

FIRE SAFETY AND EVACUATION PLANS

Certification requirements

NFPA 101(12), Sec. 18.7.1.1/19.7.1.1 requires that the administration of every health care 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(12), Sec. 18.7.1.2/19.7.1.2] 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(12), Sec. 18.7.2/19.7.2. The basic response expected of staff can be found in Sec. 18.7.2.1.2/19.7.2.1.2 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(12), 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(12), Sec. 18.7.2.3.2/19.7.2.3.2].
- Transmission of alarm to the fire department – This transmission should occur automatically through the central station service monitoring the building fire alarm system.
- Emergency call to fire department (**NEW to 2012 Code**) – Although transmission of alarm should occur automatically, it needs to 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. *If staff are expected at any time to use the extinguishers, or indicate such when interviewed during survey, they must know where they are and how to use them.*

State licensure requirements

MSFC(15), Sec. 404.2 requires that all health care occupancies prepare and maintain a fire safety and evacuation plan 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(15), 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(15), Sec. 404.5].

At a minimum, MSFC(15), 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 assisted rescue for persons unable to use the general means of egress unassisted.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.

MSFC(15), 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. The life safety strategy and procedures for notifying, relocating or evacuating occupants, including occupants who need assistance (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:
 - o The occupancy assembly point
 - o The location of fire hydrants
 - o The normal routes of fire department vehicle access

4. Floor plan drawings showing the locations of:
 - o Exits
 - o Primary evacuation routes
 - o Secondary evacuation routes
 - o Accessible egress routes
 - o Areas of refuge (if any)
 - o Exterior areas for assisted rescue
 - o Manual fire alarm boxes
 - o Portable fire extinguishers
 - o 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

In answer to a commonly asked question, neither NFPA 101 nor the MSFC require the posting of evacuation plans. It is extremely important, therefore, 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, so that even newly hired and part-time staff can more readily assist visitors and move residents/patients to a safe location in time of emergency.*

Developing your plan...

It goes without saying that each facility is unique. While it is certainly acceptable to base your fire safety and evacuation plan (or fire response plan, if you choose to call it that) on another facility's plan, a template developed by someone else or an organization-wide policy, you want to make sure your plan is specifically tailored to the individual characteristics of your facility. Using a generic or "boiler plate" plan rather than one specifically tailored to your facility could result in a federal deficiency.

Operating room/surgical suite emergencies

It is important to note that the 2012 edition of NFPA 99, *Health Care Facilities Code*, contains additional requirements that hospitals and ambulatory surgical centers need to address:

- Procedures must be developed for operating room/surgical suite emergencies [see NFPA 99(12), Sec. 15.13.3.9.1].
- Emergency procedures must be established for controlling chemical spills [see NFPA 99(12), Sec. 15.13.3.9.3].
- Emergency procedures must be established for extinguishing drapery, clothing or equipment fires [see NFPA 99(12), Sec. 15.13.3.9.4].

Lockdown plans

NEW to the 2015 MSFC are provisions dealing with lockdown plans:

1. MSFC(15), Sec. 404.3.3 specifies that, where facilities develop a lockdown plan, the plan must be acceptable to the fire code official and, at a minimum, include the following:
 - o Instructions for reporting an emergency that requires a lockdown.
 - o Accountability procedures for staff to report the presence or absence of occupants.
 - o A prearranged signal for returning to normal activity.
 - o A means, acceptable to the fire code official, of two-way communication between a central location and each secured area.
2. MSFC(15), Sec. 404.3.3.2 requires that the training frequency be included in the lockdown plan and stipulates that lockdown drills cannot substitute for required fire and evacuation drills.
3. MSFC(15), Sec. 404.3.3.3 requires that the method of notifying building occupants of a lockdown be included in the plan and that the method of notification be separate and distinct from the fire alarm signal.