THE 2025 SAFETY MANAGEMENT PLAN
FOR
Fire and Life Safety

Introduction

One of the most serious issues facing Duke University Hospital, Medical Center, Clinics and the Health Systems is the threat of fire. The risk of fire increases and decreases depending upon facility design, occupancy, fire protection system availability, and the operations conducted in each facility. The risk of fire increases substantially due to some operations which may be conducted inside facilities—use of flammable liquids and gases, clinical research, and other laboratory processes that use hazardous substances. In addition, the use of specialized equipment such as lasers and other ignition sources utilized in oxygen-enriched atmospheres increase the threat of fire. The threat of fire is much more critical in-patient care areas because patients are often times incapable of self-preservation.

Duke University has a dedicated Occupational and Environmental Safety Office (OESO) Fire & Life Safety Division (FLS) that is charged with the responsibility to design, implement, and manage a vigilant fire safety program. FLS conducts periodic assessments for compliance with state and local codes, and the *National Fire Protection Association Life Safety Code* (LSC) and is highly effective at identifying and minimizing the risk of fire in all Duke Health System, University, and Medical Center properties. FLS is an integral part of the management process to continually identify, assess, and resolve fire and life safety deficiencies during periods of construction, renovation, and normal operations by conducting safety audits, inspections, and risk analyses.

1. Administration of the Fire and Life Safety Plan (LS.01.01.01 / EC.01.01.01)

a. Administration of Fire and Life Safety Management Functions (EC.01.01.01 & EC.04.01.01):

Fire and life safety responsibilities are shared among a multi-disciplinary group. Each member of the group has specific responsibilities for design, implementation, testing, maintenance or monitoring a part of the Fire/Life Safety Management Plan under the institutional plan for the Management of the Environment of Care. The goal is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in Duke University healthcare facilities. The Fire Safety Management Plan is evaluated annually. The annual review includes a review of the plan's objectives, scope, performance, and effectiveness.

Safety Management	Safety Officer Duke University Safety Committee	Dr. Stiegel
Utilities Management	Engineering & Operations	Mr. Martin
Security/Egress	Duke University Police Department	Mr. Bravo

Emergency Preparedness	Office of Emergency Preparedness and Business Continuity	Mr. Zivica
Fire and Life Safety	OESO-Fire & Life Safety Division	Mr. Allan
Facility Planning, Design & Construction		Mr. Subasic

i. Description of Duties and Functions:

Safety Officer: Dr. Matthew Stiegel is the Director of the Occupational and Environmental Safety Office and the designated Safety Officer with the responsibility for coordinating the efforts of the participants in the Fire and Life Safety Management Plan. He also serves as the Chair of the Duke University Safety Committee (DUSC). The Safety Officer and the DUSC provide oversight for the development, implementation, and monitoring of fire and life safety activities.

Engineering and Operations: Engineering and Operations has the primary responsibility for maintaining the electronic Statement of Conditions (e-SOC). In addition, they are responsible for correcting deficiencies identified during surveys and inspections in all Duke owned Hospital, Clinic and Medical Center facilities. Additionally, they are responsible for the inspection testing and maintenance of facility fire-protection equipment including, but not limited to, smoke dampers, fire-rated doors, and fire alarm systems.

Duke University Police Department: The Duke University Police Department is responsible for all security issues within Duke Hospital, Duke Clinic and Medical Center. They also respond to fire alarm activation and support the overall response to mitigate these types of incidents.

Emergency Preparedness: The Office of Emergency Preparedness and Business Continuity has the primary responsibility for the Hospital Incident Command System. They work with all key departments to create sub-plans for emergency response and notification.

OESO-Fire & Life Safety Division: The Fire & Life Safety Division is a part of the Occupational and Environmental Safety Office and reports directly to Dr. Stiegel. FLS has the primary responsibility of surveying and reporting deficiencies related to fire and life safety issues throughout the institution to include existing conditions and planned construction activities. It also acts as liaison with City of Durham Fire Prevention Bureau and all other city Planning and Engineering Departments. Additionally, this division is responsible for the inspection and reporting of any identified deficiencies of sprinkler systems, fire pumps, fire extinguishers, gaseous fire suppression systems, and kitchen fire suppression systems.

Facility Planning, Design and Construction: Facility Planning, Design, and Construction has the primary responsibility to ensure that all new construction and building renovations meet or exceed all applicable codes and standards.

ii. Fire Prevention Management Activities:

Duke University Safety Committee: The Duke University Safety Committee is composed of representatives from administration, clinical services, support services, and the Patient Safety Office. The Safety Committee is responsible for the direct oversight of all fire and life safety activities as they relate to the management of Life Safety and the Environment of Care. FLS creates monthly reports to the committee concerning fire and life safety activities.

Facilities Services Work Group (FSWG): The FSWG is composed of representatives from administration, Duke Police, FLS, Engineering & Operations and Facilities Planning, Design and Construction; these departments that have oversight or direct management of specific risks such as infection control, utilities/building systems, fire and life safety Interim Life Safety Measures (ILSM), general safety issues and security. The Committee assesses all potential hazards associated with construction and renovation. FLS has the responsibility for evaluating impact on fire and life safety issues. Any project that significantly impacts fire and life safety results in the development of an ILSM as outlined on the ILSM Matrix which includes any of the sixteen measures as outlined in the ILSM policy.

Statement of Conditions: The electronic Statement of Conditions (e-SOC) program is managed in accordance Joint Commission Guidelines and continuously evaluated by appointed individuals from FPDC, E&O, OESO-Fire & Life Safety Division, and OESO.

b. Certifications, Accreditations and Competencies:

FLS employees that conduct surveys and inspections, monitor and oversee installation, testing or maintenance of all automatic fire protection features/equipment, and/or respond to requests for service are required to possess specific certifications and/or experience and be able to demonstrate competencies that are essential to the duties they perform.

All Fire & Life Safety Specialists are highly knowledgeable of all codes, standards, rules, and policies as well as extensive knowledge of the buildings. All Fire & Life Safety Specialists have obtained the required knowledge through a variety of resources such as degree programs, NFPA Certification Programs, or other recognized courses such as:

- NFPA 101, Life Safety Courses
- NFPA 13/25, Installation, Inspection, Testing and Maintenance of Water Based Suppression Systems.
- NFPA 72, Fire Alarm Systems.
- National Institute for Certification in Engineering Technologies (NICET)-Fire Alarm Systems.
- Manufacturer fire alarm or fire suppression certification; and/or
- OSHA Compliance

The OESO-Fire & Life Safety Division office maintains a list of staff educational and professional accreditations.

c. Construction Risk Assessment and Interim Life Safety Measures (LS.01.02.01):

Construction Risk Assessment: Potential impact on existing life/fire safety are identified by the Project Manager through the completion of the Pre-Construction Risk Assessment form. FLS reviews all such forms and work with the Project Manager to establish ILSM as necessary.

Interim Life Safety Measures: FLS is responsible for the management of ILSM during any construction, renovation or maintenance activity that would affect fire & life safety devices, personnel, or property preservation. FLS reviews, manages, and implements ILSMs in accordance with the Duke Fire & Life Safety Interim Life Safety Measure Program Operating Instruction 1-12 utilizing the Preconstruction Risk Assessment (PCRA) and ILSM Matrix Forms.

Project Managers are responsible for providing all documentation and information to all contractors necessary for full compliance. These include:

- Hot Work Permits
- Construction Boards with pertinent fire and life safety training materials
- Fire extinguisher placement and maintenance
- Environment of Care requirements to include Remove, Activate, Close, Extinguish (**RACE)** and Pull, Aim, Squeeze, Sweep (**PASS)** procedures
- Fire Code and other regulatory requirements.

ILSM Signage: To ensure all occupants in the affected area are aware of ILSMs implemented in their areas, FLS will ensure that proper signage is in-place documenting the deficiency and the ILSM in accordance with Duke Fire & Life Safety Interim Life Safety Measures Program, Operating Instruction 1-12.

Life Safety Deficiency Mitigation Planning (LS.01.01.01): When a deficiency is noted either during the e-SOC survey, as part of a construction/renovation project, or other survey, audit or inspection, the FSWG plans to resolve the deficiency through a written plan to mitigate the deficiency. The FSWG ensures that the time frames identified in the mitigation plan and accepted by the Joint Commission are met in accordance with the specifications outlined in OESO-Fire & Life Safety Operating Instruction 1-12.

Automatic Fire Protection System Impairments (LS.01.02.01 & LSC 101-section 9.6.1.8 & 9.7.6): Fire detection, fire alarm and automatic sprinkler systems are vital life safety features installed to protect lives and property. Failure of entire systems or even portions of the system can have serious adverse effects on life and property. FLS provides oversight and management for all impairments to automatic fire protection systems in accordance with OESO-Fire Safety Operating Instruction (OI) 1-12; Interim Life Safety Measure Program. This OI outlines specific duties and responsibilities as well as notification procedures.

Fire Watch (LS.01.02.01 EP 1 & LSC 101-section 9.6.1.8 & 9.7.6): When an automatic fire protection system, hot work, or other Life Safety Code deficiency exists, a fire watch may be required and will be conducted in accordance with OESO-Fire & Life Safety Operating Instruction 1-3; Fire Watch Program. A fire watch is mandatory if any of the following conditions exist:

- Hazardous operations in patient care areas
- Automatic Fire Protection Impairments exceeding the time limits outlined in OESO-Fire Safety Operating Instruction 1-12
- Operations or conditions dictated by the Authority Having Jurisdiction (e.g. Fire Marshal, DHSR, TJC).

(See OESO-Fire & Life Safety Operating Instruction 1-12, Interim Life Safety Measure Program)

(See OESO-Fire & Life Safety Operating Instruction 1-3, Fire Watch Program)

2. Building Design, Fire Protection Features, and Furnishings (LS.01.01.01; EC 02.03.01; *LSC 101; NC Fire Prevention Code; NFPA 99)*

Buildings shall be designed and equipped with fire protection features that will minimize the effects of fire, smoke, and heat. Once designed into a structure, these items must be inspected, maintained and repaired/replaced in accordance with approved standards, procedures, and materials. Buildings will be designed and built in accordance with the *Life Safety Code 101, NC Building Code; Fire Prevention Code, NFPA Standard 99,* and other codes and regulations pertinent to the design, features, and equipment installed.

FLS has the primary responsibility for managing the protection of patients, employees, visitors and property from fire, smoke and other products of combustion.

FLS provides oversight and consultation for all fire protection features. Engineering and Operations is responsible for inspecting, testing and maintaining fire alarm systems, including quarterly/annual testing of all circuits and annual preventive maintenance of all components.

Contract services are obtained and utilized to conduct quarterly and annual automatic sprinkler systems (including fire pumps). Documentation of these services is maintained in the FLS office. FLS is responsible for selecting and providing quality assurance checks of the approved contractors.

Contract services are also utilized for the inspection and maintenance of all portable fire extinguishers. Fire extinguisher documentation is maintained electronically and is available at the FLS office.

FLS is responsible for the interpretation and implementation of fire code standards and consulting with Procurement Services on requirements for acquisitions of bedding, window draperies or curtains, furnishings, decorations, wastebaskets and other equipment. Procurement Services is responsible for ensuring that all materials purchased meet prescribed requirements and standards.

3. Fire Drill and Fire Alarm Notifications (EC 02.03.03)

Fire drills and fire response are an important part of achieving a fire-safe environment. It is important that responses to fire drills and actual fire situations be evaluated to assess the performance of staff as well as fire safety equipment. Testing the fire response plan will involve realistic situations. All fire drills and evaluations will be conducted in accordance with Duke Fire Safety *Fire Drill Program Operating* Instruction 1-9. **(NOTE: Actual evacuation of patients during drills is not required.)**

Fire drills will be critiqued to evaluate fire safety equipment, fire safety building features, and staff knowledge/response. All fire drills will be evaluated using the Code Red Fire Drill Participation Form (https://sms.duhs.duke.edu/FireSafetyManagement) and Site Specific Fire Plan in accordance with Duke Fire & Life Safety Fire Drill Program Operating Instruction 1-9. Documentation is maintained at the FLS office electronically.

Information gained from these evaluations is used to identify problems or opportunities to improve the fire response system as well as safety education programs.

Fire Alarm Notification:

Patient Care Facilities:
In Duke University Hospital, Duke Clinic, Eye Center and the MRI, the fire alarm utilizes a numerical code, referred to as the Life Safety System Code, through a speaker system to identify the specific area involved. This numerical code is repeated three times throughout the facility. There is a pause and a second message (the "move" message) is repeated three times, but only in the reporting area.
Employees are familiar with the fire alarm code in their work area. In other patient care areas, the fire alarm utilizes audio-visual devices to notify the occupants of a general fire alarm. Duke Cancer Center, Duke Central Tower and DMP utilize a plain language non-coded annunciation which provides all occupants with the name of the facility (e.g. Cancer Center), the level of the activation (levels correspond to the floor), and the zone of the activation.

Other facilities (Ambulatory Care and Medical Center Buildings):
In Medical Center facilities, community Duke Health Integrated Practice (DHIP) clinics, Duke University Affiliated Physicians, Inc. (DUAP) or other ambulatory care facilities, the fire alarm (if present) utilizes audible and visual devices to notify the occupants of a general fire alarm. If no fire alarm system is present, the alert is provided by verbal message.

4. Maintenance of Fire-Safety Equipment and Building Features (EC 02.03.05)

FLS provides oversight for maintaining compliance with the NC Fire Code and NFPA LSC 101 standards regarding structural requirements for fire protection through routine inspections and the testing and maintenance of fire equipment in both Duke owned, and Duke leased facilities.

Duke Owned and Maintained Facilities:

FLS utilizes contract services to conduct quarterly and annual automatic sprinkler systems (to include fire pumps). Documentation of these services is maintained in the FLS office. FLS is responsible for selecting and providing quality assurance checks of the approved contractors. Engineering and Operations is responsible through contract services or in-house operations for the routine testing, inspection, and maintenance of fire alarm equipment. Contracted services are utilized for correcting automatic sprinkler system deficiencies noted in all Duke owned and maintained facilities to include Duke University Hospital, Duke Clinic and Duke Medical Center. All records of these inspections are maintained on file at the Engineering and Operations office.

Duke Leased Facilities:
Building owners or facility managers are responsible through contract services or in-house operations for the routine inspections, testing and maintenance of fire protection equipment and for correcting deficiencies noted for all Duke leased facilities. Records all inspections are maintained on-site. FLS is responsible for ensuring that the testing and maintenance of all fire protection equipment is in compliance with all applicable regulations and standards. FLS reviews inspection and maintenance documentation annually to ensure that the fire protection equipment is inspected in accordance with the applicable NFPA standards and the NC Fire Code, and that all deficiencies noted during inspections are corrected in a timely manner. FLS reports the failure of any owner/facility manager to correct deficiencies or failure to comply with the standards or schedule with contract services for further action.

Unless otherwise noted, the following procedures refer only to Duke-owned facilities:

a. **Fire Alarm Testing:**

The testing of the fire alarm system and components complies with NFPA 72 standards and on a routine schedule in accordance with the EOC standards. Testing of the various components will adhere to the following schedule:

Quarterly:	Supervisory signal devices, water-flow alarms, Proprietary monitoring and fire department notification
Semi-Annual:	Valve tamper switches
Annually:	Duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm pull stations, smoke detectors and occupant alarm devices (audible and visual)

b. **Water-based Automatic Fire Extinguishing Systems** (sprinklers, standpipes, fire pumps, fire department connections):

The testing and maintenance of the water-based automatic fire extinguishing systems complies with NFPA 25 standards and testing is maintained on a routine schedule as outlined in accordance with NFPA and EOC standards. Testing of the various components adheres minimally to the following schedule:

Weekly:	Fire pumps (no water flow required)

Quarterly:	Fire department connections, water flow devices
Semi-annually:	Sprinkler valves
Annually:	Fire pumps (water flow required) and drain tests at all system risers

Weekly fire pump inspection records are maintained by Engineering & Operations. Documentation of quarterly and annual inspections is maintained at the FLS office. Deficiencies are communicated to Engineering and Operations using their online TMS (work order) system in real time during the course of the inspection by FLS staff in accordance with the ILSM policy.

c. **Kitchen Automatic Fire Extinguishing Systems:**

The testing and maintenance of kitchen automatic fire extinguishing systems complies with NFPA 17A and NFPA 96 standards and are the responsibility of FLS through contract services. Inspections of the systems are completed semi-annually.

d. **Gaseous Automatic Fire Suppression Systems:**

The testing of gaseous automatic fire suppression systems complies with NFPA 2001 and NFPA 12 standards and is the responsibility of FLS. FLS contracts services for the inspection, testing, and maintenance of all gaseous automatic fire suppression systems to include Halon and FM-200 Suppression Systems. Documentation is maintained at the FLS office. Inspections of those systems are completed semiannually.

e. **Portable Fire Extinguishers:**

FLS is responsible, through contract services, for the installation, maintenance, and testing of fire extinguishers in accordance with NFPA 10 and the North Carolina Fire Prevention Code throughout all areas.

FLS is responsible for ensuring proper fire extinguishers are correctly mounted and clearly identified at installation or after renovation, construction or major changes in occupancy. Extinguishers in cabinets where the location is not clearly visible, or extinguishers located in areas not clearly seen from the path of travel will be marked with signs.

FLS is responsible, through contract services, to ensure that all fire extinguishers function properly, are inspected monthly and annually and receive regular preventive maintenance in accordance with NFPA 10 and manufacture specifications. Each annual maintenance test includes a full monthly inspection. *(See: OESO-Fire & Life Safety Division Fire Protection System Inspection Reports)*

f. **Standpipe Systems:**

Testing and maintenance of standpipe systems, both wet and dry, comply with NFPA 14 and NFPA 25 standards, FLS is responsible for the testing and maintenance of standpipe systems through contract services. Testing of

standpipe systems are in accordance with NFPA standards and tested on a routine basis as outlined in the NFPA standard. Five-year water flow requirements for standpipe systems in Duke facilities are not required. Standpipe risers are used to feed the automatic sprinkler lines and are considered tested in conjunction with quarterly and annual sprinkler inspections. Duke University maintains Class I standpipe systems that do not require fire hoses and therefore, no fire hose testing is required. Documentation of inspections and maintenance is maintained at the FLS office.

g. **Fire and Smoke Dampers:**

Inspection and maintenance of fire/smoke dampers complies with NFPA 90A. Engineering and Operations is responsible for the identification and maintenance of all fire/smoke dampers to ensure proper operation. Inspections of all fire and smoke dampers are completed annually. Fire and smoke dampers (with fusible links removed) are operated no less than every four years to ensure full closure.

Deficiencies noted during inspections are corrected in-house or through contract services. Documentation of inspections is maintained at the Engineering and Operations office.

h. **Automatic Smoke Detection Shutdown Devices for Air Handling Units:**

Testing and maintenance of automatic smoke detection shutdown devices for air-handling units comply with NFPA 90A. Engineering and Operations is responsible for the inspection, testing and maintenance of all air handling shutdown devices. All shut down devices are tested at least annually. Deficiencies noted during inspections are corrected in-house or through contract services. Documentation of inspections is maintained at the Engineering and Operations office.

i. **Horizontal and Vertical Sliding and Rolling Fire Doors and Shutters:**

Testing and maintenance of horizontal and vertical sliding and rolling fire doors and shutters comply with NFPA 80. Documentation of inspections is maintained at the Engineering and Operations office.

j. **Smoke Control Systems:**

Testing and maintenance of smoke control systems complies with NFPA 92 A&B. Engineering and Operations is responsible for testing and maintenance of smoke control systems. Documentation of inspections is maintained at the Engineering and Operations office.

5. Environment of Care Monitoring

The goal of the Environment of Care (EoC) is to promote a safe, functional, and supportive environment within Duke-owned, leased, and Duke interest facilities so that quality and safety are preserved. The EoC identifies a system to manage environmental risks as well as a

method to intervene when situations threaten people or property. The Duke EoC concept employs several methods for managing the risk which includes, but is not limited to:

EoC Rounding
Duke University Safety Committee
Outside agency inspections from various authorities having jurisdiction (Durham Fire Marshal, DHSR, TJC, etc.)
Routine fire safety walk-thru inspections

Risk Assessment (EC 02.03.01)

FLS is responsible for monitoring fire and life safety through hazard surveillance surveys. Hazard surveillance surveys are conducted to identify deficiencies and to monitor and evaluate initiatives to correct these deficiencies. Hazard surveillance surveys are conducted annually in non-patient-care areas and semi-annually in patient-care areas. The City of Durham Fire Prevention Division conducts the annual non-patient survey and one of the semi-annual surveys in patient-care areas. FLS Specialists conduct the remaining semi-annual survey in patient-care areas. Additional hazard surveillance surveys may be conducted as needed. Hazard Surveillance Survey documentation is kept on file at the FLS office. Deficiencies noted are forwarded to the appropriate department for correction.

FLS is responsible for investigating and reporting life safety code and fire protection system deficiencies, failures or user errors through FLS surveys, The City of Durham Fire Prevention Division inspections, Interim Life Safety Measure inspections and Duke Police Department incident reports. FLS is responsible for forwarding this information to the appropriate departments for corrections.

FLS is responsible for the collection of fire and life safety data and deficiencies. Monthly reports are presented to the Duke University Safety Committee.

FLS is responsible for developing the performance improvement standards for Fire Prevention Objectives, scope performance and effectiveness of the Fire Safety Management Plan are evaluated annually. Reports are made to the Safety Committee monthly.

ANNUAL EVALUATION OF THE SCOPE, OBJECTIVES, EFFECTIVENESS, AND PERFORMANCE OF THE EOC MANAGEMENT PLANS

SCOPE: Any changes in *scope* will be addressed during the annual update of the plan, and any changes in the range of applications or interactions will be incorporated into the updated plan. The completion date and significant scope changes for the annual update of the EOC Management Plans are as follows:

EOC FUNCTION	**APPROVED**	**2024 SIGNIFICANT CHANGES**
Fire & Life Safety	04-25-2023	No Changes.

OBJECTIVES: Annual planning objectives are developed through interactions with committee members and hospital administration. These objectives address the primary operational initiatives for maintaining and enhancing the Environment of Care. Progress toward accomplishing these objectives is reported at least quarterly to the committee and a year-end summary of the effectiveness in accomplishing these objectives is also presented. The primary 2023 planning objective for the EOC Management Plans is as follows:

EOC FUNCTION	**APPROVED**	**PRIMARY OBJECTIVES FOR 2024**
Fire/Life Safety	23 Mar 2024	• Research and assess maximum allowable quantities (MAQ) of stored oxygen within in-patient care environment and develop an action plan to meet the needs of care providers • Improve our communication and/or processes in order to "close the loop" on required maintenance/repairs, inspections, and audits.

EFFECTIVENESS: The *effectiveness* of the EOC management functions is assessed through a committee review of their success in achieving the accomplishments defined in their planning objectives. The completion date and significant findings from the annual review is as follows:

EOC FUNCTION	**APPROVED**	**2024 SIGNIFICANT FINDINGS**
Fire/Life Safety	March 2024	1. Research and assess maximum allowable quantities (MAQ) of stored oxygen within in-patient care environment and develop an action plan to meet the needs of care providers **Partially Achieved**: North Carolina Office of the State Fire Marshal has revised the North Carolina Fire Prevention Code. We are awaiting the new version to ascertain if the updates will have any significant bearing on this PI. We will carry it over into 2025. 1. Improve our communication and/or processes in order to "close the loop" on required maintenance/repairs, inspections, and audits. **Achieved:** We implemented the use of E&O's TMS work order system for reporting all inspection deficiencies related to fire protection systems. This has led to corrective actions being taken more efficiently and follow-up information being automatically sent to "close the loop" on deficiency repair progress.

PERFORMANCE: The *performance* of the Management Plans is assessed through progress in achieving the Performance Improvement Standards defined within the Performance Improvement Plan for each of the functions. The completion date for the annual update of the EOC Performance Improvement Plans is as follows:
(FA = Fully Achieved; PA = Partially Achieved)

EOC FUNCTION	**APPROVED**	**PERFORMANCE IMPROVEMENT STANDARDS 2024**
Fire/Life Safety	April 2024	1. Research and assess maximum allowable quantities (MAQ) of stored oxygen within an in-patient care environment and develop an action plan to meet the needs of care providers. 2. Implement an electronic fire drill reporting system for all Duke Health entities. 3. Update the Site-Specific Fire Plans for all DUH main campus facilities

6. Emergency Management

FLS, Durham Fire Department, Duke University Police Department and the Office of Emergency Preparedness and Business Continuity are responsible for emergency procedures that address facility-wide fire response needs and the development of emergency procedures through the Hospital Incident Command System (HICS) in collaboration with the DUH Emergency Preparedness Committee. FLS is responsible for the development and implementation of the Site-Specific Fire Plan.

7. Training (EC.03.01.01)

FLS is responsible for developing and implementing a fire response plan that addresses:

a. Facility-wide fire response
b. Area-specific needs including fire evacuation routes and emergency assembly points (EAP)
c. Specific roles and responsibilities of staff, Licensed Independent Practitioners (LIPs) and volunteers at a fire's point of origin
d. Specific roles and responsibilities of staff, LIPs and volunteers away from the fire's point of origin
e. Specific roles and responsibilities of staff, LIPs and volunteers in preparing for building evacuation.

Training is provided through a collaborative effort between OESO and Clinical Education & Professional Development. FLS is responsible for the development of all fire safety materials and training session content. Training is generally categorized into two programs: General Orientation/Update Training and Site-Specific Training.

General Orientation and Annual Safety Update Training: This training targets most employees, contractors and volunteers and focuses on general fire safety issues, fire alarm notification, general evacuation (**R.A.C.E.**), general fire extinguisher usage (**P.A.S.S.**) and the Environment of Care.

Site Specific Fire Training: This training requires a higher level of participation and employee responsibility. The orientation and training of unit/department staff occurs during the collaborative development of the Site-Specific Fire Plan. The staff receives training in the details of this plan, including evacuation, during all fire drills conducted in their areas.

FLS, in collaboration with each department, is responsible for the development of a Site-Specific Fire Plan (SSFP) for each work area. Site-Specific Fire Plans are reviewed at least once every three years. SSFPs include instructions for horizontal evacuation and list the Emergency Assembly Point for vertical evacuation should the Incident Commander mandate a total evacuation.

All **patient care areas** have a copy of the Site-Specific Fire Plan on site and a backup copy is kept electronically. The plan may simply state that all employees, visitors and patients are notified to be alert and be prepared for further instruction, or it may give more specific guidance. The on-site supervisor, department head, or their designated representative, is responsible for the implementation of the Site-Specific Fire Plan and the safe evacuation of all employees, volunteers, patients and visitors from the area.

- **Physicians and other Licensed Independent Practitioners** working in the area or fire zone of the building where the alarm is activated report to the on-site supervisor or department head for specific instructions.

- **Duke Police, Environmental Services and Engineering and Operations personnel** in the affected area refer to their specific fire plans for appropriate response.

- **All employees, volunteers, patients and visitors** in an area or fire zone of the building where the alarm is activated, follow the directions of the supervisor or department head in the implementation of the site-specific fire plan or the general fire alarm response procedures, relocate patients when obvious danger exists or when directed to do so by fire department officials or the administrator on call.

- **Other employees, volunteers, contractors or visitors** in a facility where a general alarm is activated follow the general fire evacuation policy for that area (RACE) as instructed in initial orientation training or by assigned staff members in the designated area of activation.