

DHHS POLICIES AND PROCEDURES

Section V:	Human Resources
Title:	DHHS Fire/Life Safety Management Safety and
Chapter:	Benefits
Current Effective Date:	7/1/2018
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Purpose

To minimize the risks and hazards associated with fires at DHHS through prevention, response, and mitigation strategies in DHHS owned and leased facilities.

Policy

Division/Facilities shall develop site specific policies so they may operate in compliance with this policy and other applicable requirements to prevent adverse impact from fire.

Definition

Authority Having Jurisdiction: An organization responsible for enforcing requirements on a DHHS division/facility.

Fire Protection System: Approved devices, equipment, and systems or combinations of systems used to detect a fire, activate an alarm, extinguish or control a fire, control or manage smoke and products of combustion, or any combination thereof. Examples include fire sprinklers, fire alarms, fire doors, fire shutters, cooking suppression systems. Fire protection systems are either considered passive or active.

Assembly Point: the designated area outside of the building where staff and other occupants stage during a fire. The area shall be at least 50 feet away from the building and not interfere with fire department operations.

Area of Refuge: the designated area inside of the building where staff and occupants stage during a fire. The area shall be in a different smoke compartment and fire alarm zone. It shall also be in an area where there is another way outside of the building where traveling through the area of fire origin is not required.

Section V:	Human Resources	Page 1 of 12
Title:	DHHS Fire/Life Safety Management Policy	
Chapter:	Safety and Benefits	
Current Effective Date:	7/1/18	

Roles and Responsibilities

Safety Programs Manager

The Safety Programs Manager (SPM) ensures that a written plan is in place to establish a fire management plan. The SPM reviews the policy periodically.

Safety & Health Director/Safety Representative(CSR)

The Safety Officer monitors his/her assigned area to ensure compliance with this policy. The Safety Officer is designated as the competent person to oversee and monitor the effectiveness of the fire management plan. Safety personnel in conjunction with Plant Operations staff are responsible for providing technical guidance and training concerning the fire management plan.

Manager/Supervisor

The manager/supervisor ensures that employees comply with the guidelines established by this Plan. The manager/supervisor ensures that designated staff complete required training.

DHHS Staff

Staff are responsible for complying with this policy. Affected staff complete training as required.

Procedures

General

For smoking and similar devices, staff shall comply with the DHHS Workplace Smoking and E-Cigarette Policy.

For use of space heaters and similar equipment, staff shall comply with the OSHR Space Heater Use Program.

For Hot Work and similar operations, staff shall comply with the DHHS Hot Work Plan.

For flammable chemicals, staff shall comply with the DHHS Flammable, Toxic, and Caustic Chemicals Policy.

For electrical hazards, staff shall comply with the DHHS Electrical Safety Policy.

Division/facility specific authorities having jurisdiction may have stricter requirements than this policy, which should be followed. Examples of such AHJ's are the NC Fire Code, NC Division of Occupational Health and Safety, Center For Medicare/Medicaid, NC Dept. of Health Service Regulation, The Joint Commission, and College of American Pathologists

It shall be unlawful for any employee to give, signal, or transmit a false fire alarm.

Employees shall not use open flames (candles, burners, warmers, incense, lighters); except as permitted by their division/facility policy and in compliance with the authorities having jurisdiction over their division/facility.

No storage permitted in stairwells, area shall remain free from obstruction at all times.

Preparedness

Fire Emergency Action Plan (EAP)

The division/facility response to a fire shall be managed. A team, the incident management team, manages the division/facility response. The incident management team is led by an incident commander. The size of the team is determined by the specific needs of the division/facility. A small simple response plan may only need one person, while a large complicated division/facility may need a much larger team. The division/facilities fire EAP shall incorporate the U.S. Federal Emergency Management Agency's National Incident Management System doctrine. The incident management structure shall be designed to manage the site-specific response as well as prepare to manage an escalating incident.

The fire EAP shall cover the following:

- 1) What actions to be taken upon discovery of a fire
- 2) Staff roles and responsibilities
- 3) Evacuation plan/strategy
- 4) Description of facility and fire protection systems

The actions to be taken upon discovery of a fire should include actions of staff near the fire. It shall include rescuing persons in need, activating the alarm/calling the fire department, confining the fire, methods of extinguishing a fire, relocating to their assigned evacuation point. It shall also include actions of staff away from the fire, such as receiving the evacuees and preparing to evacuate. There shall be no delay in reporting the fire.

The division/facility may adopt the following acronyms to assist staff:

RACE = Remove Persons from Immediate Danger
 Activate the Alarm/Call 911
 Contain the Smoke/Fire
 Extinguish the fire or Evacuate
 (*Variation in actual language permitted*)

PASS = Pull the Pin

Aim the Extinguisher
Squeeze the Handle
Sweep the Fire
(*Variation in actual language permitted*)

Staff roles and responsibilities shall be identified to include all staff, contractors, licensed independent practitioners, volunteers, interns, etc.... Procedures for staff operating critical equipment, assistance for people with disabilities, providing medical aid, accountability procedures, and process for all-clear and re-entry shall be included.

The evacuation strategy should include the strategies or different strategies of when to evacuate and where to evacuate. All occupants shall evacuate immediately outside of the building. Exceptions to the immediate evacuation outside the building are permitted when the risk of relocating/evacuating is greater than the risk of remaining in the building and when a combination of certain features of passive and active fire protection and staff training and procedures are in place, which permit a partial, staged or delayed evacuation.

When to evacuate strategies are:

- 1) Immediate evacuation: When occupants evacuate to an Assembly Point outside the building.
- 2) Partial evacuation: When only a fraction of the building occupants evacuate, such as when only 1 floor or 1 fire zone evacuate.
- 3) Delayed evacuation: When occupants prepare to evacuate or relocate, but do not evacuate.

Where to evacuate strategies are:

- 1) Evacuation: When occupants evacuate to an Assembly Point when is outside the building.
- 2) Staged evacuation: When occupants relocate to an Area of Refuge inside the building.

How to evacuate strategies are:

- 1) Horizontal Evacuation: When the Area of Refuge is on the same floor as the fire area.
- 2) Vertical Evacuation: When the Area of Refuge is on a different floor than the fire area.

The description of facility and fire protection systems include a site plan and floor plans. Site plans should include Assembly Points, fire hydrants and fire lanes. Floor plans should

include Areas of Refuge, exits, fire extinguishers, pull stations, and fire alarm control panel. A description of the different methods of reporting a fire and notifying occupants of a fire, and if applicable, the fire alarm notification audibles and visuals shall be included.

The fire EAP shall be made available to all staff and a copy kept in a central location accessible to the fire department.

Training

Staff shall receive initial training on fire prevention, fire extinguishers, their fire emergency action plan, and any other site or job specific fire procedures upon employment. Staff shall receive refresher training annually.

Fire training may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility as determined by the authority.

Pre-Incident Planning

The division/facility should offer to share the fire emergency action plan with the local fire department, the local fire marshal, and the NC OSFM.

The division/facility should invite the local fire department to conduct pre-incident planning and familiarization. In leased buildings, the division/facility should coordinate with the building owner or representative.

Fire Drills

Fire drills are conducted to test staff knowledge of the division/facility fire emergency action plan. Fire drills should use the U.S Dept. of Homeland Security's Homeland Security Exercise Evaluation Program as a guide to develop and implement fire drills at the division/facility.

Fire drills shall be managed by a competent person(s) and should be designated the Controller(s). This person may serve more than one function in the drill.

Where there is a fire alarm system, the fire alarm system shall be used to initiate the fire drill. For patient/resident/client sleeping areas of Institutional Occupancies where drills held between 9pm and 6am an alternative to audible alarms may be used. Fire drills in buildings without a fire alarm system should use the identified means of occupant

notification. The central receiving station/equivalent or the fire department shall be notified of the fire drill.

Unplanned/Emergency fire alarm activations cannot substitute for a fire drill. Buildings with a zoned fire alarm system, each zone is considered a fraction of a drill. Fire drills must be completed in all zones of the fire alarm system to equate to one full fire drill.

Fire drills shall be unannounced. A very limited number of people may be aware of the drill necessary for purposes of managing the drill, such as persons responsible for fire alarms, persons evaluating the drill, the Safety Representative or Safety & Health Director, and leadership. If required by authorities having jurisdiction, the fire code official and/or fire department shall be notified. Prior to conducting the drill, a check with the person in charge of a patient/client/resident area to ensure it is safe to do so.

Drills should be postponed during times when the risk of disruption of current activities is greater than the risk of not conducting the drill. An example of this is postponing a fire drill during a medical emergency or a patient/client/resident crisis incident. The risk of disrupting medical care for an injured person or managing a patient/client/resident with active aggressive behavior is greater than not conducting the drill at that moment.

Fire drills shall be held at varying times and unusual conditions. The fire drill frequency shall be determined by the official Occupancy type as defined in the NC Fire Code Table 405.2. Drill frequency may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility as determined by the authority. The division/facility shall use the DHHS Fire Drill Matrix to document frequency of drills.

In buildings without a fire alarm, that are classified as Business, Mercantile, Factory, Storage, Miscellaneous, and Assemblies used exclusively for religious purposes, and buildings unoccupied a request for approval from the DHHS Safety Programs Manager for an alternative fire drill frequency may be requested. The division/facility must provide the information requested and have leadership approval, before consideration of the request.

The person managing the fire drill shall use the DHHS Fire Drill/Incident Report to document the drill. This person shall ensure the division/facility Safety Representative or Safety & Health Director receives a copy of the DHHS Fire Drill/Incident Report.

Fire drills shall be evaluated to determine opportunities of improvement. The person(s) selected to evaluate the drill should be designated Evaluator(s). A debriefing with participants may be held to support the evaluation. This person may serve more than one

function in the drill. Opportunities for improvement or other deficiencies discovered during the drill shall be managed as determined by the division/facility's policy.

The Safety Representative or Safety & Health Director shall maintain a copy of the DHHS Fire Drill/Incident Report and DHHS Fire Drill Matrix for a minimum of three years. Document retention may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility as determined by the authority. Fire drill documentation shall be made available to any authority having jurisdiction upon request.

Fire drills may be in conjunction with any fire alarm inspection/testing/maintenance.

Mitigation

Passive Fire Protection: Fire resistive rated construction and opening protectives.

The design/selection/installation of passive fire protection shall be in accordance with Chapter 7 of the NC Building Code. DHHS Property and Construction should be consulted on all projects on the design/selection/ installation of passive fire protection. These may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility.

Documentation of the design/selection/installation of passive fire protection shall be maintained according to division/facility policies and procedures and shall be available to authorities having jurisdiction and the DHHS Safety Programs Manager upon request. DHHS owned facilities should have passive fire protection marked on a set of drawings and opening protectives inventoried. The inventory shall be updated to keep current and serve as a base to conduct inspections/testing/maintenance. Leased buildings shall follow the terms of the applicable lease agreement.

The inspection/testing/maintenance of passive fire protection shall be in accordance with Chapter 7 of the NC Fire Code. These may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility. Division/Facility owned facilities shall have policies and procedures to manage the inspection/testing/maintenance of the specific passive fire protection in their facilities. Leased buildings shall follow the terms of the applicable lease agreement.

Passive fire protection and the applicable edition of the NFPA standard for inspection, testing, and maintenance.

Smoke barriers and smoke partitions	NFPA 105
Fire walls, fire barriers, and fire partitions	NFPA 80
Opening protectives	NFPA 80

Documentation of the inspection/testing/maintenance of passive fire protection shall be maintained according to division/facility policies and procedures and shall be available to authorities having jurisdiction, the division/facility Safety Representative or Safety and Health Director, and the DHHS Safety Programs Manager or designee upon request. Leased buildings shall follow the terms of the applicable lease agreement.

Active Fire Protection: Fire protection systems requiring some action to work.

DHHS owned fire protection systems should each have an inventory of system components. The system inventory shall be updated to keep current and serve as a base to conduct inspections/testing/maintenance. Leased buildings shall follow the terms of the applicable lease agreement.

The design/selection/distribution/installation of fire protection systems shall be in accordance with Chapter 9 of the NC Fire Code. DHHS Property and Construction should be consulted on all projects on the design/selection/distribution/installation of fire protection systems. These may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility.

Documentation of the design/selection/distribution/installation of fire protection systems shall be maintained according to division/facility policies and procedures and shall be available to authorities having jurisdiction and the DHHS Safety Programs Manager upon request. Leased buildings shall follow the terms of the applicable lease agreement.

The inspection/testing/maintenance of fire protection systems shall be in accordance with Chapter 9 of the NC Fire Code. These may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility. Division/Facility owned facilities shall have policies and procedures to manage the inspection/testing/maintenance of the specific fire protection systems in their facilities. Leased buildings shall follow the terms of the applicable lease agreement.

Fire Protection Systems and the applicable edition of the NFPA standard for inspection, testing, and maintenance.

Portable Fire Extinguisher	NFPA 10
Fire Alarms	NFPA 72
Fire Sprinklers	NFPA 25
Standpipe Systems	NFPA 25
Fire Pump	NFPA 20
Wet Chemical Systems	NFPA 17A
Dry Chemical Systems	NFPA 17

Fire Hydrants
Emergency Lights/Exit Signs

NFPA 25
NFPA 101

Documentation of the inspection/testing/maintenance of fire protection systems shall be maintained according to division/facility policies and procedures and shall be available to authorities having jurisdiction, the division/facility Safety Representative or Safety and Health Director, and the DHHS Safety Programs Manager or designee upon request. Leased buildings shall follow the terms of the applicable lease agreement.

Employees are prohibited from tampering with any fire protection equipment; except for use of the equipment for its intended purpose or as required for inspection/testing/maintenance.

Impairment

When a fire protection system is impaired, the division/facility shall either evacuate the portion of the facility left unprotected or conduct a fire watch. The evacuation or fire watch shall be conducted immediately. It shall also designate a person, the Impairment Coordinator, to manage the impairment. In leased facilities, the terms of the lease agreement shall be followed. The Impairment Coordinator or designee shall take the following actions:

- 1) Gather as much as the following information as available:
 - a. What system(s) impaired.
 - b. Extent and projected duration of impairment.
 - c. Impacted areas of impairment.

- 2) Assess the hazard.
 - a. What service is the impaired system providing?
 - b. What is the system designed to protect?
 - c. Evacuate the building or fire compartment.
 - d. Conduct a fire watch.

- 3) Notify the following:
 - a. Local fire department.
 - b. The division/facility OSFM inspector.
 - c. The state insurance carrier
 - d. The division/facility leadership.
 - e. The management/supervisor(s) in the impacted area.
 - f. The central receiving station, if applicable.
 - g. Other authorities having jurisdiction as applicable.

- 4) Tag the impaired system identifying what system or portion thereof is impaired.
- 5) Inspect the area for fire hazards and take necessary corrective actions. Inform leadership of actions.
- 6) Ensure/facilitate the necessary tools and materials have been assembled at the site.
- 7) Monitor the progress of restoring the system to normal and assist as necessary.

When the impaired system has been restored to normal the Impairment Coordinator or designee shall take the following actions:

- 1) Verify the system(s) are operational.
- 2) Notify the following:
 - a. Local fire department.
 - b. The division/facility OSFM inspector.
 - c. The state insurance carrier
 - d. The division/facility leadership.
 - e. The management/supervisor(s) in the impacted area
 - f. Other authorities having jurisdiction as applicable.
- 3) Remove the impairment tag.
- 4) Ensure any other actions taken are addressed accordingly.

These may be modified to comply with stricter requirements of other authorities having jurisdiction over the division/facility.

Fire Watch

An assessment should be conducted to determine the extent and frequency of the fire watch. Fire watch personnel shall be trained, have a means of communicating with the fire department, and sole duty is to provide for safety of the occupants during the impairment.

Recalls

Divisions/facilities with state owned buildings with fire protection systems shall monitor for recalls of system components.

Response

Upon discovery of or belief of a fire, the division/facility's fire emergency action plan shall be implemented.

The division/facility shall fully cooperate with the fire department during the fire.

All fires shall be reported to the DHHS Safety Programs Manager and the NC OSFM Office, fire code inspector for the facility, by the end of the next business day. The State Property Fire Insurance Fund Loss Reporting Form shall be completed and submitted to Risk Management.

The division/facility should be prepared to implement their emergency management plan, if applicable.

Recovery

The division/facility should be prepared to implement their continuity of operations plan, if applicable.

The division/facility shall fully cooperate with investigations conducted by authorities having jurisdiction. In addition to other investigations, the Safety Officer shall investigate the fire.

All fires shall be reported to NC OSFM Office Risk Management by the end of the next business day. The State Property Fire Insurance Fund Loss Reporting Form shall be completed and submitted to Risk Management.

Implementation Facilities/Divisions shall adopt the related content of this policy.

The intent of this policy is to ensure the facility/division is in compliance with the applicable requirements. The policy states what the facility/division shall do, not necessarily how the facility/division is to do it, unless the requirements state how. Some flexibility to modify the policy is automatically provided and more flexibility is provided with approval from DHHS Safety Program.

Facilities/Divisions may make the following content changes without approval from DHHS Safety Program, provided responsibility does not doesn't change:

- i. May change the formatting.
- ii. May substitute or add the facility/division name.
- iii. May substitute a specific job title.

- iv. May substitute a more detailed facility/division method of reporting deficiencies for repair to Plant Operations.
- v. May substitute a more detailed facility/division performance improvement process.

Facilities/Divisions are required to obtain approval from DHHS Safety Program for any other changes to content.

References

- 1) North Carolina Fire Code, 2012ed with 2017 amendments
- 2) NC Occupational Health and Safety Act
- 3) North Carolina Building Code, 2012ed with 2017 amendments
- 4) NFPA 10 Standard for Portable Fire Extinguishers, 2013ed
- 5) NFPA 17 Standard for Dry Chemical Extinguishing Systems, 2013ed
- 6) NFPA 17A Standard for Wet Chemical Extinguishing Systems, 2013ed
- 7) NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2014ed
- 8) NFPA 72 National Fire Alarm and Signaling Code, 2013ed
- 9) NFPA 80 Standard for Fire Doors and Other Opening Protectives, 2013ed
- 10) NFPA 101 Life Safety Code, 2012ed
- 11) NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives, 2010ed

Related Documents

- 1) DHHS Fire Drill/Incident Report
- 2) DHHS Fire Drill Matrix