



Policy and Procedure

Policy Name:	Fire Safety and Prevention and Emergency Non-Medical Procedures		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review. Facility Site Review Standards, Access & Safety Cal/OSHA Emergency Action Plan standard (§ 3220)		

Purpose:

Employees must know what types of emergencies may occur and what course of action they must take. Make sure all your employees understand the function and elements of your emergency action plan, including types of potential emergencies, reporting procedures, alarm systems, evacuation plans, and shutdown procedures.

Policy:

Site shall be maintained in a manner that provides a safe environment for all patients, visitors and personnel. Site shall meet all city, county and state fire safety and prevention ordinances. Site staff shall receive training and information on fire safety & prevention and emergency nonmedical procedures.

Emergency Action Plans must include the following elements:

- A. Procedures for reporting a fire or other emergency
- B. Procedures for emergency evacuation, including the types of evacuation and exit route assignments
- C. Procedures to be followed by employees who remain to operate critical operations before they evacuate
- D. Procedures to account for all employees after evacuation
- E. An employee alarm system that has a distinctive signal for each purpose and provides warning for necessary emergency action as called for in the emergency action plan. The employee alarm must be capable of being perceived above ambient noise or light levels by all employees in the affected portions of the workplace. Tactile devices may be used to alert those employees who would not otherwise be able to recognize the audible or visual alarm.

- F. Training for each employee on the preferred means of reporting emergencies, such as manual pull box alarms, public address systems, radio or telephones. The employer must also designate and train employees to assist in a safe and orderly evacuation of other employees.
- G. Emergency telephone numbers which must be posted near telephones, employee notice boards, and other conspicuous locations when telephones serve as a means of reporting emergencies.
- H. The name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.

Procedure:

1) Safe Environment

- a) The provider/designee will ensure the following fire and safety precautions:
 - (1) Lighting is adequate in all areas
 - (2) Exit doors and aisles are unobstructed and egress (escape) accessible
 - (3) Exit doors are clearly marked with "Exit" signs
 - (4) Clearly diagrammed "Evacuation Routes" for emergencies are posted in visible locations
 - (5) Electrical cords and outlets are in good working condition
 - (6) At least one type of fire-fighting protection equipment is accessible, at all times
 - (1) An employee alarm system for more than 10 employees must have a distinct operable alarm signal. Ten or less employees may use direct voice as an acceptable alarm system.
- b) Staff will be responsible to correct any "unsafe" situation, and/or report the situation to the provider/designee who will make/arrange for correction.

2) Information And Training

- a) Fire Safety & Prevention and non-medical emergency information will be available on site. Staff will be informed of the location of the information and how to use the information. Staff training on fire safety & prevention and emergency non-medical procedures will be verifiable and may be part of staff education documented in:
 - (1) Informal or formal in services
 - (2) New staff orientation
 - (3) External training courses
- b) Training topics will include:
 - (1) Fire safety and prevention procedures including:
 - a. Evacuation routes and exits for the exam rooms, office suite and building
 - b. Evacuation procedures
 - c. Location of fire alarms, extinguishers, sprinklers and smoke detectors
 - d. Emergency phone numbers
 - (2) Work place violence procedures including emergency numbers.
 - (3) Earthquake emergency plan.
 - (4) Terrorist emergency plan.

Attachments:

- 1) Emergency Fire Plan (Resource)
- 2) Emergency Personnel Names and Phone Numbers
- 3) Site Evacuation Plan (Sample)
- 4) Employee Alarm System
- 5) Personnel Training Log (Resource)
- 6) Workplace Violence Protocol (Resource)
- 7) Emergency Earthquake Plan (Resource)
- 8) Emergency Terrorist Plan (Resource)

_____	_____
First Name Last Name – Title	Date
_____	_____
First Name Last Name – Title	Date
_____	_____
First Name Last Name – Title	Date

Attachment 1: Emergency Fire Plan (Resource)

Policy

All employees shall be familiar with the disaster plans to assist in a safe evacuation in the event of a fire.

The fire safety policy of this office is, in every event of fire or disaster, act in a manner to preserve lives, prevent panic and the spread of fire. All employees must be aware of and receive training regarding:

- Proper fire safety procedures
- Fire exits
- Fire extinguishers (and sprinkler system)
- Fire zones and applicable space requirements
- Staff member requirements and responsibilities
- Steps to take in the event of fire
- Containment of fire and smoke

Staff is not expected to take any actions that may endanger his or her life, but to ensure the safety of patients and staff the office maintains these requirements:

1. All employees will participate in an annual fire extinguisher training class. A record of individual training is to be maintained in _____.
2. Fire drills are conducted by building management at least every _____. Both morning and afternoon shifts will participate in fire drills to ensure:
 - a. Sufficient exposure to procedures for responding to fire, including office and building exits.
 - b. Practice to avoid panic under emergency circumstances.
 - c. Fire safety education training.
3. The office conducts or arranges for appropriate in-service of office personnel on fire safety and prevention topics.

The steps listed below are followed as quickly as possible in the event there is any uncontrolled flame or smoke in or near the office/building or its perimeter:

1. Alert all people in the office of fire threat and evaluate fire and extent of flames and smoke.
2. Evacuate patients and visitors from the immediate area.
3. Activate fire alarm.

4. Report fire to the fire department. Dial 911. Notify fire department of location of fire, extent of fire/flames/smoke, type or cause of fire, if known.

5. If possible, confine the fire by closing all doors and windows. If there is time, turn off electricity

6. If possible, extinguish fire using fire extinguisher(s).

Procedure

1. If a fire occurs in your area, quickly evacuate all individuals who are in immediate danger. All office exits are to be marked and illuminated. Building exits are also to be marked and illuminated.

2. Keep all corridors clear of any equipment, supplies, or debris.

3. Fire exits should not obstruct or blocked at any time.

4. Close the door to prevent the fire from spreading.

5. If the fire is minor, use the fire extinguisher to put it out.

Minor fires are defined as fires that are localized to a small corner or table, and do not present an immediate danger of spreading. The fire extinguisher can be used to put out fires associated with paper, drapes, computer equipment, wiring, wood, oil, paint, gasoline, and solvents. Do not attempt to extinguish a fire that is moving and/or growing.

6. Once the fire is successfully extinguished, the Office Lead shall contact the Fire Department to notify them of the incident.

7. If the fire is moving or spreading rapidly, the person finding the fire shall be responsible for assigning an individual to notify the staff of the fire and to call the Fire Department

8. All individuals shall evacuate the building through the main entrance into the parking lot in accordance with the evacuation policy. Employees shall assist any non-ambulatory or elderly patients upon evacuation. Do not use the elevators for evacuation. Non-ambulatory or elderly patients should be assisted in the stairwell by employees.

9. Upon evacuation, the front desk staff shall position themselves outside of all entrances into the building to prevent anyone from entering.

10. The Office Lead shall take a formal count of all personnel to determine if all employees have evacuated.

11. Do not re-enter the building under any circumstances.

Prevention Reminders:

▯ Electrical cords and plugs should be routinely checked for fraying.

▯ Turn off all electrical equipment before leaving for the day, i.e., the coffeepot.

Attachment 2: Emergency Contact Forms (Resource)

EMERGENCY RESPONDERS & BUSINESSES CONTACT LIST

Date of Last Update:		Updated By:	
	Telephone	Email	Contact Person
EMS Provider			
Fire Service			
Law Enforcement			
Gas or Propane			
Equipment Provider(s)			
•Air Conditioner			
•Heating			
•			
•			
•			
Facility Management			
Facility Maintenance			
Property Insurance			
Liability Insurance			
Information Technology Support			
Medical Supply & Equipment			
•Vendor			
•Vendor			
•Vendor			
•Vendor			
•Repair			
•Repair			
•Repair			
•Repair			
Local Emergency Management Agency			
Local Red Cross			
Community Partners			
•Partner			
•Partner			
•Partner			

Other Numbers			

Reference: Appendices 6-26&27
file:///C:/Users/jhagg/Downloads/Emergency%20Preparedness%20Toolkit%20Primary%20Care%20Providers%20(3).pdf

STAFF EMERGENCY CONTACT LIST

If a response is activated, each person will call the next two people on the list. Redundant calls are ok. If you cannot reach one of the people you call, leave a message (if possible) and call the next person. Note the name of the person you could not reach and call again one hour later. If unsuccessful, report name to Incident Manager

Date of Last Update:		Updated By:			
Name	Position	Preferred Phone #	Home Phone	Cell Phone	Email
	Executive Director				
	Medical Director				
	Nursing Director				
	Operations/Office Manager				
	HR Director				
	Risk Manager				
	Safety Manager				

Reference: Appendices 6-28 file:///C:/Users/jhagg/Downloads/Emergency%20Preparedness%20Toolkit%20Primary%20Care%20Providers%20(3).pdf

Attachment 3: Site Evacuation Plan (Sample)

Policy

All employees shall be familiar with the disaster plans to assist in a safe evacuation of the building.

Procedure

1. An evacuation plan is required to be posted and accessible to patients and employees.
2. In the event of evacuation, all employees, including physicians, are required to assist in the safe evacuation of patients.
3. Exit signs are clearly posted.
4. Employees shall become familiar with the emergency exits and exit plan.
5. Evacuation of ambulatory patients.
 - Patients, staff, and any other individuals shall be directed to evacuate away from the danger area.
 - Do not use elevators.
 - Back office staff shall be responsible for supervising the evacuation of the exam rooms.
 - Front office staff shall be responsible for supervising the evacuation of the reception area.
 - Individuals should be calmly instructed to collect their belongings and follow you to the nearest exit.
6. The Office Lead shall act as the designated person to instruct all employees during the evacuation and of the steps necessary once the evacuation has been completed. All employees should locate the Office Lead for their office/suite for further instructions. The Office Lead will take count of employees to ensure that everyone has evacuated safely. In buildings where one or more offices are occupied by the company, each Office Lead shall be responsible for their individual suite.
7. When deemed safe, the Office Lead shall instruct employees in pairs to re-enter the building to perform the following tasks:
 - Unplug all machinery and lock all cabinets containing medication;
 - Turn off gas, water and electricity to the building;
 - Survey the damage and look for any individuals who may not have evacuated;
 - Retrieve the emergency drug box to provide emergency care for any individuals in need.
8. The Office Lead shall designate a person to call the Practice Management Director or Operations Manager.
9. No front office or back office staff shall leave the parking area unless instructed to do so by the Office Lead, Practice Management Director or Operations Manager.

10. All physicians are required to remain in the parking lot until dismissed by the Practice Management Director or Operations Manager.

TO CREATE A CUSTOM EVACUATION ROUTE FLOOR PLA SEE - REF_FSR-A_I C6_Diagram Evacuation Routes

Attachment 4: Employee Alarm System (Sample)

Policy

Employers must install and maintain an operable employee alarm system that has a distinctive signal to warn employees of fire or other emergencies, unless employees can promptly see or smell a fire or other hazard in time to provide adequate warning to them. The employee alarm system must comply with § 1910.165.

Procedure

- A. The employer shall assure that all employee alarm systems are maintained in operating condition except when undergoing repairs or maintenance.
- B. The employer shall assure that a test of the reliability and adequacy of non-supervised employee alarm systems is made every two months.
- C. A different actuation device shall be used in each test of a multi-actuation device system so that no individual device is used for two consecutive tests.
- D. The employer shall maintain or replace power supplies as often as is necessary to assure a fully operational condition.
- E. Back-up means of alarm, such as employee runners or telephones, shall be provided when systems are out of service.
- F. The employer shall assure that manually operated actuation devices for use in conjunction with employee alarms are unobstructed, conspicuous and readily accessible.

Reference: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.165>

Attachment 5: Personnel Training Log (Resource)

EVIDENCE OF STAFF TRAINING

PERSONNEL TRAINING LOG

Employee's Name: _____ Date of Hire: _____

Employee's Position: _____ License Number: _____

Trainer or Learning Management System (LMS): _____

<i>Training required annually</i>						
	Topic	Brief description of training content & materials used	Training dates			
	Blood-borne Pathogens exposure prevention					
	Infection control and universal precautions					
	Biohazardous waste handling					

<i>Training required once & as needed (able to verbalize how to access)</i>			
	Topic	Brief description of training content & materials used	Training Date
	Fire safety & prevention		
	Procedures for non-medical emergencies: earthquake, terrorist attacks, site evacuation		
	Procedures to be carried out if medical emergency on site		
	Child / elder abuse & domestic violence		
	Cultural and Linguistics		
	Informed consent, including human sterilization		
	Prior authorization requests		
	Grievance / Complaint procedure		
	Sensitive services / minors' rights		
	HP referral process / procedures / resources		
	Patient confidentiality (OSHA training; HIPAA requires organizations to provide training for all employees, new employees, and periodic (annual) refresher training.		

<i>Training done as needed</i>		
	Medication administration methods	
	Operation of medical equipment / performance of clinical laboratory procedures	

Attachment 6: Workplace Violence Protocol (Resource)

Workplace Violence Protocol

- I. Any staff member involved in an exchange with a patient or other visitor, which he/she perceives to be escalating, will:
 - A. Ask the visitor to remain calm. If the discussion continues to escalate he/she will notify the supervisor/practitioner
 - B. Ensure the safety of staff, patients and visitors
 - C. If alone in the office, ask the visitor to leave
 - D. If the situation continues to escalate, the visitor does not leave, or at any time the staff member feels threatened,
Dial 911 to summon police

- II. Any staff member involved in an exchange with a patient or other visitor, which he/she perceives to be escalating, will:
 - A. Immediately dial 911
 - B. Notify the supervisor/practitioner

Policy

All employees shall be familiar with the disaster plans to assist in the event of an earthquake, and to inform employees of the proper safety procedures in the event of an earthquake.

Procedure

- A. Remain calm at all times. Reassure others to remain calm.
- B. Outside meeting place is:

- C. Immediately instruct patients and any other individuals in the room to find protection under something structurally sound (desk, sturdy fixture) or braced in a doorway. If unable to locate a safe place, use items such as cushions, mattresses, or chairs for protection. Remain in that location/position until the earthquake/shaking is over.
- D. Staff and patients should not leave the building during the earthquake.
- E. Stay away from windows.
- F. If the earthquake appears to be minor (no damage noted, and all
- G. systems still functioning) continue working.
- H. If the earthquake appears to be major (damage noted and systems are not operational) evacuate the building through the main entrance into the parking lot in accordance with the evacuation policy.
- I. In the event that a patient or employee is injured and is not trapped, do not attempt to move the individual alone. Call for assistance from another adult.
- J. In the event that a patient or employee is injured and is trapped, do not attempt to move the individual if the earthquake is still shaking. Wait for the earthquake to end. Call for assistance from another adult. Any attempts made to free the individual should not increase risk to others.
- K. If a trapped individual is unable to be freed, immediately evacuate the building and notify emergency services (911). Stay outside the building until the emergency personnel have arrived to assist in locating the trapped individual.
- L. Do not re-enter a damaged building unless instructed to do by emergency personnel.

Note: Earthquakes are usually followed by a series of smaller, yet potentially dangerous aftershocks. Continue to follow the procedures above to prevent possible injury.

Policy

All employees shall become familiar with the disaster plans to assist in the event of a bomb threat. To inform employees of the proper safety procedures in the event of a bomb threat, do the following:

Procedure

1. When a threatening phone call has been received, it should be documented in detail, including the time received and gender of the caller. Be attentive to any distinguishing background noises or characteristics of the caller's voice. Take note of the phone line the call came in on.
2. The Police Department should be notified immediately by the Office Lead.
3. The Office Lead shall inform the staff of the threat and ask each person to search their area for suspicious looking objects. Other areas such as restrooms, utility closets, and stairwells should be searched by an employee designated by the Office Lead.
4. If a suspicious object is discovered, the area should be sealed off and the Office Lead notified.
5. All steps should be taken to continue with regularly scheduled patient care, unless instructed differently by the Office Lead or Law Enforcement.
6. If determined unsafe by the Office Lead (in conjunction with the Police Department) the building shall be evacuated through the main entrance into the parking lot in accordance with the evacuation plan.

Other:

Lockdown

An act of violence in the workplace could occur without warning. If loud "pops" are heard and gunfire is suspected, every employee should know to hide and remain silent. They should seek refuge in a room, close and lock the door, and barricade the door if it can be done quickly. They should be trained to hide under a desk, in the corner of a room and away from the door or windows. Multiple people should be trained to broadcast a lockdown warning from a safe location.

Reference: <https://www.ready.gov/business/implementation/emergency>

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.