# Fire and Life Safety Response Plan

**Montana Fire and Life Safety Resources and Information**

**1. Montana State Emergency Preparedness Resources and Links**

* [Current Wildfires - Montana (arcgis.com)](https://montana.maps.arcgis.com/home/webmap/viewer.html?webmap=5850f59388624e90adcb834fc8c47e12#!): An interactive map with current wildfires and historic fire perimeters based on the National Interagency Fire Center (NIFC) Wildland Fire open data.
* [Montana Wildfire Map - Current Wildfires, Forest Fires, and Lightning Strikes in Montana | Fire, Weather & Avalanche Center (fireweatheravalanche.org)](https://www.fireweatheravalanche.org/fire/state/montana)- An interactive Wildfire Map for the State of Montana. See Current wildfires and wildfires perimeters.
* [Preparedness (mt.gov)](https://des.mt.gov/Preparedness/) -Planning is the first of the five steps in the preparedness cycle and is a critical component in community readiness. The MT Disaster & Emergency Services Planning Program works with federal, state, and local partners to provide information on emergency, strategic and operational planning so that updated plans and procedures are in place to help guide preparedness, response, and recovery activities.
* [2017\_2021\_mt\_aop\_final\_signed.pdf](http://dnrc.mt.gov/divisions/forestry/docs/fire-and-aviation/business/line-officer-toolkit/2017_2021_mt_aop_final_signed.pdf)- State of Montana 2017-2021 Statewide Operating Plan This SOP documents the commitment of all Parties to work together in wildland fire management activities. This includes prevention, preparedness, communication and education, fuels treatment and hazard mitigation, fire planning, response strategies, tactics and alternatives, suppression and post-fire rehabilitation and restoration.

**2. Montana Regional Emergency Preparedness Resources and Links**

* [MT Fire Info](https://www.mtfireinfo.org/)- Find out All fire restrictions for your specific region throughout all of Montana.

**3. Montana Local Emergency Preparedness Resources and Links: please add in local information specific to the county or counties where your Health Center (s) are located.-**

* [final-montana-rsg-guide.pdf (mt.gov)](http://dnrc.mt.gov/divisions/forestry/docs/fire-and-aviation/prevention/final-montana-rsg-guide.pdf)- Prepare your facility for the next wildfire. This is your facilities Personal Wildland Fire Action Guide.
* [The 7 Step Guide to Creating A Fire Evacuation Plan For Your Business (alertmedia.com)](https://www.alertmedia.com/blog/fire-evacuation-plan-for-your-business/)- How to prepare your facility for a fire and how to build an evacuation plan.

<Incorporate any of your organization’s existing response plan information throughout this template.>

<FIND and REPLACE WORDS: Look for the words in GREY. Insert LOGO in the upper right corner of the header.

1. <insert Organization’s name> or <insert organization’s name> = Your Organization’s Name
2. Patient, patients, patient = Use the most appropriate words that describes the individuals that your organization services (i.e. patient, resident, participant, client, etc.)

<Delete these instructions in RED.>

**CODE RED**

## Background

<insert Organization’s name> has developed this Fire and Life Safety Response Plan is in accordance with our Emergency Operations Plan (EOP) and overall Emergency Management Program. This plan is primarily focused on response and short-term recovery operations.

Most fire deaths are not caused by burns, but by smoke inhalation. Often, smoke incapacitates people so quickly that people are overcome and can’t make it to an exit. Smoke is the product of incomplete combustion, resulting in the emission of toxic gases. Smoke is made of components that can each be lethal in its own way:

* **Particles:** Unburned, partially burned, and completely burned substances can be so small they penetrate the respiratory system’s protective filters and lodge in the lungs. Some are actively toxic; others are irritating to the eyes and digestive system.
* **Vapors:**Fog-like droplets of liquid are poisonous if inhaled or absorbed through the skin.
* **Toxic Gases:** The most common, carbon monoxide (CO), can be deadly, even in small quantities, as it replaces oxygen in the bloodstream. Hydrogen cyanide results from the burning of plastics, such as PVC pipe, and interferes with cellular respiration. Phosgene is formed when products, such as vinyl materials, are burned. At low levels, phosgene can cause itchy eyes and a sore throat; at higher levels it can cause pulmonary edema and death.

In addition to producing smoke, fire can incapacitate or kill by reducing oxygen levels, either by consuming the oxygen, or by displacing it with other gases. Heat is also a potentially lethal respiratory hazard, as superheated gases burn the respiratory tract.

## Definitions <Change as needed based on organizations codes/notifications. Keep if they work for your organization.> Delete these instructions in RED>.

* **Code Red:** The <insert Organization’s name> emergency code word to initiate a response to a fire. A notification of “Code Red” alerts staff to respond properly to a fire while keeping patients, visitors, and the general public from undue alarm or panic.
* **Code Red All Clear:** An announcement which indicates to staff that the danger of the fire or the fire drill has ended.
* **Fire's Point of Origin:** Location in which the fire originated.
* Near the Fire's Point of Origin: Proximate to the fire’s point of origin – generally within the same smoke compartment in which the fire originated.
* **Away from the Fire's Point of Origin:**  The parts of the building that are remote from the fire, separated by firewalls, smoke doors, or smoke compartments.
* **R.A.C.E.:** An acronym that staff use to remember their duties in case of fire. It stands for rescue, alarm, confine, extinguish/evacuate.
* **P.A.S.S.:** An acronym used for discharging a fire extinguisher. It stands for **pull** the pin, **aim** the hose at the base of the fire, **squeeze** the lever, and **sweep** the stream from side to side.

## Policy

It is the policy of <insert Organization’s name> to protect our patients, staff and others who may be in our program site or sites from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build that support the proactive planning process to develop our Emergency Management Program. Our program sites have a designated procedure for fires and explosions that shall be followed if such an emergency arises. Staff receives training at least annually on fire procedures (e.g., R.A.C.E.) and the use of fire extinguishers. We are prepared to minimize risk of harm to patients, staff and visitors related to internal fires by implementing the actions in this plan.

Evacuate the program site if the fire cannot be extinguished.

**Objectives**

# Ensure the safety of patients, staff, and visitors

# Contain the scene and minimize the number of potential victims

# Coordinate the response with the law enforcement incident command system

# Return to normal operations as quickly as possible

## Procedures

1. **General Guidelines**
   * Staff shall receive training on this Plan
   * Staff are required to follow this Plan and any instructions given by law enforcement, first responders, or management staff
   * Staff are required to follow any instructions given through primary or backup communications systems
   * Staff are required to know the program site exit routes and assembly points.
2. **Preparedness**

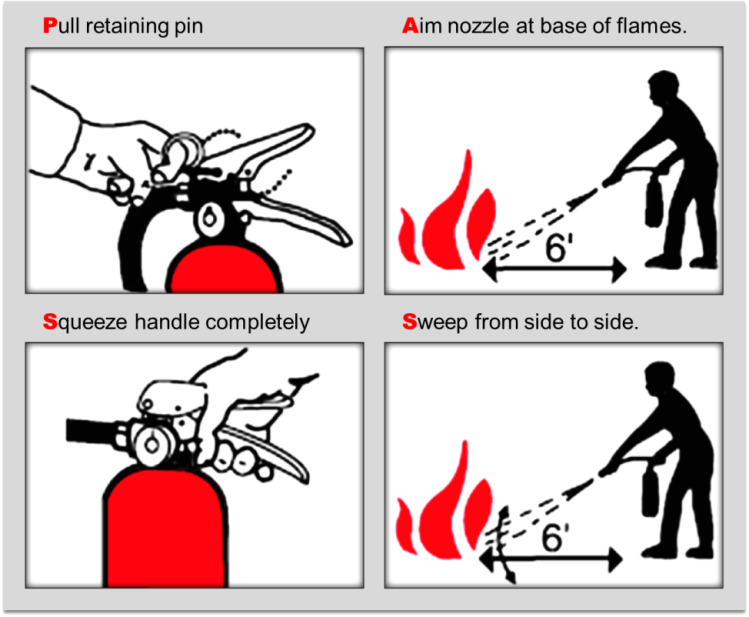
* **Identify and Manage Fire Safety Risks**
  + Staff will proactively identify and communicate fire, smoke, combustible products, and other risks or fire protection equipment failures (such as broken exit signs, extinguishers, pull alarms, etc.) to the Building Manager or Facilities Supervisor.
* **Fire Safety Equipment**
  + <insert Organization’s name> will ensure that all fire safety equipment for all facilities will be inspected, tested, and maintained according to Life Safety Code recommendations. The Building Manager will coordinate this procedure, including but not limited to (edit list to accommodate each Organization’s program site. Delete these instructions in RED.):
    - New equipment, electronic appliances, and products made of potentially flammable material will be assessed for fire safety prior to purchase.
    - Verify the building-wide fire alarm system and fire panel is connected to the fire department and working properly.
    - Ensure smoke/heat detectors are inspected annually by a certified contractor and all deficiencies are corrected.
    - Ensure automatic water-based sprinkler system is inspected annually by a certified contractor and all deficiencies are corrected.
    - Ensure the fire alarm system (or manual pull alarm) is inspected annually by a certified contractor and all deficiencies are corrected.
    - Inspect all fire extinguishers monthly and ensure all fire extinguishers are inspected annually by a certified contractor and all deficiencies are corrected.
    - Test emergency lighting and exit signs and make any necessary repairs.
    - Test generator and maintenance the generator log.
    - File all testing and inspection paperwork and have available at the request of the fire department.
    - <insert Organization’s name> will maintain or ensure that the building owner maintains the necessary fire safety equipment allowable at all rented or leased organization sites, including but not limited to:
      * Portable fire extinguishers.
      * Fire alarms (fire alarms that trigger audible and visual signals).
      * Fire suppression sprinklers.
      * Smoke/heat detectors.
    - The location of all fire safety equipment will be noted in the Evacuation Plan and highlighted on all floor plans.
* **Fire Response Plan**
* The organization will identify and clearly post evacuation routes as part of the Fire Response Plan.
* <insert Organization’s name> will:
  + Conduct a Hazard Vulnerability Analysis (HVA) at least <insert frequency HVA is conducted depending upon your provider type. Delete these instructions in RED.> to comprehensively identify fire safety and other risks at each program site.
  + Annually review this Fire & Life Safety Response Plan.

### Response

* **Alarm Activation**

When there are visible flames, visible smoke, smell of smoke, unusual heat, or other indications of fire – even if uncertain if the conditions are caused by a fire –staff shall activate the manual pull stations and dial <insert Number>.

* **Fire Alarm and Public Address System Notifications**
* <Insert your Organization’s Fire Alarm/Staff Notification system here>. Example: This program site has a fire alarm system that will be utilized to notify occupants of a fire emergency. The fire alarm contains manual hand pulls and smoke detectors to initiate an alarm. When the alarm sounds a 3-pulse audible sound accompanied by strobe lights will notify occupants of an alarm. Since this program site is a high-rise, the fire alarm only sounds on the floor of the emergency and the floors immediately above and below (in many buildings, including high-rise structures, the fire alarm sounds on all floors, regardless of where the alarm is initiated). The fire alarm is monitored by a 3rd party who will contact the fire department. 9-1-1 must still be contacted to ensure the fire has been reported.
* **Staff Response During a Fire**
* All employees will learn the following information from their new employee orientation or subsequent safety training. This checklist will also be used to design program site-wide drills to test clinic emergency response capabilities. Employee essential knowledge and skills include:
  + - The location and operation of fire extinguishers.
    - The location of fire alarm stations and how to shut off fire alarms.
    - How to page a fire.
    - How to dial 911 in the event of a fire.
    - How to assist patients and staff in the evacuation of the premises.
    - Location and use of oxygen (licensed staff). Location and use of medical emergency equipment (medical staff and staff trained on AED).
    - How emergency codes are called in the program site and appropriate initial actions.
    - Actions to be taken during fire and other emergency drills.
    - All employees must attend annual training and updates on emergency preparedness, including elements of this plan.
    - If not already completed under Rapid Response:
      * If anyone is in immediate danger, rescue them while protecting your safety and that of your co-workers
      * Alert patients and staff members by announcing over a loudspeaker; pull the fire alarm.
      * Call 9-1-1immediately to report a fire.
      * Include the following information:
        + Name of program site
        + Address and nearest cross street
        + Location of fire (floor, room #, etc.)
        + What is burning (electrical, kitchen, trash, etc.)
    - Activate program site’s EOP and appoint an IC, if warranted
    - Contain the fire if possible, without undue risk to personal safety.
    - Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke.
    - Close all fire doors and shut off fans, ventilation systems, and air conditioning/hearing systems. Use available fire extinguishers if the fire is small and this can be done safely
    - Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent patients away from fire danger.
    - Utilize smoke doors to evacuate patients from the impacted area. Use this method when patients are in danger of smoke exposure.
    - In a large-scale fire, the IC will activate the Evacuation policy and procedure.
    - Brief staff on the incident, check-in on their well-being and assignments. Initiate emergency staffing strategies as the situation changes.
    - Communicate with state survey agency as the situation allows.
    - The “All-Clear” will be communicated after the crisis is over and the fire department has deemed that re-entry safe.
  + **General Staff**
    - Remain calm.
    - Reassure and assist patients.
    - Isolate the fire by closing doors.
    - STAY LOW-smoke and heat rise.
    - Feel doors for heat with the back of your hand before opening.
      * If the door is hot, keep it closed. Place a wet towel at the base of the door to prevent smoke from entering. Call 9-1-1 to report your location.
      * If the door is not hot, slowly open it while staying low.
    - If the Evacuation Plan is activated, evacuate the building utilizing the primary or secondary evacuation routes.
    - Use the stairs DO NOT Use elevators.
    - Report to the post evacuation assembly point, or alternate post evacuation assembly point, to be accounted for by your designated staff member. **Refer to Sections 1: Emergency Operations Plan: Part 3**
    - Await instructions from Incident Commander, Safety Officer, or Person in Charge.
    - Remain at work unless you are released by your supervisor. Do not attempt to travel before you have made sure that emergency response team members have accounted for your safety and you are sure of safe passage.
    - **R.A.C.E.:** Rescue, Alarm, Confine, Extinguish/Evacuate
    - **RESCUE** persons in immediate danger if it is safe to do so. Relocate to a safe area away from the fire.
    - **ALARM:** Pull the nearest fire alarm and call fire response.
    - **CONTAIN** the fire by closing all doors in the fire area.
    - **EXTINGUISH** small fires or **EVACUATE** the area and close the door.
      * Tips for Safe Fire Extinguisher Use
      * Test that the extinguisher works before you approach the fire.
      * Always protect yourself.
      * Take care. Speed is essential, but it is more important to be cautious.
      * Always keep your back to the exit and stand 6 ft. to 8 ft. away from the fire.
      * If the fire does not extinguish immediately or the extinguisher appears to be reaching empty, *leave the area at once*. Back out with the lever squeezed and the nozzle pointed at your feet (this will help protect you until you are out of the area). Aim the nozzle at the base of the fire.
      * Follow the P-A-S-S Procedure:
        + **P** – Pull the pin
        + **A** – Aim the fire extinguisher at the fire
        + **S** – Squeeze or press the trigger
        + **S** – Sweep the extinguisher from side to side



* + **Management Staff**
    - If a fire alarm is sounded throughout the building, staff should remain calm and initiate the Evacuation Plan. Incident Command Team members (see ICS below) shall act and help patients and other staff evacuate the building safely and efficiently.
      * The Safety Officer will ensure that the fire department has been contacted, and coordinate communications between staff and external emergency response units.
      * If there is no Safety Officer on site, the designated staff member will coordinate communications between staff and external emergency response units.
      * If it is safe to do so, the designated staff member(s) will retrieve the emergency radio for communication.

### Recovery/Continuity of Operations

* + After a fire occurs, the CEO/Executive Director or Incident Commander will assess each site’s ability to continue and maintain operations. This will be accomplished with the aid of the fire department and/or trained building inspectors as death or severe injury can occur when untrained employees re-enter a damaged or contaminated program site. The closing of an entire program site or portions of the building will be determined by the CEO/Executive Director or designate.
* **Recovery activities:**
* Complete all repairs and restoration activities.
* Notify response authorities, the state survey agency, patients, and families/representatives of the return to normal operations.
* Continue to assess patients for adverse impacts from the incident.
* Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Incident Commander.
  + - Contact staff and volunteers working off-site to apprise them of the incident and provide direction, including:
      * Drivers
      * Registered Nurses
      * Home Health Aids
      * Other

**Incident Management Team Roles and Responsibilities**

**Incident Commander and Planning Section Chief**

|  |  |
| --- | --- |
| **Checkmark** | **Task Details** |
|  | Ensure all staff members and patients are accounted for and safe |
|  | Appoint a Safety Officer to assess for impacts to the physical environment or infrastructure that could pose risks to patients, staff, or visitors |
|  | Supervise emergency operations (restoration, fire control, chart removal, etc.) |
|  | Upon arrival of the fire department, establish contact with the officer in charge and relay all relevant information regarding the situation or designate someone to do so |
|  | Coordinate all emergency operations with the fire department |
|  | Continuously remind all staff to remain calm and in control to not upset the patients |
|  | Gather data on damage and projected impact on continuity of operations |
|  | Communicate with local emergency operations center, response officials, and state survey agency to give info on the status of the program site and impact on internal infrastructure and services |
|  | Activate the communication plan and brief staff, patients, and families on situation as soon as possible. |
|  | Ensure all staff members and patients are accounted for and safe |

**Safety Officer**

|  |  |
| --- | --- |
| **Checkmark** | **Task Details** |

|  |  |
| --- | --- |
|  | Assess damage and projected impact on continuity of operations |
|  | Assess air quality impact due to smoke and advise Operations Section if there is a potential risk to patients |
|  | Determine the need for Personal Protective Equipment (PPE) for staff involved in the clean-up tasks due to ash and smoke |

**Operations Section Chief**

|  |  |
| --- | --- |
| **Checkmark** | **Task Details** |

|  |  |
| --- | --- |
|  | Initiate response-specific patient care plans. |
|  | Activate triage and treatment areas and teams. |
|  | Assess and treat injuries to current patients, visitors, and staff. |
|  | Conduct a census of patients, identifying those who are appropriate for discharge or who need transferred to acute care. |
|  | Continue routine care with frequent assessment of patients to ensure they are not experiencing adverse effects from the incident. |
|  | Assess damage to program site infrastructure, including:   * Smoke damage/air quality issues * Status of all utilities * Ability to return to normal operations with current impact on infrastructure |

**Logistics Section Chief**

|  |  |
| --- | --- |
| **Checkmark** | **Task Details** |

|  |  |
| --- | --- |
|  | Support Operations Section with equipment and supplies as needed to clean up impacted areas. |
|  | Relocate patients to areas that are not impacted by the fire or smoke. |
|  | Initiate emergency staffing procedure if needed. |

**Finance/Admin Section Chief**

|  |  |
| --- | --- |
| **Checkmark** | **Task Details** |

|  |  |
| --- | --- |
|  | Monitor staff and volunteer usage, track time. If needed, screen volunteers. |
|  | Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to IC. |

| **Documents and Tools** |
| --- |
| Emergency Operations Plan, including:   * Fire and Life Safety Plan * Evacuation Plan * Surge Plan * Triage Plan * Patient, staff, and equipment tracking procedures * Business Continuity Plan * Alternate Care Site Plan * Search and Rescue policy and procedure * Security Plan * Fatality Management Plan * Volunteer Utilization Plan * Utility Failure Plan * Emergency Patient Registration Plan * Risk Communication Plan * Interoperable Communications Plan * Demobilization Plan |
| **Forms, including:**   * HICS Incident Action Plan (IAP) Quick Start * HICS 200 – Incident Action Plan (IAP) Cover Sheet * HICS 201 – Incident Briefing * HICS 202 – Incident Objectives * HICS 203 – Organization Assignment List * HICS 205A – Communications List * HICS 214 – Activity Log * HICS 215A – Incident Action Plan (IAP) Safety Analysis * HICS 221 – Demobilization Checklist * HICS 251 – Program site System Status Report * HICS 253 – Volunteer Registration * HICS 254 – Disaster Victim/Patient Tracking * HICS 255 – Master Patient Evacuation Tracking |
| Job Action Sheets |
| Paper forms for down-time documentation, data entry, etc. |
| Access to program site organization chart |
| Program site floor plans, maps, and evacuation routes |
| Television/radio/internet to monitor news |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication |