Fire Safety in HEALTH CARE FACILITIES

Presented by the

Montgomery County, Maryland
Fire and Rescue Service

1999 Edition

TABLE OF CONTENTS

INTRODUCTION

The **Fire Safety in Health Care Facilities Workshop** has been developed by the Montgomery County, Maryland Department of Fire and Rescue Services to train health care employees how to react to an emergency conditions. We encourage you to adapt this workshop to a train-the-trainer program in your respective facilities.

This workbook is provided to you as both a guide and a reference source for future training. It is divided into three modules - each of which is designed to meet specific regulatory requirements for training: Section I - Fire Prevention; Section II - Fire Evacuation and Patient Carries; and Section III - Classes of Fire and Use of Fire Extinguishers.

The appendix contains fire safety scenarios and a quiz that can be used as an educational tool to reinforce participant's knowledge of fire safety. As an instructor, you can discuss the unique needs of your facility and present past fire related incidents and how they were handled by the staff.

While this health care workshop offers a number of topics concerning handling emergency incidents, it cannot address every foreseeable mishap. It is highly recommended that additional training on fire evacuation procedures be obtained through regular in-service training programs.

HEALTH CARE WORKSHOP PROGRAM

MORNING SESSION

Registration
Welcome

Section I
Fire Prevention

Section II
Fire Evacuation Plan
and Procedures
R.A.C.E.
Patient Assists and Carries

Section III
Classes of Fires
Use of Fire Extinguishers

AFTERNOON SESSION

Patient Carries (Practical)
Use of Portable Fire
Extinguishers (Practical)
Wrap-Up

LEARNING OBJECTIVES

After completing the **Fire Safety in Health Care Facilities Workshop,** participants will be:

- Aware of their responsibilities for protecting people under their care in an emergency.
- Knowledgeable about the causes of fires in health care facilities.
- Able to recognize and eliminate potential hazards.
- Respectful of the speed at which fire travels.
- Aware of the three elements of fire safety:

  Prevention
  Detection
  Extinguishment

- Able to identify types of fires.
- Describe the four basic procedures in RACE that must be followed to insure the safety of patients and employees.
- Able to perform patient carriers.
- Able to use different types of portable fire extinguishers.

SECTION ONE - FIRE PREVENTION

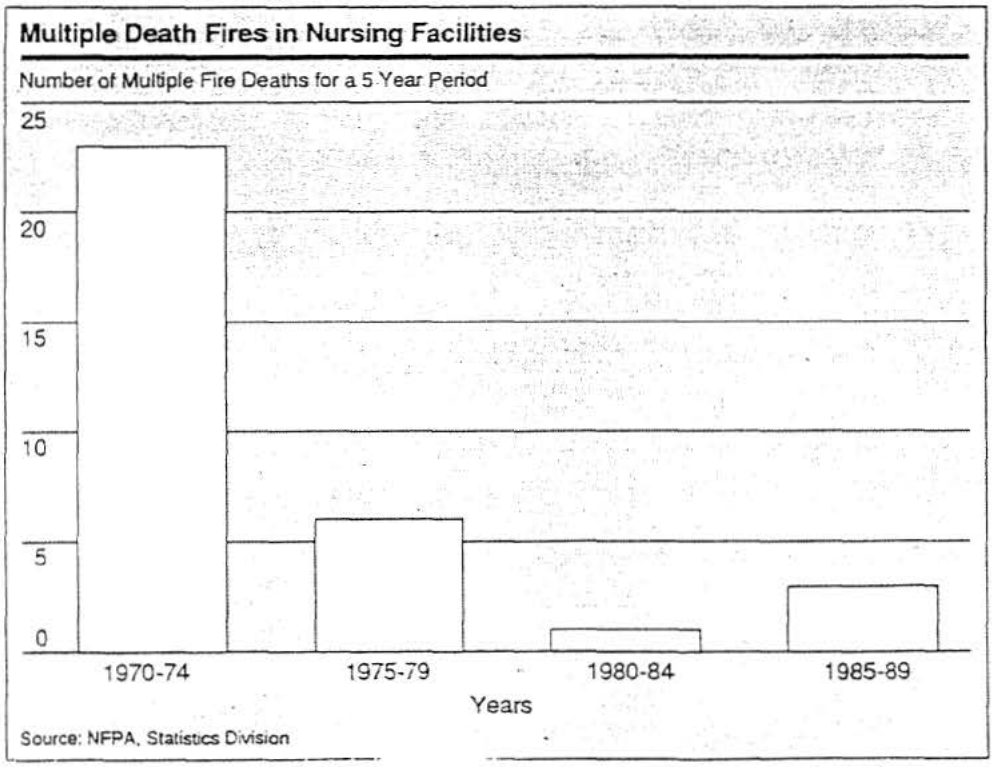
YOUR RESPONSIBILITY

Your patients need you to provide fire safety care as well as medical care. Why? Because many patients have special needs that make them especially vulnerable in a fire situation, therefore, increasing the risk of fire casualties.

Patients and their families have trusted your health care facility with the safety of their loved ones, many of who cannot help themselves. Health care employees must make every effort to prevent fires from starting and be prepared to respond if a fire breaks out.

FIRE SAFETY IN HEALTH CARE FACILITIES - WHY?

Over the last 20 years, there has been a marked decrease in hospital and nursing home fires. As you can see from the graph, multiple death fires (fires that kill three or more people) averaged 14.5 deaths during the 1970's. In the 1980's, the yearly average from multiple deaths fires was reduced to less than two deaths per year.



Why the decrease? Training like you are receiving today has given employees the knowledge and skill to react properly to a fire situation. More importantly, the adoption and enforcement of the National Fire Protection Association's Life Safety Code has mandated built-in fire protection.

A fire can occur at any time. All staff must be prepared for a fire emergency. Make sure that patients and their families know that fire safety is a primary function of your organization.

The potential for legal liability can be reduced by

Establishing policies and procedures such as designated smoking areas or no smoking.

Keeping records that include:

fire drills.

staff training.

inspections of the facility.

and actions taken during an actual fire emergency.

Maintaining the facility in a safe manner by:

enforcing the Life Safety Code.

installing fire sprinkler systems throughout the facility.

controlling what patients are allowed to bring into the facility.

FIRE SAFETY CHECKLIST

True emergency planning involved the daily routine of checking the work area to insure its safety. This can be accomplished by making a simple safety checklist in the area for which you are responsible. When you arrive on duty, utilize the checklist in determining the safety of the area.

_____Egress Maps	_____Electrical Appliances	_____Emergency Lighting
_____Exit Doors	_____Exit Passage Areas	_____Exit Signs
_____Fire Extinguishers	_____Hallways	_____Housekeeping
_____Storage Areas	_____Trash Removal	_____Smoking

YOUR RESPONSIBILITY IN FIRE PREVENTION

YOU SHOULD:

Report **all** fires, even if they are apparently extinguished, to 911.

Know the location of fire alarms in your work area, and know how to operate them even in the dark.

Know the location of portable fire extinguishers in your work area and know how and when to use them.

Store gas cylinders securely, away from patients. Be certain cylinder caps are used when cylinders are not in use. Be especially careful in handling oxygen and flammables. Know how to shut off oxygen and other piped gas stems, if instructed to do so.

Do not allow devices that produce sparks in patient areas where oxygen is used.

Know where fire exits are located.

Know where smoke doors are located in your facility.

Keep combustibles such as paper products, linens, and clothing away from heat producing devices, including reading lamps.

Keep maintenance and storage areas clean and free of trash, sawdust, wood shavings, oily rags, and other hazards.

Keep halls and stairways clear.

Be sure that EXIT signs are always lighted and that emergency lighting is in working order.

Never prop open emergency doors. Fire doors not only let people out, they keep fire from spreading.

Report to your supervisor any fire hazard you are unable to eliminate.

SECTION II - THE FIRE EVACUATION PLAN AND PROCEDURES

Fire is a very frightening possibility. The greatest danger in fire situations is panic. Patients will become even more excited if they sense excited motions and shouting by staff. They will be counting on employees to know what to do if there is a fire - and they have a right to.

Response to any emergency is based on a predetermined plan of action. Commonly called a "fire evacuation" or "disaster" plan, the plan must be realistic, practiced and reviewed on an annual basis. As a general rule, the plan should be simple. The plan covers policies and procedures observed and enacted immediately by staff upon discovering a fire.

Too often, employees assume that their actions are confined to the emergency incident. This statement implies that they take a "reactive"' approach to the safety of the building and its occupants. In other words, "no emergency, no action." However, from a fire safety standpoint, the most effective employee is one who assumes a "pro-active" role. By initiating this approach, many fires would never occur at all. Thus, reactive employees put out fires and pro-active employees prevent them from starting.

Everyone who works in a health care facility has a responsibility to know the fire evacuation plan. Are you familiar with yours?

WHAT IS DEFEND IN PLACE?

"Defend in place" is the strategy used in health care facilities during fire emergencies.
What is "defend in place"? It means during most fire emergencies that patients are left in their rooms or other safe areas with the doors closed and removing the patient(s) where the fire is located to a nearby safe area.

WHY DO WE USE DEFEND IN PLACE?

- Built in fire protection generally provides protection for patients from fire and smoke long enough for the fire department to arrive and extinguish the fire.
- Patients who may be bedridden or have mobility impairments are difficult to move.
- Moving patients may place the patients in more danger than not moving the patients at all.
- Moving patients outside, especially in bad weather, can be especially dangerous to ill or elderly patients.

- Total evacuation takes time. In the majority of cases, the fire department can be there and have the fire extinguished.

BUILT IN FIRE PROTECTION ALLOWS US TO DEFEND IN PLACE

Health care facilities have the following built-in fire protection:

- Fire detection or alarm systems include manual fire alarms, automatic smoke detection, automatic fire sprinkler systems and water-flow alarms.

- Fire barriers: wall and door assemblies that restrict the spread of fire.

- Smoke barriers: wall and door assemblies that restrict the passage of smoke.

- Smoke zones or compartments: areas enclosed by smoke barriers on all sides, including the top and bottom.

- Areas of refuge: areas that are protected by fire resistant construction, have access to stairs or an outside door, and provide enough space for potential occupants.

EVACUATION OF HEALTH CARE FACILITIES

There are four levels of evacuation in health care facilities: immediate, horizontal, vertical, and total.

IMMEDIATE EVACUATION - Removal of patients in immediate danger from the fire room. It may also involve moving a limited number of patients from adjacent rooms. Use of beds is not recommended. Residents who are non-ambulatory should be removed by utilizing the various carries and drags outlined in this section.

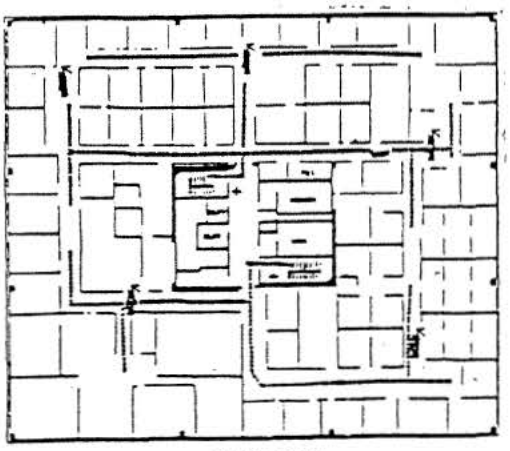
HORIZONTAL EVACUATION - It involves moving patients from one smoke zone to another on the same floor.

Immediate and horizontal evacuations are expected to be performed before the fire department arrives.

VERTICAL EVACUATION - Involves moving patients down to another floor. Such evacuation is very difficult and should only be done as a last resort. It should only be undertaken if fire or smoke are directly threatening the safety of patients on a particular floor.

TOTAL EVACUATION - Involves the removal of all patients and staff from the building to an area away from the building or to another building. More than likely a total evacuation would be required for floods, gas leaks, large hazard materials spills, etc.

Vertical and total evacuations would be performed under the guidance of the medical staff and fire department.



4th FLOOR

R.A.C.E.

R.A.C.E. is an acronym used to describe guidelines that are followed in health care facilities during fire emergencies. R.A.C.E. combines four (4) basic procedures that must be performed during a fire situation.

It is important to note that R.A.C.E. method does not dictate the order or priority in which the four (4) components should be completed. The order of completion is solely dependent upon each unique situation and the discretionary response of staff to that particular event. However, each component of the R.A.C.E. method must be completed with life safety as the primary motivator in all fire situations.

RESCUE

Patient safety is the staff's primary and main concern.

Remove patient(s) from the immediate fire area or room as quickly as possible.

Close the door to the fire room.

ALARM

Notify staff and the fire department immediately.

There are three steps of alarm:

1. Call out for help from other staff. Use the designation that is used in your facility, for example, "Code Red, I need help now!"

2. Sound the building fire alarm.

3. Call the fire department.

CONTAIN

Close the doors to all the patient's rooms to keep the smoke out.

Move all patients who are in open areas at the time of the fire to safe, nearby rooms and close the doors.

If residents are in rooms that may be immediately threatened by fire or smoke, move them to a safe area away from the fire such as to another fire zone.
Instruct patients to stay in their rooms.

EXTINGUISH

Staff safety should never be jeopardized to fight a fire.

If the door to the fire is closed, do not open the door. Keep the door closed and wait for the firefighters to arrive. If the fire is in an area that has an fire sprinkler system, the sprinkler will automatically fight the fire.

Fight the fire only if:

- the fire is small, i.e., the size of a trash can.
- you can grab the fire extinguisher in 30 seconds from ignition.
- the fire has not communicated to a second item.
- you do not have to open a door where the fire may be contained.
- you have had training in the use of fire extinguishers.

Never fight a fire if even one of the following is true:

- if the fire is spreading beyond the immediate area where it started, or is already a large fire.
- if the fire could block your escape.
- if you are unsure of the proper operation of the fire extinguisher.
- if you are in doubt that the extinguisher you are holding is designed for the typeof fire at hand or is large enough to fight the fire.

It is reckless to fight a fire with an extignuisher in any of these cases. Instead, leave the fire to the fire department.

ACTIVITY

Let's examine some fire situations. Circle the letter next to the answer that best completes each statement. Be prepared to explain why you chose that particular answer.

Scenario 1: Anne, a charge nurse, sees smoke coming from an open doorway of a patient's room. Before entering the room, she should:

a. Sound the nearest fire alarm.

b. Find a fire extinguisher.

c. Run into the room and rescue the patient.

d. Get down on her hands and knees to approach the bed to rescue the patient.

Scenario 2: Juan, a nursing assistant, is heading for the dining room when he hears a cry for help. As he looks around, he spots smoke escaping from under a patient's closed door. The first thing he should do is:

a. Grab the nearest fire extinguisher.

b. Call out "Code Red" to the charge nurse.

c. Run into the room and rescue the patient.

d. Feel the door to see if it's hot.

Scenario 3: Pauline, a housekeeper, is cleaning an empty patient's room. As she comes out of the bathroom, she sees that the bed has caught on fire and the fire is spreading. According to R.A.C.E. she should:

a. Sound the alarm located in the hallway.

b. Close the door to the room.

c. Get a fire extinguisher and fight the fire.

d. Evacuate other patients in the area.

Scenario 4: It's 2 a.m. Suddenly, the alarm bells sound. The staff smells smoke, however, the location and source of the fire is not yet known. According to R.A.C.E., the first thing to do is:

a. Grab a fire extinguisher.

b. Evacuate all the patients.

c. Shut doors and clear the hallways.

d. Search for the fire.

Scenario 5: Susan, the administrator, is talking to a patient's family in the lobby. She sees a man sitting on a couch toss a match into a trash can next to the sofa. Paper in the trash can catches on fire and produces a small flame. Susan's immediate response should be to:

a. Escort everyone quickly from the lobby.

b. Grab a cup and go to the nearest water fountain to bring back water to douse the flame.

c. Yell "Code Red" to the receptionist.

d. Smother the flame with a pillow from a nearby sofa.

PATIENT ASSISTS

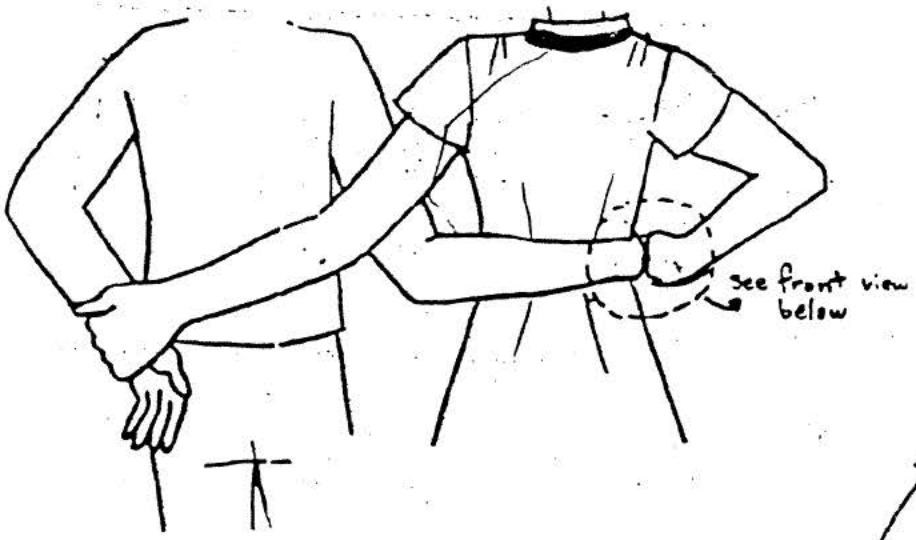
Many people in health care facilities are classified medically as ambulatory patients, which means they can walk. Unfortunately, this criteria of a patient's physical condition is not a true barometer to assure their life safety under emergency conditions. For instance, an older person may be able to walk at a very slow shuffle, however, it is up to someone to assist this type of patient so they can be moved quickly.

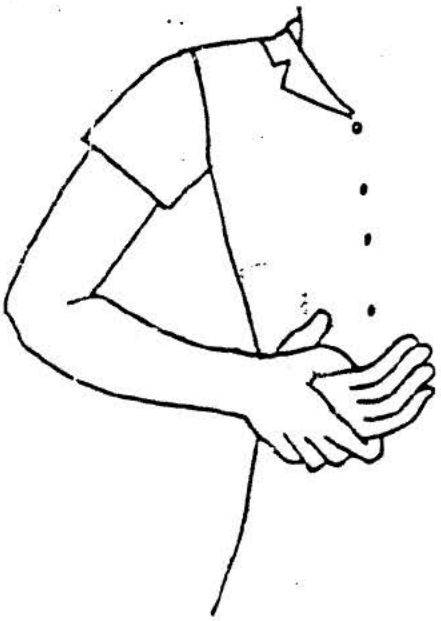
THE SIDE ASSIST

1. Approach the standing patient from the side, take his/her arm and place it in the back of you.

2. The patient's arm is pulled by your hand that is opposite the patient until his/her body is tight against you. His/her arm is held securely by the rescuer at all times. This is the secret for success.

3. The rescuer than encircles the patient's body from the back with his other arm and grabs the patient's other hand. The patient will feel secure in this grasp and may be controlled very easily.





THE BEAR HUG

1. Approach the standing patient from the rear. The rescuer's hands are placed between the patient's body and arms.

2. The rescuer simply grabs the patient's wrist on each side with his/her hand. The correct position is for the rescuer's hand to be on top of the patient's wrist with rescuer's thumbs to the inside.

3. The rescuer folds his/her arms to encircle the patient around the chest area. The rescuer's arms will be in the bear hug position.

4. The patient may be pushed forward by the rescuer in a confident manner.

PATIENT CARRIES

Becoming proficient in the practical application of the different ways that patients can be moved requires practice by each individual employee of the facility. The following are types of patient carries that can be used for one-and two-person rescuers.

Universal or Maisel Transport

1. Approach the bed and spread a blanket on the floor to receive the patient. Make sure that at least one-third of the blanket is under the bed and there is a sufficient amount of blanket for the head area.

2. Grab the patient's ankles and move legs until they can drop over the bed at the bend in the knees.

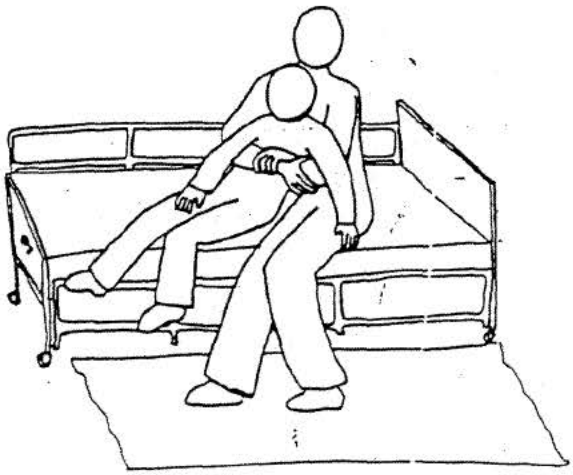
3. The rescuer places their hands on each shoulder of the patient. Pull hands toward you until the patient is in a sitting position.

4. Move to the rear of the patient and encircle the patient with your arms. Position your arms underneath the patient's armpit and lock your hands together in front of the patient.
It is important for the rescuer to get very close to the patient.

5. Slide the patient slowly to the side of the bed and lower to the blanket. Do not lift the patient. This is simply a lowering action. If the bed is in a high position, allow the patient to slide down one of your legs.

6. Always protect the patient's head and gently lower his to the blanket. Wrap blanket around patient.

7. The rescuer moves to the patient's head and grabs the blanket with his/her hands near each shoulder of the patient. Place the patient in a half sitting position and pull blanket to move the patient.



CRADLE DROP

This particular carry can easily be used on a small patient.

1. Approach the bed and spread a blanket on the floor to receive the patient. Remember to place about one-third of the blanket under the bed. Allow extra blanket at the top of the bed for the patient's head.

2. The rescuer put one arm under the patient's head.

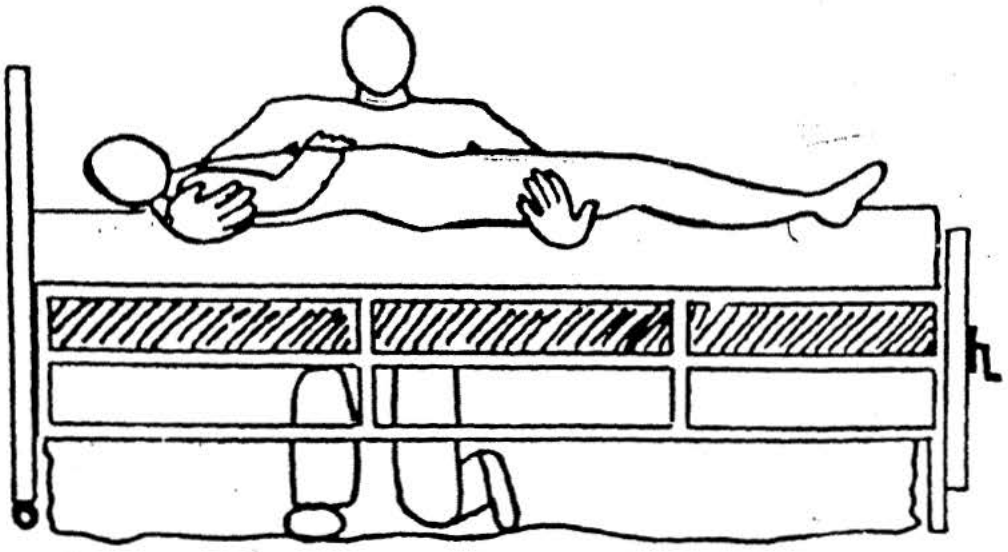
3. The rescuer positions their other arm underneath the patient's legs at point midway between their knees and body.

4. The rescuer pulls the victim to the edge of the bed and kneels on one knee.

5. The rescuer gently pulls the patient towards them and lowers the patient. The middle section of the body, the heaviest part, will drop first because is not supported, hence it get the name - cradle drop.

6. Always protect the patient's head by lowering this part to the blanket last. Wrap the blanket around the patient.

7. Rescuer goes to the head of the patient and grasps blankets and drags patient to a safe area.



DOUBLE CRADLE DROP

This procedure is recommended for two rescuers to use on most average size patients who cannot sit up.

1. Approach the bed and spread a blanket on the floor to receive the patient. Remember to place about one-third of the blanket under the bed. Allow for enough blanket at the top of the bed for the patient's head.

2. One rescuer will handle the top half (A) of the patient and the other rescuer will be responsible for the bottom half (B) of the patient.

3. The rescuers responsible for (A) puts one arm under the patient's head and grabs under the victim's shoulder. The other arm of the rescuer goes completely under the body at the waistline.

4. The rescuer responsible for (B) places their arms under the legs of the patient.

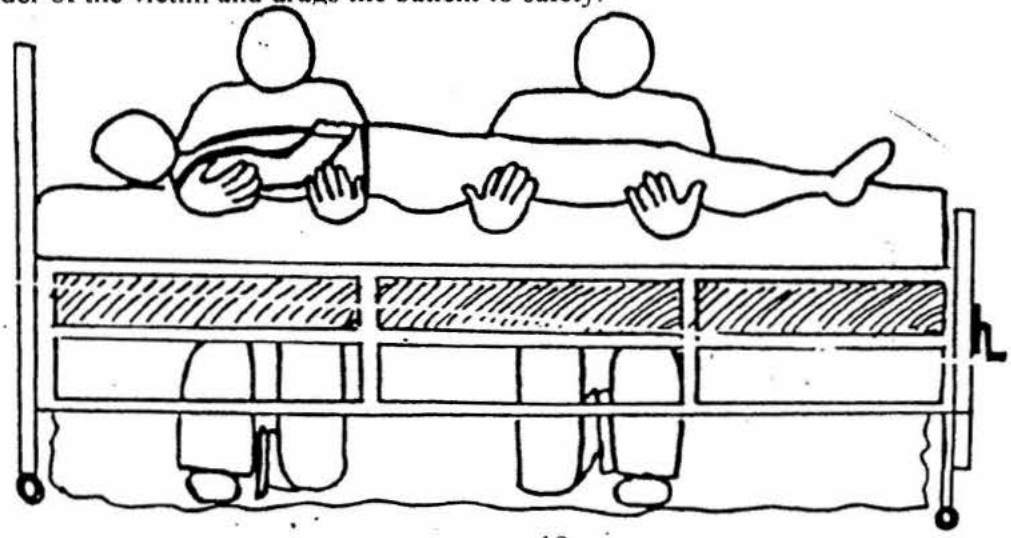
5. Both rescuers gently pull the patient to the edge of the bed.

6. The rescuers will use the knee that is closest to their partner; it is also the inside leg.

7. On the count of three, the rescuers will lower the patient onto the rescuers knees and onto the blanket by staying close to the bed.

8. Always protect the patient's had by lowering this part to the blanket last. Wrap the blanket around the patient.

9. Both rescuers move to the patient's head and grab the blanket with their hands near each shoulder of the victim and drags the patient to safety.



SWING CARRY

The patient is simply supported between two rescuers and could actually be swung in this position. This is why is known as the swing carry. This is the best method for two trained rescuers to move any average size patient. No blanket is needed for this type of carry. This method is not recommended for older patients that may not have good range of motion and who may not be able to hold on to the rescuers.

1. One rescuer will face the patient and place his/her hands on the patient's shoulders. The rescuer will pull his/her hands towards him/herself until the patient is in a sitting position.

2. After patient is in a sitting position, continue to move the legs out until they are at a right angle to the bed.

3. Each rescuer will sit on either side of the patient. The rescuer will take the patient's arm (on their side) and place same over their shoulder.

4. The rescuers will then grasp each others wrists in the back of the patient. The rescuers do not hold on to the patient - just each other.

5. The rescuers will also grasps their partner's wrists underneath the victim's knees.

6. On the count of three the rescuers stand and remove the patient from the bed and carry the patient to a safe area.

7. Patient may be lowered feet first when an area of safety is reached. Always protect the head from injury.

EXTREMITY OR WHEEL BARROW CARRY

It is difficult to move someone with a cast on the lower portion of the body. This method can be used on most patients providing they are able to be placed in a sitting position. Again, two trained persons may employ this method with success.

Each rescuer has specific moves to complete. The rescuers will be referred to as A and B.

1. The patient is laying on the bed so Rescuer A will place his/her hands on each shoulder of the patient. Pull hands toward you until the victim is in a sitting position.

2. Rescuer B will grab the patient's ankles and move legs until one is clear of the bed. Do not move the legs any further because it will make it difficult for your partner to get his /her half of the patient.

3. Rescuer B simply backs in between the patient's legs only far enough to grab the victim's ankles. Place your hands to the outside of the patient's legs and allow your thumb to stay on top.

4. Rescuer A moves to the rear of the patient and encircles the patient with his/her arms. Rescuer A positions arms underneath the patient's armpit and locks hands together in front of the patient. It is important for the rescuer to get very close to the patient.

5. On the count of three from Rescuer A, the patient will be gently pulled forward and together the rescuers will carry the patient to safety by walking in a normal way.

THE CHAIR LIFT

Emotionally disturbed patients who are not ambulatory present a special evacuation problem. This method requires a chair (preferably a straight back type) and one or two people.

1. Placed the chair beside the bed and sit the patient in the chair.

2. In the absence of restraining straps, use a bed sheet to anchor the patient to the chair. The bed sheet encircles the patient about chest high and is tied in back of the chair. The loose end of the bed sheet is tucked between the patient's body and the sheet around him. This knot is a simple one, similar to the knot used by anyone starting to tie their shoelaces.

3. For two rescuers - Rescuer A faces the chair in the rear of the patient; Rescuer B takes a position in front of the chair with your face-forward.

4. Rescuer A tilts the chair to him/her and lifts it from the floor and walks forward.

Rescuer B stoops down and grabs each side of the front chair legs with his hands, lifts the chair with Rescuer A and walks forward.

Procedure for one rescuer after the patient is tied in the chair·

One rescuer simply faces the chair and tilts it toward him/her. It is necessary to drag the chair on the floor by walking backward. This is difficult, but don't hesitate to use this rescue.

STAIRWAY DRAG

This procedure is best used when the patient must be moved to another floor for safety. Helpless patients may be evacuated down steps, (interior or exterior), by one rescuer if the following procedure is followed.

1. Wrap the patient within a blanket and drag him/her head first to the top of the steps in a half sitting position.

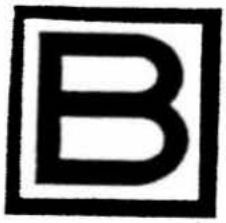
2. The rescuer takes a position on the stairs, one, two, or more steps lower than the patient. This position will vary according to the height of the patient and the rescuer's height. The rescuer's arms will go under the armpit of the victim.

3. The rescuer backs slowly down the steps and maintain close contact at all times with one leg against the patient's back. The patient's lower body will be on an incline with the stairs. In this position it is easy to move the patient and caution should be observed by the rescuer for self preservation because there is a tendency for the patient to rush the rescuer down the steps.

SECTION III - CLASS OF FIRES AND PORTABLE FIRE EXTINGUISHERS

Fires are classified into four categories:

CLASS A: ORDINARY COMBUSTIBLES - includes paper, wood, cloth, and many plastics. The symbol is an A in a green triangle.



CLASS B: FLAMMABLE LIQUIDS - includes gasoline, oil, and grease, oil-based paint, lacquer, and flammable gas. The symbol is a B in a red square.

CLASS C: LIVE ELECTRICAL EQUIPMENT - includes energized electrical equipment, appliances, wiring, fuse boxes, appliances, circuit breakers, and machinery. The symbol is a C in a blue circle.

PORTABLE FIRE EXTINGUISHERS

Portable fire extinguishers should be considered as a "first aid" method of handling a potential disaster. Placed in the wrong hands, the fire extinguisher could prove of little value and quite possibly endanger both the user as well as those in the area.

Like most tools, the use of an extinguisher requires adequate training. Knowing when and how to apply it requires skill and proficiency.

Using an extinguisher that is not rated for the fire you are fighting may make the fire worse! It is particularly dangerous to use water or a Class A fire extinguisher on a grease or electrical fire.

Multi-purpose extinguishers are rated for more than one type of fire. An ABC extinguisher

Using an extinguisher that is not rated for the fire you are fighting may make the fire worse! It is particularly dangerous to use water or a Class A fire extinguisher on a grease or electrical fire.

Multi-purpose extinguishers are rated for more than one type of fire. An ABC extinguisher puts out most types of fires that could start in your facility or your home.

IF YOU MUST FIGHT A FIRE, REMEMBER THE WORD *PASS*

Pull the safety pin at the top of the extinguisher.

Aim the nozzle, horn, or hose base of the flames.

Squeeze the handle.

Sweep from side to side at the base of the fire until it goes out.

Portable fire extinguishers can save lives and property by putting out a small fire or containing it until the fire department arrives.

Portable extinguishers are not designed to fight a large or spreading fire. Even against small fires, they are useful only under the right conditions.

An extinguisher must be large enough for the fire at hand. It must be available in working order, fully charged.

The operator must know how to use the extinguisher quickly, without taking time to read directions during an emergency.

BUY EXTINGUISHER CAREFULLY

A fire extinguisher should be "listed" by an independent testing laboratory.

The higher the rating number on an A or B extinguisher, the more fire it can put out. But high-rated units are often the heavier models. Make sure you can hold and operate the extinguisher you are buying.

Remember that extinguishers need care and must be recharged after every use. A partially discharged unit might as well be empty. In your home, you may have a disposable fire extinguisher. They can only be used one and then they must be replaced.

Companies that recharge fire extinguishers can be found in the yellow pages of the telephone book under "fire extinguishers." They can give you advice on how your extinguisher is to be inspected and serviced. Your health care facility most likely has the fire extinguishers under contract and they make inspections on a routine basis.

NOTES

SUMMARY

BEFORE THE FIRE OCCURS.....

Report all fire or safety hazards

Understand the fire plan.

Understand your role in the fire evacuation procedures.

Know the location of the fire alarm pull boxes.

Know the location and type of fire extinguishers in your area.

Do not take independent action if you are unsure, report to your supervisor.

WHAT IF A FIRE DOES START.....

Act calmly, deliberately and confidently. Your example can prevention dangerous confusion.

Move patients who are in immediate danger from smoke or flames.

Report the fire according to established procedure for the facility.

Close patient room doors and any other doors that will slow the spread of smoke and fire. Reassure patients who remain in their rooms.

If the fire is small and confined to the area where it started, use a portable fire extinguisher to fight it - but only after reporting the fire, and only if you know how to use the extinguisher.

REMEMBER.....

Patients and their families have put their trust in your health care facility as a safe place for treatment and care. Great effort has gone into making the structure as safe as possible. But it is the staff's responsibility to ensure continued safety - for patients and for everyone who works or visits the facility.

APPENDIX

RACE AGAINST FIRE

R

RESCUE
Remove patient(s) from danger. Close door Behind you.

A

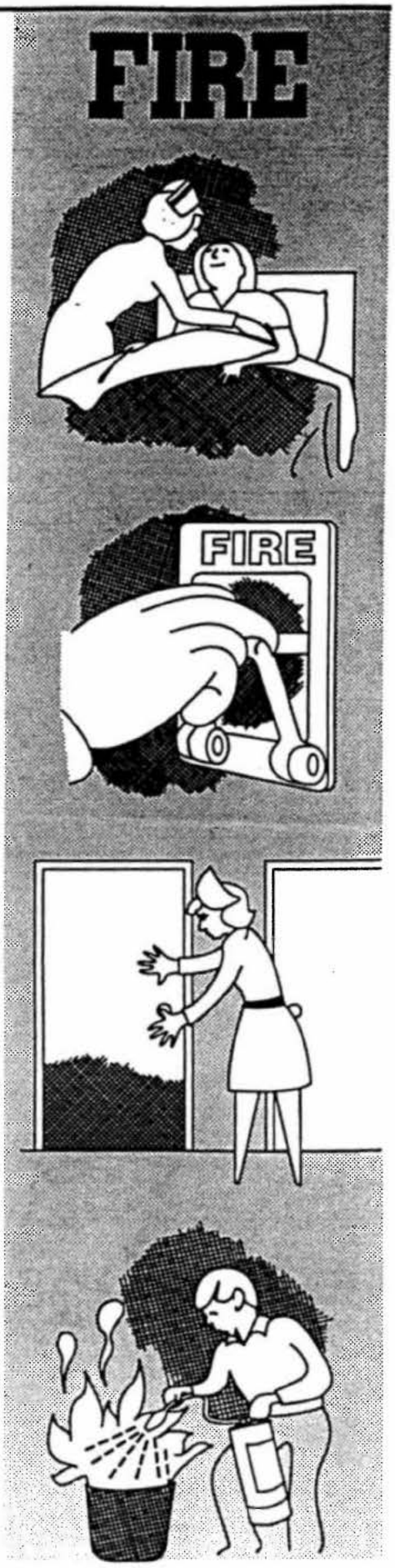
ALARM
Pull the nearest fire alarm. Call Fire Department. Execute your fire plan.

C

CONTAIN
Close patient room doors or evacuate as planned.

E

EXTINGUISH
Extinguish if small fire or keep confined.



Montgomery County
Fire and Rescue Service
101 Monroe Street, Rockville, MD 20850

Fire Inspections

Location: _____ Date: _____

		Yes	No
.	Are extinguishers inspected monthly?	☐	☐
2.	Are extinguishers clear of obstruction?	☐	☐
3.	Are all extinguishers securely mounted?	☐	☐
4.	Are records of these inspections kept?	☐	☐
5.	Are extinguishers inspected and tagged on a yearly basis?	☐	☐
6.	Are all automatic detection/suppression systems inspected at least annually?	☐	☐
7.	Are all range hoods and duct work clean?	☐	☐
8.	Are all EXITs free of obstructions?	☐	☐
9.	Are all EXIT signs illuminated?	☐	☐
0.	Is the emergency lighting inspected at least monthly?	☐	☐
1.	Are all corridors clear of obstructions?	☐	☐
2.	Are all EXIT, FIRE and SMOKE doors in good condition?	☐	☐
3.	Do all EXIT, FIRE and SMOKE doors operate properly?	☐	☐
4.	Do all patient room doors close properly?	☐	☐
5.	Is the fire alarm tested at least monthly?	☐	☐
6.	Are fire alarm pull boxes free of obstructions?	☐	☐
7.	Are four fire drills per shift held each year?	☐	☐
8.	Do responders sign the fire drill attendance sheet?	☐	☐
9.	Is the fire/evacuation plan posted in each department?	☐	☐
0.	Is the plan updated annually?	☐	☐
1.	Do employees receive annual fire training?	☐	☐

ALL NO answers should have comments and recommendations

mments: _____

spector: _____

Fire Drill Report

Report Number: _____ Conducted By: _____

I. General:

1. Date of Drill	_____	6. Operator Notified	_____
2. Time of drill	_____	7. Alarm heard	_____
3. Shift	_____	8. Correct area announced	_____
4. Room # or Area	_____	9. PA announcement heard	_____
5. All clear sounded	_____	10. Total time of drill	_____

II. Response of staff at the scene:

	Yes	No
1. Was general participation good?	☐	☐
2. Took extinguishers or equipment to scene?	☐	☐
3. Closed all doors?	☐	☐
4. Cleared corridors?	☐	☐
5. Advised and controlled patients & visitors?	☐	☐
6. Sent someone to direct fire department personnel?	☐	☐
7. Moved anyone from the simulated fire area?	☐	☐
8. Did employees questioned at the scene know what to do?	☐	☐
9. Was fire fighting equipment ready to use?	☐	☐
10. Were elevators controlled manually?	☐	☐
11. Were elevators available to the fire department?	☐	☐
12. Was vertical traffic handled properly (Stairs)?	☐	☐
13. Was a training session held for those who responded?	☐	☐

III. Overall Rating:

Excellent ☐ Good ☐ Satisfactory ☐ Poor ☐

Comments: _____

_____

_____

_____

_____

_____

_____

Use reverse side for participant signatures