



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management Safety (FMS)		
Document:	Administrative Policy and Procedure		
Title:	Fire Drills		
Applies To:	All MCH Staff		
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1. PURPOSE:

- 1.1 To train personnel to respond effectively to a fire emergency.

2. DEFINITION:

2.1 Fire Drill:

- 2.1.1 The set of actions that should be performed in order to safely leave the building, such as an office, factory, or school, when it is on fire, or an occasion when this is practiced.

3. POLICY:

- 3.1 Fire Safety training shall be provided at new employee orientation and refresher classes. Educational materials or self-study guides shall be provided for the duration of employment. Fire emergency preparedness is monitored by fire drills. Every fire drill is evaluated by designated staff and by the Department of Health, Safety and Environment (HSE).

4. PROCEDURE:

- 4.1 The frequency of fire drills shall be one drill per quarter per shift per each floor designated as health care occupancy or designated as an egress route or area of refuge for health care occupancies. The frequency of fire drills shall be one drill per year for free standing business occupancies and twice a year for dorm buildings. For those buildings / floors / classified as being Interim Life Safety Status, this frequency may be doubled (two drills per shift per quarter), if warranted. Drills shall be conducted by HSE. Centrex is notified to announce "All Clear" to signal the conclusion of fire emergency status in the hospital.
- 4.2 Unless prior notification is issued regarding alarm system testing, all fire alarms shall be treated as a real fire emergency with appropriate reaction and evaluation.

5. MATERIAL AND EQUIPMENT:

- 5.1 Fire Incident Response Evaluation Form

6. RESPONSIBILITIES:

6.1 Health, Safety and Environment (HSE):

- 6.1.1 Conduct the fire drill at the required frequency for each building.
- 6.1.2 Monitor and evaluate fire drill response both on site and Hospital Fire Incident Response Evaluation Form and Hospital Fire Drill Evaluation Form.

6.2 Department Management:

- 6.2.1 Designate individual to complete Hospital Fire Incident Response Evaluation Form and forward form to HSE.

6.3 All Staff:

- 6.3.1 Ensure fire emergency preparedness of staff.
- 6.3.2 Know role in fire emergency response. Know procedure to report fires.
- 6.4 **Centrex:**
 - 6.4.1 Disconnect fire emergency notification system during planned drills in the Hospital.
- 6.5 **Facilities:**
 - 6.5.1 Announce "Code Red" in the hospital non-intelligent alarm buildings. Announce "All Clear" at conclusion of fire emergencies in the hospital as determined by fire department, HSE or Security Chief Supervisor.
 - 6.5.2 Issue notifications to all occupants prior to conducting fire alarm system testing.
 - 6.5.3 Assist HSE as necessary in conducting fire drills, including but not limited to re-setting alarm panels, re-setting elevator recalls, re-setting fire alarm pull stations, monitoring and repairing signalling system.





7. APPENDICES:

7.1 N/A

8. REFERENCES:

8.1 ^ "FireDrillFreq_120309". Archived from the original on 2010-06-19. Retrieved 2010-07-24.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Mr. Mishari Fahad Al Mutairi	Facility Management Safety Manager		January 08, 2025
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Fire Incident Response Evaluation Form

Bldg. _____ Floor _____ Dept. _____
Date _____ Time _____ Shift 1st ☐ 2nd ☐ 3rd ☐

Emergency Codes and Procedures:	YES	NO	N/A
Does staff know the meaning of "CODE RED"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know the emergency phone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know the nearest fire alarm pull station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know how to activate the fire alarm pull station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Fire Alarm:	YES	NO	N/A
Were person(s) in immediate danger evacuated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were patients accounted for/life support identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were corridors & egress routes clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were visitors cleared from corridors & directed to safe location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were patients requiring assistance for evacuation identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff close all the doors in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all automatic fire/smoke doors close on the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know the emergency oxygen shut off procedure for the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know the location of fire extinguishers on unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation:	YES	NO	N/A
Is staff familiar with building evacuation procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is staff aware of total number of patients on the units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does staff know the location of emergency transportation equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm:	YES	NO	N/A
Was alarm visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was alarm audible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was alarm understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was alarm location identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Clear:	YES	NO	N/A
Was "all clear" called?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who responded to alarm? If others, please specify:

<u>Clinical/nurse staff</u>		<u>Physicians</u>		<u>Support staff</u>		<u>Volunteers</u>		<u>Environmental services</u>	
<u>Administrative staff</u>		<u>Security</u>		<u>Students</u>		<u>Maintenance</u>		<u>Others:</u>	

Comments: _____

Quality Department: _____

Report Prepared by: _____

Title: _____