

## **FIRE SAFETY AND EVACUATION PLANS**

### **Certification requirements**

NFPA 101(00), Sec. 18.7.1.1/19.7.1.1 requires that the administration of every healthcare occupancy have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building where necessary. Further, the code requires that all employees receive periodic instruction and be kept informed with respect to their duties under the plan [see related requirement in NFPA 101(00), Sec. 18.7.1.3/19.7.1.3] and that a copy of the plan be available on-site at all times.

At a minimum, the fire safety plan must make provisions for the duties and responsibilities outlined in NFPA 101(00), Sections 18.7.2.1/19.7.2.1, 18.7.2.2/19.7.2.2 and 18.7.2.3/19.7.2.3. The basic response expected of staff can be found in Sec. 18.7.2.1/19.7.2.1 and includes the following:

- Removal of all occupants directly involved with the emergency
- Transmission of an appropriate fire alarm signal to warn other building occupants and summon additional staff
- Confinement of the fire (i.e. close doors to isolate the fire area)
- Relocation of patients/residents as detailed in the fire safety plan

As outlined in NFPA 101(00), Sec. 18.7.2.2/19.7.2.2, a facility's fire safety plan must, at a minimum, provide for the following:

- Use of alarms (e.g. manual fire alarm boxes) – The plan should also include a code phrase to be used when: (1) the individual discovering a fire must immediately go to the aid of an endangered person, or (2) the fire alarm system malfunctions or is out of service [see NFPA 101(00), Sec. 18.7.2.3/19.7.2.3].
- Transmission of alarm to the fire department – Although this transmission should occur automatically, it should be confirmed with a follow-up 9-1-1 call to the fire department. This not only serves to confirm receipt of the alarm, but is an opportunity to provide the fire department with critical information about the building, the fire and the location of occupants.
- Response to alarms – The plan should address the type of response expected by not only staff in the immediate area of origin, but also staff in other smoke compartments and/or on other floors. Some plans assign emergency responsibilities by staff position (e.g. nursing staff, maintenance personnel, housekeeping staff, administrator, etc.).
- Isolation of fire – It has been shown that the single most effective action staff can take to limit the spread of fire and smoke is to close the door to the area of fire origin.
- Evacuation of immediate area – Rescue of persons in immediate danger should always be a Number One priority.
- Evacuation of smoke compartment – It's important that the fire safety plan make provisions for evacuation of the **entire** smoke compartment in case of fire, as it is no longer acceptable to just evacuate the room of fire origin, the rooms immediately adjacent and the rooms across the corridor.
- Preparation of floors and building for evacuation – This would include removal of any obstructions in the corridors and/or other portions of the means of egress to ensure a clear path to exit the smoke compartment and, if necessary, the building.
- Extinguishment of fire – This should be attempted only if safe to do so and only by staff properly trained in the use of portable fire extinguishers.

### **State licensure requirements**

MSFC(07), Sec. 404.2 requires that all healthcare occupancies prepare and maintain fire safety and evacuation plans acceptable to the fire code official. These plans must be reviewed or updated annually or as necessary to reflect changes in staff assignments, occupancy or the physical arrangement of the building [see MSFC(07), Sec. 404.4]. In addition, copies of these plans must be available on-site for reference and review by employees and must be furnished to the fire code official for review upon request [see MSFC(07), Sec. 404.5].

At a minimum, MSFC(07), Sec. 404.3.1 specifies that fire evacuation plans include the following:

1. Emergency egress routes and whether evacuation of the building is to be complete or by selected floors or areas (e.g. smoke compartments) only – Complete building evacuation should only occur under orders by a designated person of authority (e.g. fire chief, police chief, administrator, etc.).
2. Procedures for employees who must remain to operate critical equipment before evacuating – Staff must have a clear understanding about when evacuation is critical and the operation of the equipment should be abandoned.
3. Procedures for accounting for employees and occupants after evacuation has been completed – Provisions should be made to ensure that visitors are safely evacuated as well.
4. Identification and assignment of personnel responsible for rescue and/or emergency medical aid – The idea is to provide a designated person occupants can look to for assistance in an emergency and first responders can contact upon arrival to help them assess the situation.
5. The preferred and any alternative means of notifying occupants of a fire or emergency – Under most circumstances, the primary means of notification is the building fire alarm system, but the plan should also include a code phrase to be used when: (1) the individual discovering a fire must immediately go to the aid of an endangered person, or (2) the fire alarm system malfunctions or is out of service.
6. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization – Fire alarms should be transmitted automatically; however, receipt of alarm should be confirmed with a follow-up 9-1-1 call to the fire department.
7. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan – As with Item 4, the intent is to designate a specific person who is familiar with the plan and how the building operates, someone first responders can contact for information that will help with their preplanning activities.

MSFC(07), Sec. 404.3.2 specifies that, at a minimum, fire safety plans must include the following:

1. The procedure for reporting a fire or other emergency.
2. Procedures for notifying, relocating or evacuating occupants (again, attention must be paid to visitors as well) – Procedures for recall and reentry of the area evacuated also need to be addressed.
3. Site plans showing:
  - The occupancy assembly point
  - The location of fire hydrants
  - The normal routes of fire department vehicle access

4. Floor plan drawings showing the locations of:
  - Exits
  - Primary evacuation routes
  - Secondary evacuation routes
  - Accessible egress routes
  - Areas of refuge (if any)
  - Manual fire alarm boxes
  - Portable fire extinguishers
  - Fire alarm annunciators and controls
5. A list of major fire hazards associated with the normal use and occupancy of the building, including maintenance and housekeeping procedures.
6. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.
7. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources.

### **Plan availability**

*It's extremely important that staff have immediate access to your plan in case of emergency.* For that reason, a complete copy of your plan, including floor plan drawings, should be kept at each nurse station in your facility.

In answer to a commonly asked question, neither NFPA 101 nor the MSFC require the posting of evacuation plans. That said, the posting of floor plan drawings showing, at a minimum, the location of emergency exits and smoke barriers makes it easier for visitors and newly hired staff to more quickly move to a safe location in time of emergency.

### **Developing your plan...**

Samples of existing fire safety and evacuation plans have been incorporated into this guide to assist healthcare facilities in formulating their own plans (see buttons below). The Department wishes to thank Mercy Hospital and Health Care Center, Moose Lake, and Golden Living Center – Moorhead for allowing edited versions of their fire safety and evacuation plans to be used as examples in this guide. One of the sample plans is based on a combination hospital/long term care (nursing home) occupancy, the other on a nursing home occupancy.

Because each facility is unique, it is very difficult to develop a universal fire safety and evacuation plan. The sample plans are, therefore, merely intended to serve as guides that should be adapted as appropriate to the individual characteristics of your facility. Failure to have a plan specifically tailored to your facility could result in a federal deficiency.

It's important to note that hospitals and ambulatory surgical centers have additional requirements that are not addressed here, for example:

- Hospitals are required to develop procedures for operating room/surgical suite emergencies [see NFPA 101(00), Sec. 18.3.2.3/19.3.2.3 and NFPA 99(99), Sec. 12-4.1.2.10]. In addition, NFPA 99(99), Sec. 12-4.1.2.10(d) requires that fire exit drills be conducted periodically. Similar fire/life safety measures are recommended for operating room/surgical suites in ambulatory surgical centers.
- Similarly, hospitals and ambulatory surgical centers that have laboratories employing quantities of flammable, combustible or hazardous materials that are considered a severe hazard must develop procedures for laboratory emergencies [see NFPA 101(00), Sections 18.3.2.2/19.3.2.2 and 20.3.2.1/21.3.2.1 and NFPA 99(99), Sec. 10-2.1.3]. NFPA 99(99), Sec. 10-2.1.4.2 requires that laboratory incidents be reviewed monthly and procedures reviewed annually. NFPA 99(99), Sec. 10-2.1.4.3 requires that fire exit drills be conducted at least quarterly and that drills be so arranged that each person is included at least annually.

**[Click Here for Sample Hospital/Health Care Center Plan](#)**

**[Click Here for Sample Nursing Home Plan](#)**