Fire Safety In-Service 2012

Slide 1:

We have entered our window of opportunity for our tri-annual visit form The Joint Commission. We have been told that one of the many areas they will be focused on this survey is Fire Life Safety. The Safety Office is therefore sending out some quick safety review PowerPoint’s to remind staff of key safety points they may be asked to recount for a Joint Commission surveyor.

Slide 2:

**RACE:**

R escue anyone in immediate danger from the fire. Prepare to relocate anyone in adjacent rooms/areas that may be impacted from the fire, smoke or water (rooms on either side of or across the hall from the point of origin to include the floors above and below).

A ctivate the alarm system by pulling the nearest pull station AND calling 1234 (or have someone call) and tell the operator: Exactly where the fire is; Is anyone trapped or injured; Exactly (if possible) what is on fire (are there any hazardous materials involved or threatened by the fire)

C ontain or control the fire. Ensure the door to the room of origin is closed AND latched. Ensure the all doors within the compartment are closed and latched. Do not let others to open the door to the room of origin until the arrival of the Fire Department.

E vacuate the area or E xtinguish the fire. If you are confronted with a **SMALL** fire (like the size of an average office trash can) and you feel safe in doing so, retrieve the nearest handheld fire extinguisher (remember the acronym PASS) and extinguish the fire. If the fire posses an immediate threat of injury to a person in the area, evacuate them from the immediate area before attempting firefighting efforts.

Slide 3:

**Horizontal** evacuation is the preferred method of evacuation in the hospital. Evacuating all persons from the room of origin and latching the door closed, in most cases, could be the extent of the evacuation process. After the immediate movement of persons intimately exposed to the fire, attention should then be drawn to evaluating the need to move people from neighboring rooms. These rooms would include, but not be limited to, rooms on either side of the room of origin and possibly rooms directly across the hall from the room of origin. Consideration of relocating people in rooms directly above and below the room of origin should also be considered. There is a possibility of intrusion of smoke (above) or water (below) to these areas.
Vertical evacuation involves moving patients, visitors and staff down stairwells and is extremely labor intensive and should be considered when conditions prevent defending in place efforts. The use of elevators may be possible if/when authorized by the fire department.

Slide 4:

If you are confronted with a SMALL fire (like the size of an average office trash can) and you feel safe in doing so, retrieve the nearest handheld fire extinguisher and extinguish the fire.

PASS

P ull the locking pin from the handles, breaking the safety seal in the process.

A im the nozzle of the hose at the base of the fire

Squeeze the handles together

Sweep from side to side, sweeping the fire away from you.

DO NOT use more than one (1) handheld fire extinguisher in any attempt to control a small fire. If you need more than one extinguisher, the fire is too big for personnel not properly protected by PPE (Personal Protective Equipment). Be sure to have a clear exit path from the fire before attempting to extinguish.

Slide 5:

Corridors must be kept clear of clutter and/or storage at all times according to the NFPA 101 Life Safety Code. If you stage the WOW, or other device, it must be moved within 30 minutes of leaving it. If a piece of equipment (bed, cart ect.) will be in the corridor for more than 30 minutes, it must be stored somewhere else.

Slide 6:

After pulling the nearest pull station, you (or direct someone to) need to call 1234 and advise the operator: Exactly where the fire is; If anyone trapped or injured; Exactly (if possible) what is on fire. If there is any hazardous materials involved or exposed.

Slide 7:

Any questions that cannot be answered by the Safety Monitor can be referred to Lorin Schroeder (776-5238) or David Linebaugh (776-2122) both from the Safety Office.