



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management Safety (FMS)		
Document:	Plan		
Title:	Fire Safety Management Plan		
Applies To:	All MCH Staff		
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1. PURPOSE:

- 1.1 The Fire Safety Management Plan defines processes through which the hospital provides a fire-safe environment for patients, visitors, staff, and protects hospital property from fire and smoke damage. This plan covers all hospital facilities and occupancies. The hospital has established programs and practices, including:
- 1.2 Coordination of the Fire Safety Management Program is a shared responsibility of the Hospital Safety Officer. All hospital employees participate in the Fire Safety Management Program.
- 1.3 **The hospital has established programs and practices, including:**
 - 1.3.1 A Building Maintenance Program.
 - 1.3.2 An Interim Life Safety Management Program.
 - 1.3.3 A Statement of Conditions (SOC) coordination program.
 - 1.3.4 A facility fire plan.
- 1.4 To maintain the facilities in compliance with the Life Safety Code (LSC) and to comply with National Fire Protection Association (NFPA) standards.

2. POLICY STATEMENT:

- 2.1 Maternity and Children Hospital is committed to the promotion of good health, safety ,and security services to patients, visitors, and staff.

3. OBJECTIVES:

- 3.1 **The processes included in the Fire Safety Management Plan are designed to meet specific objectives:**
 - 3.1.1 Ensure proper operation of fire detection, alarm, and suppression systems through a program of inspection, testing, and maintenance.
 - 3.1.2 Ensure proper maintenance of other built and installed life safety features, such as fire doors.
 - 3.1.3 Provide and maintain portable fire extinguishers according to established criteria for type, placement, inspection, maintenance, and use.
 - 3.1.4 Ensure that acquisitions such as curtains, furniture, waste baskets, bedding, and other equipment meet established fire safety criteria.
 - 3.1.5 Investigate and recommend actions to correct deficiencies, failures, and user errors that may impact fire prevention or safety.
 - 3.1.6 Ensure that all employees and others working within the building understand the building's life safety features and their roles in fire prevention and response.
 - 3.1.7 Ensure that fire response procedures address institutional and departmental/area needs.
 - 3.1.8 Establish processes for identifying deficiencies and collecting data regarding fire prevention and life safety processes and staff compliance.

4. PROCEDURES:

4.1 **Fire alarm systems:**

4.4.1 The fire alarm system is inspected, tested, and maintained by main contractor and sub-contractor through a service contract. The established program includes, but is not limited to

4.4.1.1 Daily testing of all panel of fire alarm.

4.4.1.2 Quarterly testing of all circuits.

4.4.1.3 Annual preventive maintenance of all components

4.2 **Automatic Fire Extinguishing Systems:**

4.2.1 The hospital maintains outside contracts for inspecting, testing, and maintaining the automatic fire extinguishing systems. The MCPPD Preventive Maintenance Manager oversees the program and maintains documentation.

4.3 **Portable Fire Extinguishers:**

4.3.1 The Fire safety Office provides portable fire extinguishers for hospital facilities. The portable fire extinguisher program has been established in compliance with NFPA standards. Fire extinguishers within the hospital are identified, placed, maintained, and used in compliance with these standards.

4.3.2 The fire safety services inspect all fire extinguishers annually. Hospital representatives inspect all fire extinguishers monthly.

4.4 **System Monitoring and Transmission of Signal**

4.4.1 In control room there is one person stay her to monitor the fire alarm system for the purposes of identifying location of alarm, reset, and other internal functions.

4.4.2 The facility has established a contract with Simplex-Grinnell to act as a central station to monitor and automatically transmit the fire alarm signal to the fire department.

4.5 **Fire Drills:**

4.5.1 Fire drills, totalling at least 1 per shift per quarter, are conducted in all Hospital healthcare occupancies, according to an established schedule. All fire drills are unannounced. Only trained evaluators from each service area have access to the established schedule. Fire drills exercise all primary elements of the fire plan, including employee knowledge of:

4.5.1.1 Use and function of fire alarm systems

4.5.1.2 Transmission of alarms

4.5.1.3 Containment of smoke and fire

4.5.1.4 Transfer to area of refuge

4.5.1.5 Fire extinguishers and other life-safety features

4.5.1.6 Fire response duties

4.5.1.7 Extinguishing fires

4.5.1.8 Building evacuation

4.6 **Building Maintenance Program:**

4.6.1 The hospital has an on-going building maintenance program designed to resolve life safety code deficiencies as they are identified whenever possible, rather than creating projects for their long-term resolution.

4.6.2 The goal of the building maintenance program is to ensure that at least 95% of the life safety features function properly at all times. The inspection schedules for each life safety feature have been established based on historical maintenance data to help ensure at least 95% compliance rate for that item. The program's effectiveness is evaluated by regular inspections and by monitoring the work order documentation. The building maintenance program checklist includes, but is not limited to:

4.6.2.1 1/2-hour FRRA door and 1-hour FRRA doors (including occupancy separation doors, stair doors, horizontal exit doors, and hazardous area room doors):

4.6.2.1.1 positive latching;

4.6.2.1.2 self-closing or automatic closing devices in proper working order;

4.6.2.1.3 no more than 1/8 inch gap between edges of door pairs;

4.6.2.1.4 no more than 3/4 inch undercut.

- 4.6.2.2 Linen and trash chute doors.
- 4.6.2.3 Positive latching.
- 4.6.2.4 Self-closing or automatic closing devices in proper working order:
 - 4.6.2.4.1 Maintained to prevent spread of smoke.
- 4.6.2.5 Smoke barrier doors
- 4.6.2.6 Corridor doors:
 - 4.6.2.6.1 Positive latching;
 - 4.6.2.6.2 Maintained to prevent spread of smoke.
- 4.6.2.7 Egress illumination devices functioning (battery operated only).
- 4.6.2.8 Exit signs lighted.
- 4.6.2.9 Grease producing devices (exhaust hoods, exhaust duct system, grease removal devices):
 - 4.6.2.9.1 Clean;
 - 4.6.2.9.2 Maintained according to schedule.
- 4.6.3 The Hospital has an inclement weather plan that ensures that egress paths are free of ice and snow.
- 4.7 **Reporting and Investigating Deficiencies, Failures, and User Errors:**
 - 4.7.1 Maternity and Children Hospital has an established reporting and work order system that allows users to report deficiencies, failures and other problems with the facility or its systems directly to Physical Plant. Dispatch personnel establish a work order for each report made, based on established criteria. Once a work order is generated, area mechanics and other specialized Physical Plant personnel are dispatched to investigate and reconcile, if possible, problems reported. Maternity and Children Hospital personnel are required to close a work order when investigation and reconciliation are complete. Maternity and Children Hospital dispatch personnel send notice that the work order has been closed and how the problem was resolved to the individual who submitted the report.
 - 4.7.2 In addition, the hospital has a multi-faceted risk assessment program, designed, in part to proactively evaluate the life safety features/systems of Hospital buildings. That program includes, but is not limited to:
 - 4.7.2.1 Regular inspections/surveillance;
 - 4.7.2.2 Random inspections/surveillance;
 - 4.7.2.3 Construction/renovation meetings and site inspections;
 - 4.7.2.4 Reportable occurrence reports;
 - 4.7.2.5 False fire alarm reports;
 - 4.7.2.6 Established periodic testing of mechanical life safety systems;
 - 4.7.2.7 Fire drills and evaluations.
 - 4.7.3 The Hospital Environment of Care Committee and its subcommittees are actively involved in evaluating safety trends and issues, recommending action, and monitoring implementation.
 - 4.7.4 All hospital areas are evaluated on their compliance with life safety/fire prevention standards as a part of the semi-annual inspection. Each area is expected to score 95% or above on life safety standards. The results of the inspection are reported to the service director, manager, and administrator.
 - 4.7.5 The fire department and designated security and Maternity and Children Hospital employees respond to all fire alarms. Only the ranking fire department officer can authorize a system reset after the alarm is activated. The reset is authorized after the cause of the alarm is identified.
- 4.8 **Fire Prevention/Life Safety Education and Training:**
 - 4.8.1 The Hospital Safety Officer develops the safety curriculum for:
 - 4.8.1.1 Hospital orientation and other orientation programs for special audiences (i.e., residents, volunteers, teen volunteers, contractors).
 - 4.8.1.2 Supervisory training program.
 - 4.8.1.3 Continuing education programs.

- 4.8.2 Based on JCAHO standards and identified institutional need, the safety officer has identified the following issues to be included in life safety/fire prevention orientation:
 - 4.8.2.1 Roles and responsibilities of personnel at the fire's point of origin.
 - 4.8.2.2 Roles and responsibilities of personnel away from the fire's point of origin.
 - 4.8.2.3 Use and functioning of fire alarm systems.
 - 4.8.2.4 Roles and responsibilities in preparing for and executing building evacuation.
 - 4.8.2.5 Location and use of evacuation equipment.
 - 4.8.2.6 Building compartmentalization and procedures for containing smoke and fire.
- 4.8.3 Employees who have specific fire response assignments are educated and trained as a part of their departmental orientation and continuing education.
- 4.8.4 Hospital employees are required to attend hospital orientation and must participate in departmental orientation and continuing safety education programs.
- 4.8.5 Educational materials and/or education/training sessions tailored to the needs of volunteers, physician staff, students, contract staff, and other personnel include information about fire prevention and life safety. The Hospital Safety Officer and others participate in the development, review, and evaluation of these materials. Staff knowledge of fire response procedures is evaluated by the following:
 - 4.8.5.1 Annual safety survey-hospital employees surveyed will be able to answer 95% of the fire prevention questions accurately. The survey is conducted by area Safety Training Coordinators.
 - 4.8.5.2 Questions during Safety Surveillance-hospital employees are questioned about fire response procedures and are rated on their ability to respond accurately.
 - 4.8.5.3 Fire drills-trained evaluators observe and question employees during each fire drill. Performance and knowledge is documented and sent to area leaders for reconciliation of problems.
- 4.9 **Performance Monitoring:**
 - 4.9.1 The Hospital Environment of care committee and/or its subcommittees have established the following performance standards related to fire safety management.
 - 4.9.1.1 The hospital will demonstrate a state of readiness for fire prevention and response by scoring 95% or above on all sections of the semi-annual fire drill evaluation.
 - 4.9.1.2 Hospital areas will demonstrate a state of readiness for fire prevention and response by scoring 95% or above on life safety/fire prevention during each safety inspection.
 - 4.9.1.3 The hospital will have no more than 25 false fire alarms per year. This standard was established based on comparison with benchmark institutions.
 - 4.9.1.4 All fire extinguishers will be inspected monthly and inspections will be appropriately documented.
 - 4.9.1.5 The hospital will resolve all life safety code deficiencies listed on the SOC within the time frame specified.
- 4.10 **Emergency Procedures:**
 - 4.10.1 The Hospital has established a fire plan and an evacuation plan, documented in hospital policy and in the Emergency Management Plan. These plans are tested as a part of routine fire drills and emergency response exercises.
 - 4.10.1.1 The fire plan outlines the facility-wide fire response needs and roles and responsibilities of staff at and away from the fire's point of origin.
 - 4.10.1.2 The evacuation plan outlines the roles and responsibilities of staff in preparing for transfer to area of refuge or building evacuation.
 - 4.10.2 In cases in which departmental or unit needs require more detailed instructions, the department/unit has developed departmental policies and emergency procedures.
 - 4.10.3 All Hospital safety policies are reviewed at least annually by the Hospital Safety Officer and other appropriate bodies or individuals. Results of this evaluation are presented to the Hospital Environment of Care Committee for review and recommendation. Hospital policies are distributed to staff on line or in hard copy.

4.11 Program Review and Evaluation:

- 4.11.1 The Fire Safety Management Plan and related plans are evaluated annually by the Hospital Safety Officer in Maternity and Children Hospital, who have functional responsibility for life safety, using established questions/criteria. Results of this annual evaluation are presented to the Hospital Environment of Care Committee for review, recommendation, and approval.
- 4.11.2 All Hospital safety policies are reviewed at least annually by the Hospital Safety Officer and other appropriate bodies or individuals. Results of this evaluation are presented to the Hospital Environment of Care Committee for review and recommendation. Hospital policies are distributed to staff on line or in hard copy.

5. MATERIALS/FORMS:

- 5.1 Life Safety features such as (smoke detector, exit signs, fire extinguisher, etc.)
- 5.2 Fire extinguisher monthly inspected reports.
- 5.3 Fire drills-trained evaluators reports.
- 5.4 False fire alarm reports.

6. RESPONSIBILITIES:

- 6.1 The Hospital Safety Officer
- 6.2 Medical Center PPD
- 6.3 All Hospital employees

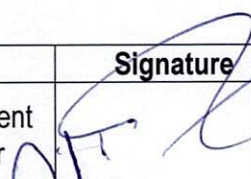



7. APPENDICES:

NA

8. REFERENCES:

- 8.1 Life Safety Code (LSC) and (NFPA) standards.

9. APPROVALS:

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