

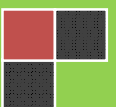


Sri Venkateswara Institute of Medical Sciences

(A University Established by an act of Andhra Pradesh State Legislature, Estd: 1991)

Institution Fire Plan

SVIMS





SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES (SVIMS)
TIRUPATI 517 507 ANDHRA PRADESH, INDIA



(A University Established by an act of Andhra Pradesh State Legislature, Estd: 1991)

Dated: December 20, 2015

Institution Fire Plan:

- Fire safety policies & Procedures
- Fire safety training and fire incidents action plan

In order to ensure prevention and mitigation of risks associated with fire with respect to human life, properties, equipments in the SVIMS Hospital, SPMC Hospital, colleges, dwelling units and other buildings, the following Fire Plant & Fire Safety Policies/procedures are hereby framed for information and compliance of all stakeholders: faculty, residents, students, staff members, and all others concerned.

I. PURPOSE:

- 1.1 To provide essential information to all stakeholders at SVIMS with respect to fire safety and fire protection for the benefit and well being of all patients/occupants/visitors/staff.
- 1.2 To provide for a uniform Fire Response and Evacuation Plan for SVIMS Hospital, SPMC Hospital, colleges and other buildings which must be learned and regularly practiced by all staff.

II. POLICY:

- 2.1 All staff and employees of SVIMS shall be familiar with fire safety information and evacuation techniques, which are applicable to health care institutions for the safety of patients/occupants/students/staff and visitors.
- 2.2 All staff and employees of SVIMS Health system shall know and be able to respond and implement the “Code Red” that implies Immediate Fire Procedure and Evacuation Plan of SVIMS health care facilities.
- 2.3 All faculty, students, staff, other employees and contractual staff of SVIMS hospital shall participate in preventive maintenance of all infrastructure and regularly scheduled fire drills, fire safety orientation, and other general fire safety programs.
- 2.4 Fire Drills shall be planned by the Safety Officer and held each month in such a manner that at least one drill is scheduled for each work shift during each calendar quarter. Fire drills shall involve a discussion of the evacuation of all occupants to a safe assembly point outside of the smoke compartment.

- 2.5 Priority to be given to the vulnerable population (patients, children, disabled etc). Occupants who are capable of assisting in their own evacuation shall be instructed in evacuation routes and techniques and may participate in drill exercises.
- 2.6 The results of fire drills shall be documented and used to educate staff on fire procedures.

III. GENERAL FIRE SAFETY INFORMATION:

- 3.1 **Rapid Response.** Know your Fire Plan and location of all extinguishers and fire alarm pull stations so that in case of emergency you can act quickly. Fire extinguishers are easily accessible and located in cabinets throughout the corridors, wards and in certain higher hazard areas (i.e. Laundry, kitchen, mechanical rooms, operating theatres etc.).
- 3.2 SVIMS utilizes mainly ABC multipurpose and CO₂ fire extinguishers that can be used for a variety of fire situations. In addition, other types of cylinders are also in existence: water CO₂ and DCP (Dry Chemical Powder)
- 3.3 Fire Alarm System. All new facilities will have fire alarm system, but older constructions are being fitted in stepwise fashion. Know the location of automatic detectors and how to tell if they have been set off. A fire may originate in a storeroom or other remote area, which may set off a smoke or heat detector. If the alarm sounds and no one has informed you of the location or of their awareness of a fire, you should immediately check the annunciator panels located at the Hospital Nursing Station or at the Main Admitting Desk for the location of the fire. Search this area and when the fire is located immediately implement the Immediate Fire Procedure.
- 3.4 Know evacuation procedures and methods of moving patients with limited help. The escape route will, of course, depend on the location of the actual fire.
 - 3.4.1 Consideration must be given to those patients and occupants who are impaired with loss of hearing, vision, or other sensory functions to insure that they receive notification, assistance, and immediate attention when in endangered areas.
 - 3.4.2 Never evacuate patients/occupants to basement areas. If the fire is localized or segregated from other parts of the building it is not necessary to move patients outside of the building, but rather out of the smoke compartment to areas of refuge within the facility, which are protected by fire doors and smoke barriers. If it appears the fire may be out of control, the decision for complete evacuation shall be made by supervisory personnel in the fire area and/or by the fire department.
 - 3.4.3 When moving patients/occupants, non-ambulatory patients shall be lowered to a blanket on the floor and pulled to the area of refuge, "Blanket Drag". If further evacuation is necessary, patients will have to be carried.

- 3.4.4 Ambulatory patients/occupants shall be instructed to crouch below the smoke level and be assisted to safety.
 - 3.4.5 Newborns will be given to their mothers for care and evacuation. Isolette and incubator babies will be the responsibility of the staff.
 - 3.4.6 Newborns and/or patients needing or using oxygen shall be provided with portable tanks. Additional tanks are available in the storage area.
 - 3.4.7 Because of potential power failure, the elevator should not be used for patient evacuation during a fire.
- 3.5 The main air handling units located in mechanical rooms and on the roof are also inter-connected to the fire alarm system. Thus, when the fire alarm is activated all main air handling units within the fire zone are automatically shut down to prevent the spread of smoke through the air handling system.
- 3.6 Escape routes shall be free from obstructions at all times. All corridors in high risk areas are to be kept free from obstruction at all times (Carts, patient lifts, chairs, Equipments, Shelters etc.)
- 3.7 No furnishings or decorations shall be explosive or highly flammable in characteristics.
- 3.7.1 All pre-construction/remodeling evaluations shall include a fire retardant evaluation.
 - 3.7.2 The Fire Safety Officer shall maintain all fire ratings for furnishings, products, carpets, etc.
 - 3.7.3 All heat generating equipment shall be identified and strategically placed to insure safe operation.
- 3.8 Storage rooms located on nursing floors shall not exceed the normal "fuel load" of a family dwelling except the main basement materials storage room which is enclosed with fire rated doors and equipped with a sprinkler system.
- 3.9 All employees shall be trained in appropriate staff response to a fire emergency.
- 3.9.1 All new employees shall receive the Fire Safety Orientation which encompasses:

- A. Employee responsibilities
- B. Fire prevention
- C. The fire detection and extinguishing system
- D. Fire plan protocols including RACE (Rescue, Alarm, Confine, Extinguish)

3.9.2 Departmental supervisors shall orient new employees to the fire detection and extinguishing systems located in their departments.

3.9.3 All employees will be in-serviced annually on fire plan protocol.

3.9.4 Any deficiencies noted during a fire drill will be discussed immediately with applicable personnel. Such deficiencies in drill completion will be documented and presented to the Safety Committee.

3.9.5 Fire drill deficiencies will be used to develop in-services for departments.

IV. **IMMEDIATE FIRE PROCEDURE:**

4.1 **IF YOU DISCOVER FIRE OR ARE ALERTED THAT FIRE IS IN YOUR AREA, FOLLOW THESE STEPS:**

4.1.1 **R.A.C.E.:** Remember R.A.C.E. Rescue, Alarm, Confine, Extinguish.

4.1.2 **Use of Alarms:** Sound fire alarm or assign co-worker to do so while you move patients from immediate danger beyond the next set of corridor fire doors to a safe area outside the smoke compartment. Fire Alarm Pull Stations are located in designated areas. Push in and pull down hard on the station to activate the alarm. There will be a few second delay before the horn will activate. Use telephone paging to notify other nursing stations and personnel of fire location. Announce "CODE RED" and give exact location.

4.1.3 **Transmission of Fire Alarm to Fire Department:** Call 101 Emergency Dispatch to notify the Fire Department, and give them the location and best entrance to use when they arrive.

4.1.4 **Isolation of Fire:** Close all patient/resident room doors to prevent the spread of fire and smoke. Turn on lights if dark. When instructed by charge nurse, shut off zone oxygen valve in hallway in fire area. If there are patients/occupants on oxygen, take portable oxygen carts from storeroom for use.

- 4.1.5 **Evacuation of Immediate Area:** Remove any patient/resident or other person from immediate danger. Patients/occupants restricted to bed shall be removed utilizing emergency evacuation procedures such as the blanket drag or two person carry.
 - 4.1.6 **Evacuation of the Smoke Compartment:** All available personnel to report to fire area to assist in moving patients/occupants from any areas of immediate danger. The area of safe haven will be beyond the next set of smoke/fire doors and away from the fire area. Instruct staff who report from other areas to take the evacuated persons to an identified congregation point.
 - 4.1.7 **Preparation of Floor and Building for Evacuation:** Close patient/resident doors behind you as you evacuate patients/occupants. Clear hallways of all obstructions.
 - 4.1.8 **Extinguishment of Fire:** Available personnel who have been properly trained in the safe use of hand-held portable fire extinguishers shall help fight fire using portable fire extinguishers. Remember P.A.S.S: Press/pull the pin, Aim at base of fire, Squeeze the handle and Sweep side to side, to use fire extinguisher. If fire occurs, staff must open secured entrance doors for fire fighting personnel to enter.
- 4.2 **IF YOU HEAR THE FIRE ALARM AND FIRE IS NOT IN YOUR AREA, THEN FOLLOW THESE STEPS:**
- 4.2.1 Check the location of fire in the Hospital nursing station at the Main Admitting desk. Dispatch available personnel to fire area to assist. Never leave patient areas unattended. A staff nurse or nursing sister should remain at the nurses station in the event of an emergency.
 - 4.2.2 Follow steps 4.1.1 through 4.1.8 above.

V. **FIRE DRILL PROCEDURE:**

- 5.1 At least one scheduled drill will be held each month.
- 5.2 Drills will be rotated on each shift so that each work shift has one drill each quarter.
- 5.3 Those responsible for the drill will assign observers to assist in carrying out the drill and documenting the events of the drill.
- 5.4 The "Report of Fire Drill" form will be carefully completed for each drill and personnel shall be critiqued on their reaction to the drill and their proper adherence to the fire plan by the Safety Director.
 - 5.4.1 The written report shall include the date, names of participants, types of instruction, observations of patient/resident response and a general critique to improve performance.

- 5.5 Drill situations, locations and times shall be sufficiently varied to benefit all departments and personnel. Drill locations shall be rotated from department/general location to department/location so that all areas of the facility participate.
- 5.6 Departmental in-service meetings shall include discussion and instruction on these drills and personnel lacking an understanding of the fire plan as demonstrated by the drills shall be properly counseled and re-evaluated.
- 5.7 Drill situations shall be realistic and personnel shall be required to move patients if in danger area, know location of alarm stations and how to sound the alarm, know locations of extinguishers and practice getting them during drills.
- 5.8 Before conducting a live drill the monitoring company shall be notified by Maintenance to prevent the dispatching of the Fire Department. They shall be notified when drill is complete to confirm the alarm signal was received.
- 5.9 It is not necessary to activate the fire alarm during drills on evening and night shifts to prevent the disruption of sleep for patients/occupants. These drills should simulate these conditions.

VI. FACILITY FLOOR PLANs FOR FIRE EVACUATION:

SVIMS Health system floor plan drawings showing evacuation routes, Fire extinguisher location, fire alarm pull stations and smoke compartments should be posted in all locations, and all personnel of these respective locations should familiarize themselves with them.

**DIRECTOR-cum-Vice Chancellor
SVIMS**

To

The Medical Superintendent / Dean /Principals/ All HoDs / All Administrative Heads/ All Sections of SVIMS.
Website.

Developed & Implemented : December, 2015
 Reviewed : September, 2016
 Next Review Date after Drills : December, 2016