



**RHQN NEWSLETTER**  
**January 2012**

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**Fire Safety on the Front Burner**

Within the past six months two RHQN member facilities have had fires. In both situations opportunities for improvement in staff competency were noted. The RHQN's January Members Conference Call focused on conducting fire drills that demonstrate to the Fire Marshal that staff members are competent in dealing with the presence of fire in your hospital or clinic. The Washington State Fire Marshal's Office is very specific in their requirement that healthcare employees know the following things about fire safety in their facility:

1. How to response to the presence of fire,
2. How to protect others from fire,
3. How to fight fire appropriately, and
4. How to respond in appropriate time frames,

In addition, the facility must have appropriate fire detection systems which are routinely tested and updated to meet current NFPA fire protection standards.

The RHQN conducted safety rounds for eight member facilities in 2011. The most common fire safety deficit among these hospitals was that their fire drills were not timed. Proper times for responding to the presence of fire focus on how long it takes from when an employee finds a fire to when they pull the fire alarm. The standard for this time frame is three minutes or less. Any fire drill that takes more than three minutes from location of the fire (object) to pulling the fire alarm should be considered a failure. When staff fails a fire drill, remedial education must occur and another fire drill conducted, in the same work area, within a prescribed number of days (as determined by your policies).

Let's review the basics of a successful fire drill with an eye toward the Fire Marshal's best practices. First, all fire drills should be conducted so as to test and demonstrate **staff competence** in responding to fire. Counting any and all occurrences when the facility fire detection system goes off as a fire drill is not acceptable to the Fire Marshal unless specific criteria are met. So, acceptable fire drills must actively involve staff. This is done by placing a fire object where an employee will find it or handing the employee a card that states that they have found a fire at a specific location (this constitutes active involvement of the staff).

Once you have actively involved a staff member in the fire drill, you need to begin timing the response. The actively involved staff member should, within three minutes, pull the fire alarm or (in fire drills conducted in the middle of the night) acknowledge to you that they would pull the fire alarm. The actively involved staff member should be questioned about their response to

the presence of fire. Ask this question: “What will you do now that you have found a fire”? The correct response would be: “I will R - A - C - E (rescue, alarm, confine and evacuate/extinguish)”. This means rescuing anyone in the immediate area of the fire, pulling the alarm, confining others (putting people behind closed doors as a means of protecting in place), and evacuating or extinguishing the fire.

Once the fire doors of the facility have closed, the only people in the hallways should be staff knowledgeable about the fire plan and competent to respond. Annually, patient care staff should practice a variety of evacuation techniques for removing patients from a fire area. Questioning staff about evacuation technique training is a favorite way for the Fire Marshal to determine staff competency. **Don't let them catch you on this one!**

There is one more mandate for conducting a successful fire drill. That is proper documentation and evaluation of the drill. Everyone I have talked to does a good job of evaluating fire drills in the department or work area where the drill occurred. But, evaluation of fire drills should occur in every department or work area. How else will the Engineering or Plant Department going to find out if all fire doors are closing properly, if the overhead paging systems is working everywhere and the fire alarm notification system (strobes, audio notifiers) is functioning properly?

Last, there should be a minimum of one fire drill conducted per shift, per quarter. These are fully planned, conducted and evaluated drills. A couple of ‘best practices’ should be mentioned. The first is that one fire drill conducted per shift, per quarter is the minimum. There is nothing wrong with conducting more, especially if a department failed a previous drill. Second, don't forget the weekend staff. Please conduct at least one fire drill for weekend staff each year.

An audio recording of the January Members Conference Call “When a Drill Is Not a Drill: Fire Drills That Keep Your Fire Marshal Happy”, a set of PowerPoint slides used in the presentation and a set of policies, protocols and sample evaluation forms can be found at this link on the RHQN website: <http://www.rhqn.org/resources/presentations.htm>. For additional assistance or questions about hospital fire safety issues, please call or e-mail Randy Benson, RHQN Executive Director, at 206 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org).

## **Upcoming Members Conference Call**

Our next RHQN Members Conference Call will be Tuesday, February 14 at 10:30 a.m. The topic will be:

**“Clinical Best Practices and Lessons Learned”**, Bev McCullough, RN, RHQN Quality Improvement Manager, Presenting.

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If you have ideas, comments, questions, need additional resources or a consultation, contact Randy Benson, RHQN Executive Director, at (206) 577-1821 or [randyb@wsha.org](mailto:randyb@wsha.org)