Title: Fire/Life Safety Management Plan

Date Effective: Historical
Date Revised: 11/03, 1/05, 12/06, 11/07, 11/08, 01/11, 7/11
Date Reviewed: At least annually

Joint Commission Chapter: Environment of Care

I. PURPOSE:
- To assure timely/effective response to a fire emergency.
- To assure compliance to regulatory agencies.
- This plan is to be used in conjunction with all other safety management, department-specific, and site-specific policy and procedure.

II. POLICY:
- To protect building occupants from fire and the products of combustion.

III. DEFINITION(S):

IV. APPLIES TO:
- All Employees, Contracted Employees, Volunteers, and Licensed Independent Practitioners.

   Organization/Structure:
   - Care and maintenance of the Fire Protection System is the responsibility of the Support Services Department. Outside contractors are used for selected inspection/maintenance functions and are overseen by NHC facility personnel.
   - Support Services leadership are members of the Safety Committee.
   - Security personnel are included in selected aspects of the fire/life safety plan including emergency response.
   - Licensed Independent Practitioners participate in hospital orientation, and respond to fire emergencies in accordance with their training.
   - The landlord of the satellite site is responsible for compliance to the Fire/Life Safety Code. NHC Support Service are notified when a life/safety issue has occurred to assist with identification of prevention and control activities.

   Emergency Response: (See individual procedures)
   - CODE RED: Fire/Smoke
   - PLAN E: Indicated for fire/smoke requiring evacuation of patients beyond (1) smoke-compartment.
V. THIS POLICY AND PROCEDURE IS TO BE USED IN CONJUNCTION WITH: N/A

VI. PROCEDURE:

Process for Protecting Patients, Visitors and Employees:
- It is our goal that the Fire Protection systems are in compliance with NFPA/LSC 2000, or are included in the Statement of Conditions when a deficiency is identified that cannot be corrected in less than 45 days. NHC assesses the facilities for LSC deficiencies annually with an outside consultant and facility staff who have knowledge of Life Safety Code and healthcare occupancy.
- Newly installed Fire Protection Systems are approved by the local Fire Department prior to installation.
- The fire alarm system in all NHC buildings is connected to the local Fire Department to assure continuous monitoring and prompt response, with the exception of BayRidge which is routed through an alarm company.
- Maintain exit, NHC requires that all fire exits be maintained free and clear for emergency exiting to the public way.
- NHC is a tobacco-free facility. The policy is located in the Safety Manual Flammable Materials are handled and stored in compliance with NFPA Standards.
- NHC has a fire response plan titled, “Code Red”.
- The safe use of lasers, including fire/life safety is monitored by the Laser Safety Officer.
- Cautery is used in the surgical and obstetrical departments at NHC. The safe use of cautery is monitored by the Departments of Surgery and Obstetrics.
- Limited soldering is conducted and monitored by the Plant Operations and Clinical Engineering Departments.
- The need for Interim Life Safety Measures (ILSM) is assessed in and adjacent to all construction areas if Life Safety Code deficiencies are identified. An ILSM risk assessment is completed by the Project Manager prior to project start-up. A construction checklist is then completed by the Project Manager or General Contractor (under supervision of the Project Manager) for the project.
- NHC has an above ceiling policy and permit.
- Compliance to ILSM is included in all contracts.

Inspection, Testing and Maintenance of Fire Protection Systems:
- Inspection, testing and maintenance of the Fire Protection System is completed in accordance with NFPA.

Acquisition of Equipment and Furniture:
- All bedding, furniture, room decorations, and equipment are purchased through the Materials Management Department. Compliance with the California Fire Rating Standard is on file.
- Fire-retardant wastebaskets are used in patient care areas and are purchased through Environmental Services.
- Portable space heaters are purchased and distributed through Plant Operations. Portable space heaters are not permitted in patient care areas.

Reporting and Investigating Incidents:
- A log is maintained for all inspection, testing and maintenance of the fire alarm/detection/suppression system. The log includes action taken on system deficiencies and/or failures.
- Fire alarm activation and drill critiques are completed by all departments open at the
time of the event (Security Manager maintains critique results).
- Environmental surveillance tours target areas of fire/life safety compliance.
- A Building Maintenance Program is in place to assure functionality of door closures and exit signs, as well as compliance to monthly extinguisher checks.
- A work order system, including prioritization of response, is used by staff to identify maintenance needs.

VII. DOCUMENTATION:
- Inspection, testing and maintenance of the Fire Protection System is documented in Grand PM and vendor reports on file in the Facilities Department.

VIII. ORIENTATION/TRAINING:
- Plant Operations personnel actively participate in fire/life safety orientation which includes:
  - Role and responsibility at a fire’s origin: “RACE”
  - Note: staff, medical staff, volunteers, students, and contracted employees provide assistance to the manager/employees if they are at the fire’s origin.
  - Role and responsibility away from the fire’s origin: “Maintain smoke stops”.
  - Indications for and activation of emergency response procedures: “CODE RED” and “PLAN E”.
  - Function and use of pull stations.
  - Type and use of portable extinguishers.
  - Purpose and importance of compartmentalization.

b. Department managers conduct department-specific training:
  - Location of pull stations, extinguishers, oxygen shut-offs.
  - Department role in CODE RED and PLAN E – including role in preparing for building evacuation.
  - Evacuation routes.
  - Safety measures associated with high-risk procedures or flammable materials.
  - Additional risks associated with an oxygen-rich environment.

- Security personnel are trained to recognize fire/life safety risks, troubleshoot selected problems, and initiate emergency response procedures.
- Respiratory Therapists, Charge Nurses, and Plant Operations staff are trained in oxygen shut-off procedures. Nursing or Respiratory Therapy is responsible for clinical decision-making necessary for the safe performance of this procedure (in collaboration with the local Fire Department).
- Affected personnel are trained in specific techniques to compensate for Life Safety Code deficiencies prior to the initiation of ILSM.

Performance Improvement:
- The Fire/Life Safety Management Program is evaluated annually by the Safety Committee in terms of its objectives, scope, performance, and effectiveness. The Safety Committee reports up through Patient Care Assessment Committee (PCAC).
IX. MONITORING:
- Drills are unannounced, scheduled to comply with NFPA/ILSM frequency, include all personnel/shifts, and include all patient-care areas and buildings. Drills are critiqued to identify response issue and fire protection equipment failure.
- Quarterly inspection may be performed by the local Fire Department and may include directly-observed drills.
- Fire-Life Safety Management performance indicators are developed through the Safety Committee on an annual basis.

X. REFERENCES:
- NFPA Standards.

XI. STORAGE, RETENTION AND DESTRUCTION:
- All policies are able to be retrieved upon request. Policies are stored in MCN Policy Manager and in paper format.
- This policy will be reviewed at least every three years
- Previous versions of this policy are archived in MCN Policy Manager. Policies in paper format are retained for 7 years, or 9 years if related to obstetric and newborn care.