MCG Health System

Medical College of Georgia Health System

Fire Safety Management Plan

EC 01.01.01; EC 02.03.01; EC 02.03.03; EC 02.03.05; EC 04.01.01

I PURPOSE

The mission of MCG Health, Inc. (MCGHI) is to improve the health of the people of the State of Georgia, Richmond County and the City of Augusta by providing cost-effective, quality health and hospital services. Consistent with this mission, the Board of Directors, medical staff, and administration have established and provided ongoing support for the Fire Safety Program described in this plan.

The purpose of the **Fire Safety Management Plan** is to define the program to protect building occupants from fire and the products of combustion.

II SCOPE

The Fire Safety Management Program is designed to assure appropriate, effective response to fire emergency situations that could affect the safety of patients, staff, visitors, and/or the environment of MCGHI. The program is also designed to assure compliance with applicable codes and regulations. This management plan applies to all MCGHI buildings.

III FUNDAMENTALS

A. MCGHI buildings must be in compliance with laws, regulations, standards, and accreditation agencies; requirements include compliance with the NFPA 101, *Life Safety Code 2000 edition,* the State of Georgia, *Minimum Fire Safety Standards*, and Augusta-Richmond County Fire and Building Codes.

B. Deficiencies with these laws, regulations, codes, and standards must be corrected as quickly as practical. When deficiencies cannot be corrected within a short period of time, Interim Life Safety Measures (ILSM) are considered and implemented whenever patients are exposed to an increased risk of exposure to fire or products of combustion.

C. The fire alarm, detection and suppression systems must be maintained to ensure reliable performance.

D. Fire safety training is an essential part of fire safety.

IV OBJECTIVES

A. The Fire Plan defines 's medical center’s method for protecting patients, visitors, and staff from the hazards of fire, smoke and other products of combustion and is reviewed and evaluated annually.

B. The fire detection and response systems are tested as scheduled. Quarterly, test results are forwarded to the Safety Committee.

C. Summaries of identified problems with fire detection and response systems, NFPA® code compliance, fire response plans, drills, and operations, in aggregate, are reported to the Safety Committee quarterly.

D. The procedures used to review furnishings; draperies, bedding, and other new materials for conformance with applicable flammability standards, and the procedures are evaluated at least every three years.

E. Annually, the scope and objectives of this plan, as well as program effectiveness and performance, are evaluated.

F. Fire prevention and response training includes the response to fire, at the scene of the fire, in other locations of the facility, use of the fire alarm system, processes for relocation and evacuation of patients (if necessary), and the functions of the building in protection of staff and patients. Staff knowledge of these issues is evaluated quarterly.

G. Performance indicators for the Fire Prevention Program are reported to the Safety Committee on a quarterly basis.

H. The Fire Plan defines the response to fire emergencies: on a facility wide basis; at the point of origin; in other areas of the facility; and the specific roles and activity should patient relocation or evacuation become necessary. Unit-specific fire plans are evaluated at least tri-annually, or as significant changes take place in those units.

I. The specific roles of physicians, and other licensed independent practitioners, volunteers, students, and others are defined, both at the scene of a fire, and in other part of the facility.

J. The role and use of a fire alarm system (where installed) is included in training, and staff knowledge is evaluated as part of fire drills. The results are reported to the Safety Committee at least annually.

K. Staff knowledge of patient relocation, including compartmentation where provided, and equipment which may be used to relocate or evacuate a patient are included in drills, and staff knowledge evaluated and reported to the Safety Committee annually.

L. Fire extinguishers are inspected monthly, maintained annually, and are positioned to be in visible locations. Fire Extinguishers are selected based on the hazards of the area in which they are installed.

M. Automatic fire extinguishing systems, including sprinkler systems and packaged systems are tested according to applicable NFPA standards. Tests are annual, semiannual, or quarterly depending on system function.

V ORGANIZATION AND RESPONSIBILITY

A. The Board of Directors receives regular reports on the activities of the Fire Safety

Management Program from the Safety Committee through MCGHI, Vice President of Facilities. The Board of Directors reviews reports and, as appropriate, communicates concerns about identified issues and regulatory compliance. Also, the Board of Directors authorizes capital budget expenses to correct deficiencies and to provide support to facilitate the ongoing activities of the Fire Safety Program.

B. MCGHI's AVP of Facilities receives regular reports on the activities of the Fire Safety Program from the Safety Committee. The AVP of Facilities collaborates with the Director of Facilities Services and the Director of Safety and Security to establish operating and capital budgets for the Fire Prevention Program.

C. The Director of Safety and Security and Facilities Services Manager share responsibility for joint management of the Fire Safety Program. They are responsible for: fire safety deficiencies, improvement plan development, fire system maintenance, the fire plan, fire drills, and fire response. The Director of Safety and Security advises the Safety Committee regarding fire safety issues which may necessitate changes to policies, orientation or education, or purchase of equipment. The Human Resources department facilitates training of staff, volunteers, and physicians.

D. Department managers are responsible for orientating new staff members to the department-specific and, as appropriate, to job-specific fire safety procedures. Department managers are responsible for ongoing training of their staff in fire safety procedures. When necessary, the Director of Safety and Security provides department heads with the necessary assistance in developing department fire safety procedures.

E. Individual staff members are responsible for learning and following the hospital-wide and departmental fire plans. Individual staff members are also responsible for learning and using emergency reporting procedures for fires and fire hazards.

VI. PROCESSES OF THE FIRE SAFETY MANAGEMENT PLAN

A. Standard EC 01.01.01

The organization plans activities to minimize risks in the environment of care.

B. Standard EC 01.01.01.06

The hospital has a written plan for managing the following: Fire safety. (See also EC.04.01.01, EP 15)

C. Standard EC 02.03.01

The organization manages fire safety risks.

MCGHI has developed and maintains a written Fire Safety management plan describing the processes it implements to effectively manage the fire safety environment of patients, staff, and others. The management plan is evaluated annually, and modified as necessary, based on changes in conditions, regulations, standards, and identified needs.

D. Standard EC 02.03.01.01

The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

The Director of Safety and Security has responsibility for managing the program for protecting patients, personnel, visitors, and property from fire, smoke, and other products of combustion. The fire protection program includes three phases.

1. The first phase is design of buildings and spaces to assure compliance with current local, state, and national building and fire codes. MCGHI employs qualified architects and engineers to develop building and fire protections system designs. All designs are reviewed by local or state agencies as a part of the construction and permitting process. During this phase, various departments (Facility Services, Materials Management are involved with verifying furnishing and decorations meet fire safety and flammability requirements. A vigorous construction monitoring and building commissioning program round out the design phase.

2. The second phase is maintenance of the current building. The Director of Facilities Services is responsible for setting maintenance standards based on applicable codes. The standards are applied through a process of planned maintenance and management of the work done by MCGHI staff and contractors to ensure the end product of all work maintains or improves the level of life safety in each affected area.

3. The third phase is an active program of fire prevention, fire safety, and fire response training. The Director of Safety and Security manages this phase of the program.

E. Standard EC 02.03.01.02

If patients are permitted to smoke, the hospital takes measures to minimize fire risk.

Not Applicable. The hospital has a campus wide “tobacco-free” policy. Tobacco is not allowed on the campus or in any building.

F. Standard EC 02.03.01.04

The hospital maintains free and unobstructed access to all exits.

At all times, corridors, hallways, and emergency exits must remain free from obstructions. Any violations of this requirement can be identified during monthly facility life safety inspections; when identified, violations are immediately corrected.

G. Standard EC 02.03.01.09

The hospital has a written fire response plan.

The Fire Response Plan provides clear, specific instructions for staff responding to

an emergency. The procedures provide information about notifying appropriate administrative staff of the emergency and actions to take to protect patient safety. Each department head is responsible for maintaining copies of emergency procedures in a continuously accessible location.

H. Standard EC 02.03.01.10

The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge. (See also EC.02.03.03, EP 5)

The head of each department serving patients is responsible for developing and training staff about department specific emergency fire response procedures. Each department head is responsible for providing department and area personnel with an orientation to emergency procedures related to their job. Additional department level training is provided on an annual basis as part of the continuing education program or on an as-needed basis. Each department head is responsible for reviewing department specific Fire Safety Program emergency procedures annually.

Fire Plan Elements:

- The roles of all employees, medical staff, volunteers and students at and near the point of fire origin are defined. The basic plan in the hospital is based on the acronym “RACE”:

    - Rescue anyone directly affected by the fire
    - Alarm by pulling fire alarm pull stations, and calling 1-4787 on the phones
    - Contain or Close Doors to contain smoke and the products of combustion
    - Evacuate (horizontally first) as needed prepare to relocate patients

- The roles of all employees, medical staff, volunteers and students away from the point of fire origin are to close doors, and evaluate the situation. If the fire is in horizontally adjacent areas, or areas that are planned to relocate to the area, personnel should focus on where transferred patients would be placed. In other zones, the plans should be reviewed, fire response equipment discussed and checked, the oxygen valves checked for access, and the responsibility for shutting off discussed.

- The roles of others, such as student, and volunteers vary depending on the situation.

    A. Long-term students (90+ days) are generally trained as the staff are trained, and monitored in their performance by unit or area staff.
    B. Short-term students, most volunteers, and other visitors are requested to go into rooms and stay until the drill or emergency is over.
    C. Physicians and other LIP, because they are not always available are asked to:
        1) If with patients, continue to work on the patient. Close the door if practical, but if not, staff will close the doors.
        2) If in another area, such as their office, cafeteria, etc. stay there until

the drill or emergency is over and “All Clear” is paged.

3) If in the hall or corridor, go to the nearest patient unit without going through smoke or fire doors, and check in, to be available for any medical emergencies that may occur.

- If a relocation or evacuation is deemed necessary, staff should:

  A. Assure patients in the most affected areas are moved first, to adjacent zones.
  B. Patients are moved using the equipment and techniques usually used. Where practical, ambulatory patients walk, or are moved in wheelchairs. Non-ambulatory patients are moved in wheelchairs or gurneys, as appropriate to their condition. Movement in beds is generally the last alternative, because of the additional staff necessary to move beds.
  C. Patients are moved into adjacent zones to protect them from the smoke and product of combustion that may be in the corridor. If patients must be moved vertically, elevators provided with emergency power, and within the permission of the Fire Department, are used to move patients to lower floors.
  D. Incident Command Center is activated, and the Evacuation Emergency plans activated.

I. Standard EC 02.03.01.11

The hospital maintains documentation of any inspections and approvals made by state or local fire control agencies.

Fire safety inspections or approval of ILSM’s by state or local fire marshals/inspectors are maintained. These documents are available for review and/or inspection.

J. Standard EC 02.03.03

The organization conducts fire drills.

Fire drills are a critical tool to maintain the readiness of staff to respond to a fire emergency and minimize the likelihood of injury to patients, visitors and staff. Staff participation is necessary to maintain a level of readiness and knowledge of the equipment and procedures which must be followed to protect themselves and their patients. To evaluate staff knowledge, drill activities are observed, and staff is questioned about their role and activities during a fire emergency nearby and elsewhere in the building.

K. Standard EC 02.03.03.01

The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code.

Fire drills are conducted in all hospital and ambulatory healthcare facilities on each

occupied shift each quarter, and evaluated on a randomly selected basis to assure that all elements of the drill activity are exercised in all occupied areas during alarm activations not announced as a test.

L. Standard EC 02.03.03.02

The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.

Fire drills are conducted by the MCGHI Safety Department in all other areas in which patient care takes place at least once a year with partial evacuation of the affected area during the drill. These drills are witnessed, documented, scored, and evaluated to identify improvements. Additional drills are held as deemed appropriate.

M. Standard EC 02.03.03.03

When quarterly fire drills are required, at least 50% are unannounced.

Fire drills are unannounced, with the exception of those done as corrective training activities.

N. Standard EC 02.03.03.04

Staff who work in buildings where patients are housed or treated participate in drills according to the hospital's fire response plan.

All staff in the affected areas is required to participate in the drills to the extent the fire plan describes. This includes all hospital staff and all MCGHI staff in buildings where space is shared with others.

O. Standard EC 02.03.03.05

The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented. (See also EC.02.03.01, EP 10)

Fire drills are observed, documented on a formatted data collection form and critiqued to identify opportunities for improvement and areas where additional training would be appropriate. In addition, fire response knowledge is evaluated by ongoing questioning during environmental tours.

The results of the critique and evaluation of drills and evaluation of staff knowledge are used to identify improvements needed in training programs, equipment, and administrative compliance issues. Such improvements are included in monitoring activities, and the results used to identify the effectiveness of the activities to improve fire safety.

Staff knowledge and response to drills is evaluated by a data collection document that includes:

- How, and under what conditions they activate the fire alarm, or call a Code 17
- When it would be necessary to call 911 to alert the Fire Department
- Their containment of fire and smoke, where appropriate
- Use of extinguisher using PASS
    - **P**ull locking pin
    - **A**im at base of fire
    - **S**queeze trigger
    - **S**weep from side to side
- How they would move patients to areas of refuge (adjacent fire zones)
- How they would use fire extinguishers, and when
- Specific duties such as shut-off of oxygen valves, movement of medical records and other emergency responses

What they would do if a building evacuation was announced.

P. Standard EC 02.03.05

The organization maintains fire safety equipment and fire safety building features.

The Director of Facilities Services is responsible for maintenance of the Fire Detection, Alarm, and Response Systems. The equipment is tested, inspected, and maintained in accordance with TJC standards, applicable laws and regulations, and manufacturer's recommendations. A facility approved contractor performs corrective and preventive maintenance and conducts the scheduled maintenance of all components of the fire alarm. The activity of the Engineering Department is limited troubleshooting fire alarm malfunction. Upon request, evidence of inspection, testing, and maintenance activities is available.

Q. Standard EC 02.03.05.01

At least quarterly, the hospital tests supervisory signal devices (except valve tamper switches). The completion date of the tests is documented.

Supervisory signal devices are tested quarterly as part of Fire Alarm and Fire Pump testing, by MCGHI Facilities Services maintenance department.

R. Standard EC 02.03.05.02

Every 6 months, the hospital tests valve tamper switches and water-flow devices. The completion date of the tests is documented.

Valve tamper switches and water flow devices are tested semiannually in conjunction with sprinkler system testing, performed by qualified fire protection service providers.

S. Standard EC 02.03.05.03

Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.

As part of ongoing fire alarm system maintenance, duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm pull stations, and smoke detectors are tested at least annually by qualified contract personnel.

T. Standard EC 02.03.05.04

Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.

Annually, as part of ongoing fire alarm system testing, occupant alarm notification devices, including audible devices, speakers, and visible devices, are tested, and verified by staff except during fire drills. Test completion dates are recorded.

Quarterly, Outpatient Clinics performs fire alarm systems tests. This is completed automatically with activation of the Fire Alarm system. Visual and audible component operation is verified quarterly by Facilities Services maintenance. Test completion dates are recorded.

U. Standard EC 02.03.05.05

Every quarter, the hospital tests fire alarm equipment for notifying off-site fire responders. The completion date of the tests is documented.

Equipment for testing notification to the off-site alarm monitoring company is tested on a quarterly basis. Test results and dates are recorded.

V. Standard EC 02.03.05.06

For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. The completion date of the tests is documented.

Each fire pump is tested at least weekly under no flow condition to verify operations, water- bearing activity, and timeout operations. The test date is documented.

W. Standard EC 02.03.05.07

For automatic sprinkler systems: Every 6 months, the hospital tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented.

Not applicable. The facility does not have water storage tanks.

X. Standard EC 02.03.05.08

For automatic sprinkler systems: Every month during cold weather, the hospital tests water-storage tank temperature alarms. The completion date of the tests is documented.

Not applicable. The facility does not have water storage tanks.

Y. Standard EC 02.03.05.09

For automatic sprinkler systems: Every 12 months, the hospital tests main drains at system low point or at all system risers. The completion date of the tests is documented.

A contractor conducts main drain tests at least annually at all fire alarm system risers. Test results and completion dates are recorded.

Z. Standard EC 02.03.05.10

For automatic sprinkler systems: Every quarter, the hospital inspects all fire department water supply connections. The completion dates of the inspections are documented.

Each fire department connection is inspected quarterly by Engineering staff, as part of equipment rounds. Inspection dates are recorded.

AA. Standard EC 02.03.05.11

For automatic sprinkler systems: Every 12 months, the hospital tests fire pumps under flow. The completion date of the tests is documented.

Each fire pump is tested at least annually under full flow, by qualified fire protection service providers. Flow curves are calculated and compared with normal flow to test the pump's continuing function. Test results are recorded.

BB. Standard EC 02.03.05.12

Every 5 years, the hospital conducts water-flow tests for standpipe systems. The completion date of the tests is documented.

Dry Standpipe system water-flow tests are conducted every five years by a qualified contractor. Test results and dates are recorded.

CC. Standard EC 02.03.05.13

Every 6 months, the hospital inspects any automatic fire-extinguishing systems in a kitchen. The completion of the inspections is documented.

Kitchen automatic fire-extinguishing systems are inspected for proper operation at least semi-annually, as part of maintenance by qualified contractors. Maintenance procedures include cleaning the range hood, grease filters, and exhaust ductwork. Test, inspection, and maintenance completion dates are documented.

DD. Standard EC 02.03.05.14

Every 12 months, the hospital tests carbon dioxide and other gaseous automatic fire-extinguishing systems. The completion date of the tests is documented.

Annually, a licensed contractor tests, inspects, and maintains carbon dioxide and other gaseous automatic fire-extinguishing systems. Test results are documented.

EE. Standard EC 02.03.05.15

At least monthly, the hospital inspects portable fire extinguishers. The completion dates of the inspections are documented.

The Director of Safety and Security is responsible for managing the fire extinguisher maintenance program. Monthly extinguisher inspections are performed; if necessary, failing extinguishers are replaced with other extinguishers. Monthly inspections are documented on the extinguisher inspection tag.

FF. Standard EC 02.03.05.16

Every 12 months, the hospital performs maintenance on portable fire extinguishers. The completion date of the maintenance is documented.

Repairs and other Annual preventive maintenance and repairs are performed by approved contractors. Completion dates for annual inspections and/or maintenance are available for review.

GG. Standard EC 02.03.05.17

The hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The completion date of the tests is documented.

Not applicable. Fire hose for occupant use is not provided in standpipe cabinets.

HH. Standard EC 02.03.05.18

The hospital operates fire and smoke dampers 1 year after installation and then at least every 6 years to verify that they fully close. The completion date of the tests is documented.

Each fire and smoke damper is operated at least every four years (with fusible links removed where applicable) to verify that they fully close, where such dampers may be reached. Dampers installed in building locations, which are inaccessible are maintained on the SOC and replaced by assessable dampers when renovations are done in the affected areas.

II. Standard EC 02.03.05.19

Every 12 months, the hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The completion date of the tests is documented.

Each automatic smoke-detection shutdown device connected to air-handling equipment is tested (operationally activated) at least annually. Test completion dates are maintained.

JJ. Standard EC 02.03.05.20

Every 12 months, the hospital tests sliding and rolling fire doors for proper operation and full closure. The completion date of the tests is documented.

Annually, as part of preventive maintenance programs, each horizontal, vertical, sliding, or rolling fire door is tested for proper operation and full closure. Test completion dates are maintained and available for review.

Activity of MCGHI Maintenance and Engineering staff is limited to troubleshooting and minor repair. Qualified fire protection service contractors with special skills and equipment are used to test, inspect, maintain and repair fire alarm, detection, suppression, and building systems. Documentation is maintained as part of the database to assure testing is done in a timely fashion and to document results.

KK. Standard EC 04.01.01

The organization collects information to monitor conditions in the environment.

Fire safety conditions are monitored by a variety of means. Facility inspections are performed by the Safety Department on a monthly basis. Monthly inspections cover environmental fire safety (i.e., corridors, storage, emergency exits) and fire extinguishers. Building fire protection features are inspected on a routine basis; all building fire protection features and systems test, inspection, and/or maintenance results are reviewed by management and committees to identify trends.

LL. Standard EC 04.01.01.09

Based on its process (es), the hospital reports and investigates the following: Fire safety management problems, deficiencies, and failures. (See also EC.04.01.03, EP 1; LD.04.04.05, EP 11)

The Director of Safety and Security, Director of Facility Services, and/or Safety Manager provide quarterly reports of problems, failures, and user errors to the Safety Committee. The reports summarize findings of incident reports, maintenance and repair activities, hazard notices, and other information of interest.

The Director of Safety and Security coordinates the collection and analysis of information for fire safety management programs. The information is used to evaluate the effectiveness of the program and to improve performance. The information collected includes deficiencies in the fire safety environment, staff knowledge and performance deficiencies, actions taken to address identified issues, and evidence of successful improvement activities.

The performance measurement process is one part of the evaluation of the effectiveness of the Fire Safety program. A performance indicator has been established to measure at least one important aspect of the Fire Safety program. The current performance indicators for the Fire Safety program are:

1. 97% of Fire Drills meet expectations and score 90% or above.
2. Completion of required fire drills. This is same monitor from previous year.

3. Quarterly tests to offsite monitor (documented).

The Director of Safety and Security and the Safety Manager are responsible for coordinating the annual evaluation of the fire safety management plan.

The annual evaluation examines the scope, objectives, performance and effectiveness of the Fire Safety program. The annual evaluation uses a variety of information sources including: internal policy and procedure review, incident report summaries, safety meeting minutes, Safety Committee reports, and summaries of other activities. In addition, findings by outside agencies such as accrediting or licensing bodies, or qualified consultants are used. The findings of the annual evaluation are presented in a narrative report supported by relevant data. The report provides a summary of the Fire Safety program performance over the preceding twelve months. Strengths are noted and deficiencies are evaluated to set goals for the next year.

CC: Safety Committee *(Reviewed & Approved-)*
JCC to Board *(Reviewed & Approved-)*