**

- A. Do not confuse "emergency relocation" with "evacuation of a building"; emergency relocation is removing client from immediate danger. The term "evacuate" is the removal of clients from the building.
- B. The emergency relocation of clients and area evacuation will overlap during certain advanced stages of a fire or when heavy smoke conditions are created.
- C. The person in charge of the affected area will proceed in the following order when an emergency removal of clients is required.
 1. Remove the clients/employees/visitors from the fire area with the greatest danger first. Do not use elevators during a fire.
 2. Relocate the clients/employees/visitors laterally through at least one fire/smoke barrier and account for all clients/employees assigned to the respective area.
 3. Assign a guide to lead all ambulatory clients/employees/visitors from the fire area as a group. The guide will be instructed to remain with the group and Account for all clients/employees/visitors, give support and guidance and maintain proper control.
 4. Have clients/employees returned to the area after Fire Department personnel give clearance.
- D. All clients/employees/visitors that have been removed will be assembled under

supervision in a designated safe area within the building, within an adjoining building, or in an outside assembly area, whichever is directed, pending further instructions.

- E. During inclement weather or cold weather conditions, clients removed to an outside assembly area will be transported by bus and/or ambulance to the hospital emergency evacuation site located in the Auditorium, Howell Building, (or EWAC), pending return to their assigned building.
- F. Transportation for such clients is under the direction and control of the police captain, in coordination with the Director of Plant Operations, who will continuously monitor the overall situation for needed assistance.
- G. The Chief Operations Officer, Director of Plant Operations, and the Food Service Director will respond to requests for service to the emergency evacuation sites, as requested by the Chief Executive Officer (CEO), Incident Commander, or Chief Medical Officer.
- H. Visitors will not be authorized within the emergency evacuation site without special permission from the CEO/designee.

VII. **EVACUATION OF BUILDING**

- A. Evacuation requirements are based upon existing emergency conditions and can range from removal of clients from a large portion of a building to the removal of all persons from the building. Medical records and charts will accompany clients, when possible. Do not use elevators during a fire.
- B. The intensity of smoke and fire will usually govern the degree of care that can be taken when evacuation is ordered. Such conditions, however, will not be acceptable as an excuse for disregarding the client's condition and welfare. Safety to life shall be the major concern.
- C. When to evacuate - This is an important decision and it is not feasible for every employee to make the decision to evacuate. Neither is it practical to assign a specific person to make the decision because that person will not be available on every shift. In view of such circumstances and the significance of the decision, it will be the policy of this hospital for the person in charge of an area and senior fire department representative to make the decision whether to evacuate. The CEO/designee shall determine the emergency evacuation site to be utilized.
- D. When ordered to evacuate, the person in charge shall take the following actions in

accordance with the Total Building Evacuation Plan:

1. Reassure all visitors and, when deemed necessary, they may be escorted to the lobby or directed to leave the building.
2. Ensure that all employees respond to the area for instructions and account for all clients/employees assigned to the respective area.
3. Direct distribution of blankets and other material for use in the removal of clients.
4. Ensure that employees understand where the clients are to be evacuated.
5. Establish visitor control, client procedures and supervision during the evacuation, while in the assembly area, and during evacuation to the emergency site when such action has been directed.
6. Direct removal of client vital records with client evacuation.
7. While transporting/controlling clients during evacuation, approved carries and holds shall be applied when possible.

VIII. AREAS OF SPECIAL CONSIDERATION DURING FIRE EMERGENCIES

- A. Close all doors to rooms and hazardous areas, fire doors, and corridor smoke doors as soon as the fire alarm is sounded.
- B. Shut down, at once, all equipment that might tend to spread the fire, such as ventilation systems.
- C. Electrical power will remain on.
- D. Dispensing of oxygen and anesthetics will be discontinued unless vital to the saving of life. Compressed gases stored near the fire area will be removed under the supervision and direction of the person designated by the service chief, department head or office director.

IX. FIRE DRILLS

- A. Fire Drills are necessary to test the fire plan and prepare employees to effectively deal with an actual fire emergency. Drills shall be conducted in accordance with the Life Safety Code, NFPA 101. Staff shall respond timely and appropriately to fire alarms, whether it is a fire drill, actual fire, or a false alarm.
- B. Drills will be based upon the smallest number of employees that can be

expected to be on duty at any time. There will be at least 12 drills conducted each year, consisting of one drill per shift, per quarter in each building housing clients. Other buildings shall have two drills annually. All fire drills will be unannounced, and conducted at random times.

- C. It is not required that clients participate in fire drills, except for residential occupancies (Group Homes), where residents shall be evacuated during each drill.
- D. During the conduct of drills, the following procedures will be followed:
 - 1. Each drill will result in the transmission of a fire alarm signal and the simulation of emergency fire conditions.
 - 2. Once a drill has been sounded, the area fire plan will be implemented.

R.A.C.E PROCEDURES

- 1. **RESCUE** - Rescue anyone in immediate danger and close door(s) to fire area.
- 2. **ALARM** - Pull nearest fire alarm. Call or have another employee call the Fire Department (5484); give name, location of fire, type, and extent of fire, if possible.
- 3. **CONFINE** - Close doors of all client rooms and/or employee office(s), including fire and smoke barrier doors.
- 4. **EXTINGUISH** - Secure appropriate fire extinguisher and extinguish the fire, if doing so will not endanger yourself or others.

During drills, each floor of the building shall be monitored as follows:

- a. The response of employees to the alarm.
 - b. The attitude of employees during the drill.
 - c. The closing of doors to client sleeping and treatment rooms.
 - d. The closing of fire and smoke barrier doors.
 - e. The control of visitors.
 - f. The authorized sounding of "all clear".
 - g. Fire Drills in Residential Occupancies require that all clients be evacuated during each fire drill.
- E. The Safety Director will maintain written records of each drill conducted, reflecting the date, time, area where drill was initiated, and problems observed during the drill. In addition, the record will include the positive action taken to correct noted problems. A roster of those who participated will be forwarded to the Staff Development and Training Department and appropriate Service Chief/Department Head/Office Director.
 - F. Service Chiefs, Department Heads, and Office Directors will ensure that all

personnel on duty actively participate in fire drills and attend fire safety training when scheduled.

X. STRUCTURAL HAZARDS

In order to prevent and/or correct structural hazards, the Director of Plant Operations and Director of Safety will inspect existing buildings and new construction projects to ensure compliance with current applicable codes which govern specifications for construction, installation, operation, and maintenance of such facilities.

XI. NONSTRUCTURAL COMMON HAZARDS

Nonstructural hazards include materials or equipment brought into the building by the occupants, or an act or omission of an act on the part of the occupants. The following procedures are prescribed to preclude these hazards from occurring. Service chiefs, department heads and office directors, in conjunction with the safety director, are responsible for monitoring these fire safety standards.

1. Temporary Wiring

a. Extension Cords will:

- (1) Be used only to provide outlets on a temporary basis and will not be substituted for permanent wiring. Examples - with audio visual equipment, housekeeping equipment, portable maintenance equipment, for emergency power during electrical outage, and temporary outlets during emergency treatment of clients/employees/visitors.
- (2) Have only one outlet per cord.
- (3) Have three pronged grounded plugs.
- (4) Be of continuous length, without splices.
- (5) Be equipped with a ground fault circuit interrupter (GFCI) when used outside.
- (6) Be inspected by the user prior to each use to ensure that it is safe to use.
- (7) Comply with the National Electrical Code with regard to use and construction, as approved by Plant Operations.
- (8) Not be run through walls, doorways, ceilings, under rugs, etc.

b. Adapters will:

- (1) Not be used to permit three-pronged cord to be plugged into a two-hole outlet.
- (2) Not be used to permit two or more cords to be plugged into one outlet.

2. Surge Suppressors

Only personal computers and sensitive electrical and electronic equipment may be equipped with a surge suppressor, and only if it is a component of the equipment. Surge protectors shall not be used as extension cords.

3. Combustible Materials:

- a. Excessive fire loading, which is the storage or accumulation of combustible materials such as old records, x-ray film, furniture, mattresses, linens, and office supplies, shall not be an acceptable practice. Work areas shall be evaluated through risk analyses conducted by the safety director, the fire department, the internal safety committee, or others, as appropriate.
- b. In accordance with NFPA 101, Life Safety Code, an excessive quantity of combustible material loosely attached to walls can create a continuous combustible surface that would allow rapid flame spread across the room. For this reason, bulletin boards, informational material, posters, notices and other combustible materials shall not be loosely attached to walls within four (4) feet of the exit, and such material shall not exceed 20 percent of each wall area.
- c. The introduction into the client care environment of furnishings, bedding, curtains (including cubicle curtains, but not shower curtains), and other loosely hanging fabrics and films used as furnishings or decorations shall meet the fire resistant requirements of resistant requirements of NFPA 101, Life Safety Code.
- d. Newly introduced upholstered furniture shall be tested in accordance with NFPA 101, Life Safety Code.
- e. Newly introduced mattresses shall be tested in accordance with NFPA 101 and 16 CFR 1632, "Standard for the flammability of mattresses and mattress pads".
- f. Combustible decorations shall be prohibited in the client care environment

unless flame retardant treated. Combustible decorations that do not present a hazard of fire development or spread, such as photographs and paintings, are acceptable.

- g. The purchase or acquisition of equipment, furnishings, and decorations shall comply with CSH Policy and Procedure 3.12, Procurement of Materials, Services, Copier/Duplicator Equipment and Client 's Clothing.
 - h. Management of flammable and combustible liquids shall comply with NFPA 30 and applicable CSH Policy and Procedure.
- 4. The use of fuel burning heaters or portable electric heaters within all client care areas is prohibited.
 - 5. Mechanical equipment rooms, electrical equipment rooms, telephone equipment rooms, boiler rooms, and stairwells, will not be used as storage areas under any circumstances.
 - 6. Dust mops, oil mops, oil based sweeping compounds and cleaning rags will be stored in rooms approved by the Fire Department for the storage of housekeeping materials. Such housekeeping materials will be stored in approved metal containers with self-closing tops. Dust mops with handles may be hung on racks to permit proper ventilation. Such storage rooms will be kept clean and orderly at all times.
 - 7. Motors, air grills, floor or wall ducts, electrical panels, etc., will be kept free of lint by frequent cleaning and inspection.
 - 8. Fabric Furnishings in Client Buildings
 - a. Fabric furnishings such as window draperies, decorative/ privacy/acoustical curtains, rugs, etc., in client occupied buildings, shall be noncombustible or treated to render them flame retardant. Re-treatment shall take place at intervals necessary to maintain flame retardant properties. Division chiefs will ensure the maintenance of documented evidence that fabric furnishings are flame retardant.

XII. FLAMMABLE ANESTHETICS AND NON-FLAMMABLE MEDICAL GASES

- A Areas within the hospital, which require the safe use and storage of oxygen, and flammable and non-flammable agents used as anesthetics, will establish such procedures as prescribed under the NFPA Standards. The laboratory will comply with the appropriate NFPA Standard governing use and storage of flammable liquids and gases.
- B. The responsibility for making the decision to cut off medical gas will be assigned to

the charge nurse or the senior nurse manager in each area with the assistance of the senior fire official on the scene.

XIII. TRAINING

A. Staff Development and Training, in conjunction with the Department of Safety/Environmental Health, has established an effective training program to satisfy the requirements for new employee orientation training. New employees will receive fire safety training during orientation on the following subjects:

1. CSH Fire Plan
2. Fire Behavior
3. Fire Prevention
4. Fire Detection
5. Fire Alarm Systems
6. R.A.C.E. Procedures
7. Fire Drill Procedures
8. Use of Portable Fire Extinguishers
9. Evacuation Plans and Procedures

B. All Central State Hospital Employees will receive annual mandatory training as follows:

1. Central State Hospital Fire Plan
2. Fire Behavior
3. Fire Prevention
4. Fire Detection
5. Fire Alarm Systems
6. RACE Procedures
7. Fire Drill Procedures
8. Use of Portable Fire Extinguishers
9. Evacuation Plan and Procedures
10. Other subjects, as deemed necessary by CSH Safety Director.

C. Immediately following each fire drill, fire department personnel will conduct a critique of the drill, review the hospital fire plan as it relates to that specific area, review the department fire plan, discuss RACE procedures, and the use of portable fire extinguishers with all staff involved in the drill. All staff participating in the drill shall sign a training roster as additional fire safety training documentation.

XIV. INSPECTIONS AND INVESTIGATIONS

A. The Safety Director will conduct life safety inspections of all hospital facilities, including all fire protection equipment.

B. All Central State Hospital buildings shall be inspected annually to ensure compliance

with NFPA Life Safety Code and Joint Commission Standards.

- C. Results of the inspections will be reported to the Environment of Care Team, the CSH Leadership Team, and appropriate Service Chief/Department Head/Office Director. The Safety Director will maintain written records of each inspection, with a follow up inspection within thirty days to ensure deficiencies have been corrected.

XV. TEST OF FIRE PROTECTION SYSTEMS

The Engineering Department will test all components of the fire protection systems as required for compliance with applicable National Fire Codes, Georgia Law, and Joint Commission standards.

XVI. HOUSEKEEPING

- A. The CSH Housekeeping Director is responsible for ensuring that good housekeeping standards are enforced as follows:
1. Keep areas in and around building clear of waste and debris.
 2. Identify storage areas and confine stock to such areas.
 3. Keep aisles, exit egress corridors, and exits free of obstruction at all times.
 4. Provide approved receptacles for disposal of all waste materials and soiled linen and safely dispose of all waste daily, or more often if needed.

XVII. Kidd Building Clinical Services:

The Director of Clinical Services and the Laboratory Director will ensure that fire blankets are available in the Medical Laboratory and that the safety shower is properly maintained.

XVIII. MONITORING OF THE PLAN

The CSH Safety Director will submit a quarterly report to Information Services and Performance Evaluation (ISPE), detailing fire drills, fire inspections, and fire training including discrepancies found and the corrective actions taken. The Safety Director will also report monthly to the CSH Environment of Care Team and the CSH Leadership Team.

Approved:

This plan was approved by the CMO and CEO in April 2008.