

		Policy Title:	Fire Plan
Effective Date:	11/2005	Policy Number:	7400
Review Date:		Category:	Environmental of Care
Revised Date:	10/24/2018	Oversight Level:	2
Administrative Responsibility:		Operations Directors, Operations Managers	

1. Purpose

1.1. To define the process through which McLaren Medical Group prepares for and responds to fires.

2. Scope

2.1. All employees of McLaren Medical Group (MMG) and/or employees working at a MMG-managed clinic.

3. Definitions

3.1. None

4. Policy

4.1. Guidelines instituted by the regional hospital may supersede those in this policy.
 4.2. MMG-managed clinics will be prepared to respond promptly to a fire through the use of inspections, drills and other mitigation activities. MMG will utilize the Fire Plan in the event of an actual fire.

5. Procedure

5.1. Inspection:

5.1.1. Inspection of all portable extinguishers must be completed at least once a month by a designated staff member using the guidelines in Appendix A.

5.1.2. Extinguishers shall be inspected annually, at minimum, by a certified company to meet N.F.P.A. requirements. Operational and periodic checks of fire alarms, smoke detectors and pull stations are performed by the regional hospital's maintenance department and/or by a certified company, in accordance with N.F.P.A. requirements.

5.2. Fire Drills:

5.2.1. Fire drills shall be conducted annually, at minimum, at all MMG-managed free-standing clinics using the Fire Drill Critique form (Appendix B). MMG-managed clinics located within the four walls of and/or attached to a regional hospital will follow the regional hospital's guidelines, conducting fire drills once per shift per quarter using the Fire Drill Critique form (Appendix B).

5.2.2. Patients will not be evacuated during a fire drill, but all other fire procedures in the Fire Plan will be followed.

5.2.3. The Operations Manager or designated lead will report to the location of the fire with a fire extinguisher.

5.2.4. Results of the drill will be documented (including a list of the employees participating) on the Fire Drill Critique form.

5.2.5. A report of the results and any deficiencies will be compiled by the Operations Manager or designated lead. The Operations Manager will provide remediation to staff as needed to correct the deficiencies.

5.3. Fire Plan:

5.3.1. In the event of an actual fire, utilize the acronyms, R.A.C.E. and P.A.S.S.

R.A.C.E.

Rescue - Evacuate all employees and patients. Check all rooms, lobbies and all restrooms. Employees should evacuate all patients from the building using the most direct route.

Alarm - Activate the alarm system and phone for emergency assistance.

Contain - the fire by closing all of the doors in the immediate area.

Extinguish - Extinguish the fire, if possible, using the P.A.S.S. technique described below. **EVACUATE ALTOGETHER** if it is not possible to extinguish the fire. Do not put yourself in harm's way in an attempt to extinguish a fire that cannot be controlled.

P.A.S.S.

Pull the pin (on the extinguisher).

Aim low. Always keep an escape route to your back. Stand 6-8 feet from the fire.

Squeeze the lever.

Sweep from side to side. Keep the extinguisher aimed at the base of the fire.

6. Exceptions

6.1. None

7. References

7.1. National Fire Protection Association (NFPA). (2017). Retrieved from <https://www.nfpa.org>

7.2. The Joint Commission e-dition. (January 1, 2018). EC.02.03.01, EP 9, EC.02.03.03; EC.02.03.05.

8. Appendix

8.1. Appendix A - Portable Fire Extinguisher Monthly Checklist

8.2. Appendix B - Fire Drill Critique Form

9. Approvals

Rochélie Schiller
Vice President of Operations

Date

Previous Revision Dates/Supercedes Policy:
2/11/2013, 11/2005, 4/12/2011, 03/20/2014, 02/13/2015



**Portable Fire Extinguisher
Monthly Inspection Checklist**

- Extinguisher(s) is in its designated location, clearly visible and is not blocked by equipment, coats or other objects that may interfere with access during an emergency
- Nameplate with operating instructions are legible and facing out
- Pressure gauge needle is in the green zone, showing that the extinguisher is full and ready for use
- Pin and tamper seal are intact
- Overall, the extinguisher is in good condition and shows no signs of physical damage, corrosion or leakage
- Date and initial the inspection tag.



FIRE Drill Critique Form

Site Name: _____
 Date of Drill: _____ Time of Drill: _____
 Location of Drill in Building: _____

Drill requires two designated staff members to act as observers.

Observer 1 (first and last name): _____ Observer 2 (first and last name): _____

Instructions: Check Yes, No, or N/A next to each item.

Performed:		
Yes	No	N/A

RESPONSE – R.A.C.E. and P.A.S.S.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff rescues anyone in immediate danger.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff activates the alarm:

By calling/designating someone to call 911.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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By pulling the handle on a fire pull box.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff contains the fire by:

Closing the door on the fire area.
 Placing a wet blanket at the base of the door.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff extinguishes the fire with a fire extinguisher, if safe to do so.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff demonstrates proper use of fire extinguisher:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pull the pin.
 Aim the nozzle at the base of the fire.
 Squeeze the handle.
 Sweep side to side.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Staff maintains escape route to designated meeting place outside of building.

Performed:		
Yes	No	N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STAFF KNOWLEDGE

Location of nearest pull station.
 Location of nearest fire extinguisher.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Location of all building exits.
 Location of equipment needed to evacuate patients (e.g. wheelchair).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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RESPONSE SYSTEM

Staff checked patient exam rooms, restrooms, offices, staff lounge and lobby.
 Staff closed all doors.
 Corridors were clean and free from obstructions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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POLICY

Policy reviewed with staff.
 List of employees participating in the drill is attached.
 Details of drill and critique form completed.
 Evacuation route is posted in building; staff has reviewed route.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Details of the drill (Give a description of the results of the drill).

Critique of the drill (Note any deficiencies of the drill and plans for correction).

Document prepared by: _____

