

**Whiting Forensic Hospital
Environment of Care
2018 FIRE PREVENTION MANAGEMENT PLAN**

Governing Body Approval:	6/10/18
REVISED:	

SCOPE

The Fire Prevention Management Plan is designed to encompass Whiting Forensic Hospital (WFH) in Hospital Fire Prevention – to protect life and property from fire and smoke.

PURPOSE:

The purpose of this plan is to minimize the risk of fire by providing services as required by the National Fire Protection Association Life Safety Code 101 2012 Edition, CMS K Tags and The Joint Commission. The Fire Prevention Plan applies to WFH. The program consists of maintenance, testing and inspection of life safety systems and equipment, design and implementation of procedures, training of staff personnel and emergency response.

Objectives for 2017

- To establish an integrated fire barrier penetration standard operating procedure and train staff to comply with it.
- To train additional maintenance staff to operate fire panels and work with fire suppression vendors.
- Adopt STI fire barrier management system.
- Add remote emergency generator shut offs to all patient building generators.

PERFORMANCE

Safety Services is the primary organizational entity for all DMHAS Fire Prevention. Performance will be measured through performing surveillance, establishing, reviewing and analyzing Performance Indicators, staff performance as an indicator of training and ability to perform in emergency conditions, reduction of repetitive deficiencies, and external evaluation reports showing prior year improvements.

The South Fire District Fire Department is the primary responder for all WFH campus fire alarms and is responsible for monitoring and evaluating the performance of hospital personnel during incidents of fire emergencies and implementation of fire evacuation procedures. This is done to ensure compliance with N.F.P.A. Life Safety Code 101, the Environment of Care Standards of the Joint Commission and Department of Public Health K tags. Hospital Dispatch will notify South Fire of any patient care building fire suppression or fire alarm service disruption greater than (4) hours in a 24 hour period. Fire Services will contact the State Fire Marshall and DPH the next business day.

Fire Watch Criteria & Procedure: Any patient care building fire suppression or fire alarm service disruption greater than (4) hours in a 24 hour period.

- 1) The following individuals are notified of an implemented Fire Watch: Plant Ops/Safety Director, CEO, DMHAS Safety Services Police Chief, State Fire Marshal, and South Fire District.
- 2) A fire watch is a qualified person dedicated to walking around the whole building including the attic and basement looking for a fire.
- 3) When staff arrives to start the fire watch a request is made to the TCO's to do an overhead page in the building, to make staff aware of the fire watch and to notify the State Fire Marshal's Office that we have a building on fire watch.
- 4) After the System is repaired, tested and back on line, Maintenance notifies Dispatch, Plant Ops/Safety Director and Chief Bozzi with a situation report. The DMHAS Plant Ops or safety director will then notify the State Fire Marshal's office and let them know we no longer are on fire watch.

The PFE2, PFE1 or their designated staff are responsible for: Participating in all environmental rounds, building inspections including the semi-annual inspection of smoke barrier and corridor walls to assure all penetrations are properly sealed, attending Environment of Care and Construction Renovation Project committee meetings, documentation, as needed, of all life safety systems maintenance and testing, as well as documenting and monitoring environment of care indicators. DMHAS Safety services will provide all required fire drills to all occupancies.

Inventory

The maintenance department maintains an updated inventory of fire alarm systems, sprinkler systems, fire extinguishers, standpipes, fire department connections and fire suppression systems.

The Agency Police Department maintains an updated inventory of fire alarm systems, fire extinguishers, standpipes and fire department connections. Fire hydrants are maintained by the municipal water company, The Metropolitan District Commission. The kitchen suppression system is inspected and maintained by a contract vendor as determined by the State contract specifications, and the State Department of Public Safety.

Building Inspections

Inspections are conducted by a variety of personnel. Each patient care unit is inspected semi-annually through MEC Committee inspections by a multi-disciplinary team. Annual inspections by the State Fire Marshall are also completed and recorded. Maintenance staff has also been educated to identify and report possible fire code violations. Once detected violations are assessed for the need for Interim Life Safety Measures and entered into the Statement of Conditions. The Plan for Improvement items are created and monitored to ensure projected completion dates are met.

Testing and Inspection of Fire Alarms, Fire Suppression Systems and Life Safety Systems

All fire alarm systems are tested monthly for proper operation. All supervisory signal devices including tamper valve switches are tested at least quarterly. All fire extinguishers are inspected monthly. All smoke and heat detectors pull stations, electromechanical release devices and HVAC shutdown devices are tested annually. The sprinkler system in Dutcher and Whiting buildings and fire department connections are tested quarterly and main drain tests conducted annually. Sprinkler conditions (dusty, rusty, needs replacement) will be addressed immediately. All annual fire suppression systems are tested semi-annually and maintained by a contract vendor.

Testing records are on file with the Plant Facilities Engineer. All emergency light systems are tested monthly for proper operations and are provided with an annual 90 minute test. Testing records are on file in the patient care units by the Maintenance Supervisor. All smoke and fire dampers are tested every four years. Records are on file in the Plant Operations office.

Fire Response Plan

A fire response plan has been developed and implemented at both buildings to address facility wide fire response, establishment of evacuation routes and specific roles and responsibilities of staff.

Interior Finishes

All bedding, draperies, floor and wall coverings and decorations are reviewed by plant ops staff to ensure they meet all class and flame spread requirements. All items purchased under State Contracts are required to meet all relevant fire prevention requirements.

NFPA 101 Life Safety Code 2012

All patient care units are inspected per regulatory requirements by multi-disciplinary teams who perform critical self assessments of the Hospital's current level of compliance. Additionally, the Hospital maintains a proactive Statement of Conditions document to record deficiencies of the Life Safety Code and monitors each deficiency for timely correction. The Statement of Conditions also includes the State Fire Marshall approved modifications and equivalencies. Responsibility for completion of the Statement of Conditions has been assigned to the Hospital Safety Director/Plant Facilities Engineer 2.

Training and Education

- Fire safety orientation training is provided to all new employees upon hiring.
- Fire safety in-service training for staff in patient buildings is conducted once per year.
- Fire safety in-service training is provided for all staff in business occupancies once per year.
- Fire Evacuation Drills for all patient-occupied units are performed once per shift per quarter for all shifts (to include use of Fire Extinguishers & Med Sleds). Fire Drill results are documented and distributed to Plant Ops, Nursing and Division Leadership.
- Fire Exit Evacuation Drills for all business occupancies is conducted once a year.
- Hazardous Materials and Waste Management Program orientation is provided to all new employees upon hire.
- All employees are instructed to use the acronym RACE in the event of a fire.
 - Rescue
 - Alarm
 - Contain
 - Evacuate
- All employees are instructed to use the acronym PASS to utilize a fire extinguisher.
 - Pull the pin
 - Aim at the base
 - Squeeze the handle
 - Sweep side to side.

No Smoking Policy: Whiting Forensic Hospital is a tobacco free campus.

The Fire Prevention program remains in place. We provide live in-services to unit staff as needed. We meet with clients when called regarding smoking issues/concerns.

Annual Evaluation Process

How the Annual Evaluation will Occur & Who will Create the Annual Evaluation: The WFH Safety Office is responsible for performing the annual evaluation of the Fire Prevention program and is then approved by the Governing Body. The annual review contains a balanced summary of fire safety. The purpose of the review is to evaluate the effectiveness of the plan and make recommendations to improve the performance of the plan.

When Will it be Created & Where Will It be Circulated: The Fire Prevention Management Plan Annual Evaluation will be created January, reported and circulated to Hospital MEC, Governing Body, and Quality Risk and Safety Committees.

The Annual Evaluation will address Goals and Objectives Met & Not Met. The Annual Evaluation will also identify goals for the next year, evaluation of the performance, and effectiveness of the EC program.