

Policies, Practices, & Procedures



For Licensed Care Facilities

March 2005

Revised 7/06

Scope

All licensed care facilities in Oregon are mandated to comply with state fire and life safety requirements as specified in the Oregon Fire Code (OFC) and the Oregon Structural Specialty Code (Building Code). In addition, all health care facilities certified by Centers for Medicare & Medicaid Services (CMS) are mandated to comply with the NFPA 101 Life Safety Code. The objective of this manual is to provide licensed facilities with common recommended practices and suggested procedures to maintain a reasonable level of fire and life safety.



Table of Contents

CHAPTER I	GENERAL	Page
➤ SECTION I-A	<i>Servicing of Fire Protection Systems & Equipment.....</i>	1
➤ SECTION I-B	<i>Facility Testing of Fire Protection Systems & Equipment</i>	3
➤ SECTION I-C	<i>Basic Procedure for Fire (R.A.C.E.).....</i>	6
➤ SECTION I-D	<i>Staff In-Service Fire Safety Training Procedure</i>	8
➤ SECTION I-E	<i>Emergency Preparedness.....</i>	10
➤ SECTION I-F	<i>Emergency Evacuation Drills</i>	12
CHAPTER II	EMERGENCY PREPAREDNESS	
➤ SECTION II-A	<i>Plan</i>	14
➤ SECTION II-B	<i>Potential Emergency Hazards.....</i>	14
➤ SECTION II-C	<i>Emergency Call List (Suggested).....</i>	16
➤ SECTION II-D	<i>Electrical Outage</i>	17
➤ SECTION II-E	<i>Fuel Outage.....</i>	17
➤ SECTION II-F	<i>Utility Contact List.....</i>	18
CHAPTER III	HOSPITALS AND NURSING FACILITIES	
➤ SECTION III-A	<i>Fire Drill Procedures.....</i>	19
➤ SECTION III-B	<i>Evacuation Practices.....</i>	20
➤ SECTION III-C	<i>Relocation Within Facility (Defend in Place).....</i>	20
➤ SECTION III-D	<i>Total Evacuation of the Facility.....</i>	21
➤ SECTION III-E	<i>Evacuation Site Evaluation</i>	23
CHAPTER IV	AMBULATORY HEALTH CARE FACILITIES	

(AMBULATORY SURGICAL CENTERS) Page

➤ SECTION IV-A *Fire Drill Procedures*.....24

➤ SECTION IV-B *Evacuation Practices*.....25

➤ SECTION IV-C *Relocation Within Facility (Defend in Place)*.....25

➤ SECTION IV-D *Total Evacuation of the Facility*.....26

➤ SECTION IV-E *Evacuation Site Evaluation*27

CHAPTER V RESIDENTIAL CARE /MEMORY CARE FACILITIES

➤ SECTION V-A *Fire Drill Procedures*.....28

➤ SECTION V-B *Evacuation Practices*.....29

➤ SECTION V-C *Relocation Within Facility*30

➤ SECTION V-D *Total Evacuation of the Facility*.....31

➤ SECTION V-E *Evacuation Site Evaluation*32

➤ SECTION V-F *Electrical Equipment, Wiring, & Hazards*.....32

CHAPTER VI ASSISTED LIVING FACILITIES

➤ SECTION VI-A *Fire Drill Procedures*.....34

➤ SECTION VI-B *Evacuation Practices*.....35

➤ SECTION VI-C *Relocation Within Facility*36

➤ SECTION VI-D *Total Evacuation of the Facility*.....37

➤ SECTION VI-E *Evacuation Site Evaluation*38

➤ SECTION VI-F *Electrical Equipment, Wiring, & Hazards*.....38

CHAPTER VII FACILITY RESPONSE TO EMERGENCY/ABNORMAL CONDITIONS Page

➤ SECTION VII-A *Emergency Notifications*40

➤ SECTION VII-B *Fire Protection Systems Temporarily Out of Service for 4 or Less Hours*.....40

➤ SECTION VII-C *Fire Protection Systems Out of Service for More Than 4 Hours*40

➤ SECTION VII-D *Fire Watch*.....41

➤ SECTION VII-E *Interim Life Safety Measures*41

CHAPTER VIII DOCUMENTATION/FORMS

➤ SECTION VIII-A *Documentation*42

➤ SECTION VIII-B *Forms*43

- *Fire Protection Systems Testing & Inspection*44
- *Emergency Evacuation Drills (Fire Drills)*.....45
- *Fire & Life Safety Training*46

CHAPTER IX REFERENCES

➤ SECTION IX-A *Fire & Life Safety References*47

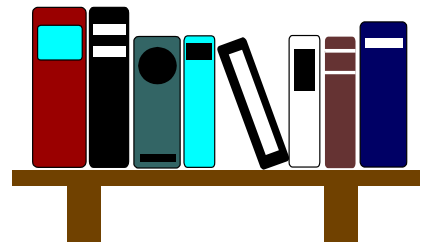
➤ SECTION IX-B *Training Resources*48

SECTION 1-A SERVICING OF FIRE PROTECTION SYSTEMS & EQUIPMENT

Policy

It shall be the responsibility of the facility owner and/or facility occupant to have all fire protection systems and equipment inspected, tested, and maintained in accordance with adopted nationally recognized standards and state regulations. Persons that are qualified, based on competence through training and experience, shall perform inspections, testing, and maintenance. Unless on-site staff are trained and qualified, the facility shall have all such inspections, testing, and/or maintenance performed by a commercial third party service provider. *Reference OFC Section 901.*

1. The Office of State Fire Marshal (OSFM) will use the following criteria to determine if the persons who are performing required inspections, testing, and/or maintenance of fire protection systems and equipment are deemed qualified and trained.
 - a. Copies of Chapter 9 of the current edition of the OFC shall be readily available to the persons performing required servicing. Individuals shall be required to periodically (at least annually) review the pertinent sections of the current edition of the OFC. These periodic reviews shall be documented and available for review by the fire marshal during inspections. Current edition of the OFC is dated October 1, 2004, as revised. **NOTE:** *Local fire jurisdictions may have adopted a municipal or fire district fire code. In those cases, maintaining copies of the pertinent chapters or sections of a locally adopted fire code is deemed to meet the intent of this requirement.*
 - b. Current copies of the relevant NFPA Standards for the systems and/or equipment that are being inspected, tested, and maintained shall be readily available to the persons performing required servicing. The following NFPA standards are the most common used in licensed care facilities:
 - (1) NFPA 10 *Fire Extinguishers*
 - (2) NFPA 25 *Water Based Fire Protection Systems (Sprinklers, Standpipes, Fire Pumps, etc.)*
 - (3) NFPA 72 *Fire Alarm Systems (including detectors)*
 - (4) NFPA 96 *Commercial Cooking Systems and Equipment*
 - (5) NFPA 99 *Medical Gas Systems and Equipment*
 - (6) NFPA 110 *Emergency and Standby Generators*



If there are other nationally recognized standards (i.e., ANSI, ASME, etc.) that apply to inspections, testing, and maintenance requirements, those standards shall be specified in the written policies of the facility or within third party service agreements by reference.

- c. Manufacturer's instructions for all fire protection systems and equipment to be inspected, tested, and/or maintained shall be readily available to the persons performing required servicing. Individuals shall be required to periodically (at least annually) review manufacturer's instructions as a refresher of technical specifications and procedures. These periodic reviews shall be documented and available for review by the fire marshal during inspections.
 - d. There shall be written documentation showing successful training in all relevant NFPA standards as specified in paragraph 1.b. of this section that apply to those fire protection systems and/or equipment tested by the persons in question.
 - e. Written documentation of demonstrated proficiency by persons conducting inspections, testing, and/or maintenance of fire protection systems and equipment shall be available for review by the fire marshal during inspections. ***NOTE: Examples include training through fire protection systems and equipment manufacturers, NICET, third party service providers, industry associations, etc.***
 - f. All licenses, as required by the State of Oregon, shall be available for review by the fire marshal during inspections. Persons who are performing required inspections, testing, and maintenance of fire protection systems and/or equipment shall maintain all required licenses current and valid in order to be deemed qualified. A copy of current required licenses, certification, etc., shall be maintained on their person or on site. ***NOTE: If required to be licensed and/or hold a permit by a local jurisdiction, provide evidence and maintain documentation of the current license and/or permit on their person or on site.***
2. If facility staff are deemed qualified and approved by the OSFM to perform inspections, testing, and/or maintenance of fire protection systems and equipment, the facility shall be required to have an agreement with a third-party service provider for emergencies that may exceed the individual's knowledge, skills, and abilities. Such agreements shall be maintained current and valid at all times.
 3. On a case-by-case basis, the OSFM reserves the right to periodically review individual's qualifications and their knowledge, skills, and abilities related to the standards specified herein. Approval of qualified persons by the OSFM may be revoked for cause.
 4. Third Party Service Providers
Third party service providers and their employees shall be deemed as qualified if they meet the criteria specified in paragraph 1.a.-f. of this section.

SECTION I-B FACILITY TESTING OF FIRE PROTECTION SYSTEMS AND EQUIPMENT

Policy

All fire protection systems and equipment shall be inspected and tested in accordance with adopted codes and standards. Inspections and testing shall be performed by designated facility staff members or may be performed by a third party service. The results and any required maintenance, repairs, and third party services shall be documented. *Reference OFC Section 901.*

1. Facility staff shall be required to perform, at a minimum, the following function checks and tests:
 - a. Fire Alarms (refer to NFPA 72)
 - (1) Weekly Checks
 - (a) Visually check the fire alarm system, as follows:
 - Check all lights that stay on during normal operation.
 - Check all switches to see that they are not in the trouble, silent, or alarm position.
 - Check pull stations and detectors for damaged parts.
 - (2) Monthly Checks
 - (a) Test manual pull stations.
 - Activate a manual pull station.
 - Every pull station in the building shall be tested on a rotating basis over a period of time to ensure that each pull station is checked annually.
 - (b) Test smoke detectors.
 - Test the smoke detectors in accordance with NFPA 72 and manufacturer's instructions; **not with flame producing devices.**
 - Every smoke detector in the building shall be tested on a rotating basis over a period of time to ensure that each smoke detector is checked annually.
 - (c) Test alarm on back-up power.
 - Batteries for the alarm system shall be of the rechargeable type.
 - The main power for the alarm system shall be shut off and the alarm system tested on the batteries.
 - Batteries are required to be capable of ringing the bells for five minutes.
 - (d) Test all doors equipped with egress locking devices.
 - Door locks shall release upon fire alarm activation.
 - Door locks shall release upon loss of electrical power.
 - Verify that battery backup for keypads do not maintain doors in a locked condition.



- b. Sprinklers (Refer to NFPA 13 & 25)
- (1) Monthly Checks
 - (a) Test tamper switch on main sprinkler control valve.
 - The tamper switch is located on the main sprinkler valve and is designed to sound an alarm when the valve is closed.
 - The alarm shall ring at a constantly attended location, such as a nurse's station.
 - (2) Quarterly Checks (Wet systems only)
 - (a) Flow sprinkler main drain and record pressures during and after.
 - The valve should be opened and closed slowly.
 - Record the water pressure gauge reading when the main drain valve is fully opened and again when the valve is fully closed. The valve shall be opened fully for each test.
 - (b) Flow sprinkler system through inspector's test valve and record time.
 - The end of the inspector test line shall have an orifice no larger than ½ inch in diameter.
 - Record the time from when the valve is opened until the alarm bell rings. The maximum time for the test shall be 60 seconds.
 - (3) Annual Checks
 - (a) Servicing of anti-freeze systems shall be performed by a qualified technician as specified in section I-A of this manual.
 - (b) For dry systems, annual trip tests shall be performed by a qualified technician as specified in section I-A of this manual.

c. Fire Extinguishers (Refer to NFPA 10)

- (1) Monthly Checks
 - (a) Visually inspect the fire extinguishers to ensure the following:
 - The fire extinguisher is in place & readily accessible.
 - There is no obvious physical damage.
 - The gauge is normal.
 - The nozzle and/or hose are unobstructed.
 - The control handle pin is in place with approved seal.
 - (b) Remove fire extinguisher from location.
 - Hold upside down and tap with palm of hand or rubber mallet.
 - Listen or feel for agent movement.
 - (c) Re-hang fire extinguisher and initial and date fire extinguisher tag.



d. Generators (Refer to OFC 604.3, 604.4, & NFPA 70, 99, & 110)

- (1) Weekly Checks
 - (a) Check generator oil level, battery, and water.

- (2) Monthly Checks
 - (a) Run emergency generator under load for at least 30 minutes or in accordance with NFPA 110.
- e. Emergency and Exit Lights (Refer to NFPA 70 & 101)
 - (1) Weekly Checks
 - (a) Visually check that emergency lights operate.
 - (2) Quarterly Checks
 - (a) Disconnect electrical power from battery pack emergency lights for at least 90 minutes.
 - (b) If light dims or extinguishes, repair as needed.
- f. Smoke and Fire Doors (Refer to NFPA 80)
 - (1) Monthly Checks
 - (a) Ensure that smoke and fire doors close properly.
 - Doors automatically close upon loss of power and fire alarm activation.
 - No props or other impediments are present to block doors.
 - Doors shall automatically close and latch without assistance.
- g. Smoke and Fire Dampers (Refer to NFPA 90A)
 - (1) Biennial Checks (24 month interval)
 - (a) Ensure that smoke and fire dampers close properly.
 - (b) Tests shall be performed by a qualified technician as specified in Section I-A of this manual.



SECTION I-C
BASIC PROCEDURE FOR FIRE (R.A.C.E.)

Policy

Employees shall be trained in the fire emergency procedures described in their fire evacuation and fire safety plans. *Reference OFC Section 406.2 & NFPA 101, 18.7/19.7.*

1. The purpose of this fire procedure (R.A.C.E.) is to protect the lives of all patients in the facility. **NOTE: Staff must be trained to follow the basic procedures for fire (R.A.C.E.).**
2. There are four basic steps for fire emergencies. The term **R.A.C.E.** is an easy way to remember the four basic steps, as follows:
 - a. **Rescue** patients from the area of the fire. This includes assessing the fire, calling out for help, as well as moving the patient from danger.
 - b. **Alarm** initiation. This includes calling for help, by activating a smoke alarm, a manual alarm, or by initiating an intercom call throughout the facility.
 - c. **Confine** the fire. Normally this is accomplished by closing the door to the room of the fire.
 - d. **Extinguish** the fire. Assess the fire to determine if it is small enough to be extinguished by available staff with resources, including sufficient fire extinguishers.
3. Procedures for **R.A.C.E.**
 - a. The person who discovers the fire shall:
 - (1) **CALL FOR HELP** Calling aloud an established code phrase (such as Dr. Red & room number) provides for both the immediate aid of any endangered person and the transmission of an alarm.
 - (2) **ASSESS THE FIRE** Determine the appropriate action (such as removing the patient, extinguishing the fire, or closing the door).
 - (3) **REMOVE THE PATIENT** The patient should be moved to a place of safety out of the room or out of the smoke compartment.
 - (4) **CLOSE THE DOOR TO THE ROOM** Protect the rest of the facility from smoke and fire.
 - (5) **ACTIVATE FIRE ALARM** The fire alarm may be automatic, but should be backed up by pulling the manual pull box and by telephoning the fire department.
 - (6) **CLOSE ALL DOORS** Corridors must be cleared and all doors kept closed except for relocation of patients or residents and staff movements.
 - (7) **EXTINGUISH THE FIRE** Try to extinguish the fire if you feel capable and confident that the fire is small enough to extinguish easily.

- (8) **EVACUATE** Evacuate all patients or residents to a point of safety outside of the smoke compartment where the fire emergency exists. If the fire emergency continues to escalate, additional evacuation to other areas within the building or to a predetermined staging area outside of the facility may be necessary, based upon fire and life safety features designed within the building.
- b. Other staff within the facility shall:
- (1) Report to the nearest nurse's station (or as directed by the facility charge person).
 - (2) Until the fire department arrives, the facility charge person is responsible to oversee and manage the emergency and make emergency staff assignments, which may include the following, depending on the nature of the emergency:
 - (a) Send a person outside to meet fire department personnel and direct them to the right location.
 - (b) Send assistance immediately to the fire area.
 - (c) Assign others to assist in evacuating all patients in the fire area to a point beyond the nearest smoke barrier doors (**Defend In Place**).
 - (d) Assign person(s) to clear hallways of food carts, housekeeping equipment, etc., so there will be clear access for fire equipment or for evacuation.
 - (e) Mark doors of evacuated rooms.
 - (f) Assign supervision of those patients requiring special attention or services, such as wandering, confused, non-alert, or mentally disturbed patients.
- c. Upon arrival of the fire department, the senior fire authority (Incident Commander) and the facility charge person **shall** coordinate their actions to ensure patient safety.

SECTION I-D
STAFF IN-SERVICE FIRE SAFETY TRAINING PROCEDURE

Policy

All care facility employees shall receive fire safety training as part of new employee orientation and at least annually thereafter. *Reference OFC Section 406.*

1. Employees shall be trained in fire prevention, evacuation, and fire safety. Employees shall also be trained in the fire emergency procedures described in their fire evacuation and fire safety plans. Training shall be based on these plans.

NOTE: FIRE DRILLS AND FIRE DRILL CRITIQUES SHALL NOT BE CONSIDERED AS EMPLOYEE IN-SERVICE TRAINING.

2. All employees in the care facility are required to demonstrate competence in the subject content listed in paragraph 3 of this section.
 - a. Employee training programs shall be designed to meet the listed competencies.
 - b. Facilities shall have policies regarding employee attendance and compliance with the listed competency areas.
 - c. Employees shall be deemed competent if they have received sufficient training to be capable of meeting the subject content in the manner listed herein.
 - d. Employees who are unable to achieve competence shall be retrained as determined by the facility administration until competence is accomplished.
3. Employee Competencies
 - a. Fire Prevention
 - (1) Employees shall be apprised of the fire hazards of the materials and processes to which they are exposed.
 - (2) Each employee shall be instructed in the proper procedures for preventing fires in the conduct of their assigned duties.
 - (3) Explain the components of fire.
 - (4) Identify different types of fuels present in care facilities.
 - (5) Identify at least three common types of heat sources that cause fires, and describe several places where they are likely to be found in the employee's care facility.
 - (6) List strategies to prevent fires and give examples from the employee's care facility.
 - (7) Describe precautions to take which help confine fire spread if ignition should occur.

b. Evacuation Training

- (1) Employees shall be familiarized with the fire alarm and evacuation signals, their assigned duties in the event of an alarm or emergency, evacuation routes, areas of refuge, exterior assembly areas, and procedures for evacuation.
- (2) Explain why staff members in care facilities need to participate in fire protection programs.
- (3) Describe three ways a fire can spread.
- (4) List the characteristics of smoke and describe its dangerous effects.
- (5) List and describe fire safety features of the employee's care facility and their proper use.
- (6) Describe the emergency evacuation plan for the employee's care facility.
- (7) Explain evacuation practices of relocation and total evacuation based on the type of care facility.
- (8) List the four basic steps for R.A.C.E. and explain the procedures.
- (9) Explain why calling for assistance must be done first and explain the use of and response to coded announcements for alerting staff in the event of a fire.
- (10) Describe how to assess a fire.
- (11) Describe conditions when patients should be rescued.
- (12) Explain why the door to a room where a fire is burning must be closed.
- (13) Describe steps in sounding the fire alarm.
- (14) Explain why other doors in the care facility must be closed.
- (15) Describe circumstances under which extinguishment of a fire may be attempted. List three safety questions to ask oneself before approaching a fire to attempt extinguishment.
- (16) Explain when it is and is not appropriate to move patients during a fire emergency.
- (17) Describe where patients should be moved and under what conditions.
- (18) Describe how to move ambulatory patients from the area of a fire to a safe area of refuge.
- (19) Demonstrate three methods of moving a non-ambulatory person from a bed to a safe area of refuge.

c. Fire Safety

- (1) Employees assigned fire-fighting duties shall be trained to know the locations and proper use of portable fire extinguishers or other manual fire-fighting equipment and the protective clothing or equipment required for its safe and proper use.
- (2) Explain how fires ignite and how they are extinguished.
- (3) List and describe three classes of fuel.
- (4) Describe how to extinguish a small fire using a pillow, a blanket, and a small container of water.
- (5) Demonstrate how to extinguish a fire burning on a non-ambulatory patient bed or on a person confined to a wheel chair.
- (6) Describe the "PASS" procedure for using a fire extinguisher.
- (7) List and describe four common types of extinguishing agents and the classes of fire they extinguish.

SECTION I-E
EMERGENCY PREPAREDNESS

Policy

Emergency preparedness plans shall be prepared and maintained by the facility. Such plans shall be reviewed or updated annually or as necessitated by changes in staff assignments, occupancy, or the physical arrangement of the building. Fire Safety and evacuation plans shall be available in the workplace for reference and reviewed by employees, and copies shall be furnished to the fire code official for review upon request. *Reference OFC Chapter 4.*

1. Fire Evacuation Plans

a. Fire evacuation plans shall include the following:

- (1) Emergency egress or escape routes and whether evacuation of the building is to be complete or, where approved, by selected floors or areas only.
- (2) Procedures for employees who must remain to operate critical equipment before evacuating.
- (3) Procedures for accounting for employees and occupants after evacuation has been completed.
- (4) Identification and assignment of personnel responsible for rescue or emergency medical aid.
- (5) The preferred and any alternative means of notifying occupants of a fire or emergency.
- (6) The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.
- (7) Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.
- (8) A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.

2. Fire Safety Plans

a. Fire safety plans shall include the following:

- (1) The procedure for reporting a fire or other emergency.
- (2) The life safety strategy and procedures for notifying, relocating, or evacuating occupants.
- (3) Site plans indicating the following:
 - (a) The occupancy assembly point
 - (b) The locations of fire hydrants
 - (c) The normal routes of fire department vehicle access
- (4) Floor plans identifying the locations of the following:
 - (a) Exits
 - (b) Primary evacuation routes
 - (c) Secondary evacuation routes
 - (d) Accessible egress routes

- (e) Areas of refuge
- (f) Manual fire alarm boxes
- (g) Portable fire extinguishers
- (h) Occupant-use hose stations
- (i) Fire alarm annunciators and controls
- (5) A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.
- (6) Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.
- (7) Identification and assignment of personnel responsible for maintenance, housekeeping, and controlling fuel hazard sources.

3. Emergency Plans

- a. Emergency preparedness plans, at a minimum, shall include:
 - (1) Identification of emergency response personnel
 - (2) Continuity of essential building systems
 - (a) Water
 - (b) Electricity
 - (c) Ventilation
 - (d) Fire Protection Systems
 - (e) Fuel Sources
 - (f) Medical Gas & Vacuum Systems (if applicable)
 - (g) Communication Systems
 - (3) Staff Management
 - (a) Assignment of roles and responsibilities
 - (b) Method for identifying human resource needs to include status of families
 - (c) Method for recalling personnel and augmenting staff
 - (d) Management of space
 - (e) Management of staff transportation
 - (f) Critical incident stress debriefing
 - (4) Patient Management
 - (5) Logistics
 - (a) Pharmaceuticals
 - (b) Medical Supplies
 - (c) Food Supplies
 - (d) Linen Supplies
 - (e) Industrial and potable (drinking) waters
 - (6) Security
 - (7) Public Affairs
 - (8) Staff Education
 - (9) Drills
 - (10) Operational Recovery

**SECTION I-F
EMERGENCY EVACUATION DRILLS**

Policy

Emergency evacuation drills shall be conducted on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. *Reference OFC Section 408.6.* **In order to maintain competence, all care facility personnel shall, at a minimum, participate in at least 50% of all required fire drills in the facility.**

1. Responsibility for the planning and conduct of drills shall be assigned to competent persons designated to exercise leadership.
2. Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.
3. Records shall be maintained of required emergency evacuation drills and include the following information:
 - a. Identity of the person conducting the drill
 - b. Date and time of the drills
 - c. Notification method used
 - d. Staff members on duty and participating
 - e. Number of occupants evacuated
 - f. Special conditions simulated
 - g. Problems encountered
 - h. Weather conditions when occupants were evacuated
 - i. Time required to accomplish complete evacuation
4. Where required, prior notification of emergency evacuation drills shall be given to the fire code official.
5. Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

6. As building occupants arrive at the assembly point, efforts shall be made to determine if all occupants have been successfully evacuated and/or have been accounted for.
7. An electrically or mechanically operated signal used to recall occupants after an evacuation shall be separate and distinct from the signal used to initiate the evacuation. The recall signal initiation means shall be manually operated and under the control of the person in charge of the premises or the official in charge of the incident. No one shall reenter the premises until authorized to do so by the official in charge.

SECTION II-A PLAN

1. The purpose of this chapter is to assist providers in developing and evaluating their own individualized emergency preparedness plans. The following are prioritized goals for emergency preparedness:
 - a. Prevent loss of life
 - b. Prevent or mitigate trauma to residents
 - c. Maintain services to the extent possible
 - d. Prevent or reduce property loss
2. Plan Development
 - a. The first step is to conduct an analysis of potential local hazards that could create a need for emergency evacuation of the facility. Refer to section II-B for potential emergency hazards.
 - b. Following this analysis, a written plan for coping with the identified hazards shall be developed. Since facilities may not have the same set of problems and resources, each emergency evacuation plan must be tailored to the facility's hazard analysis.



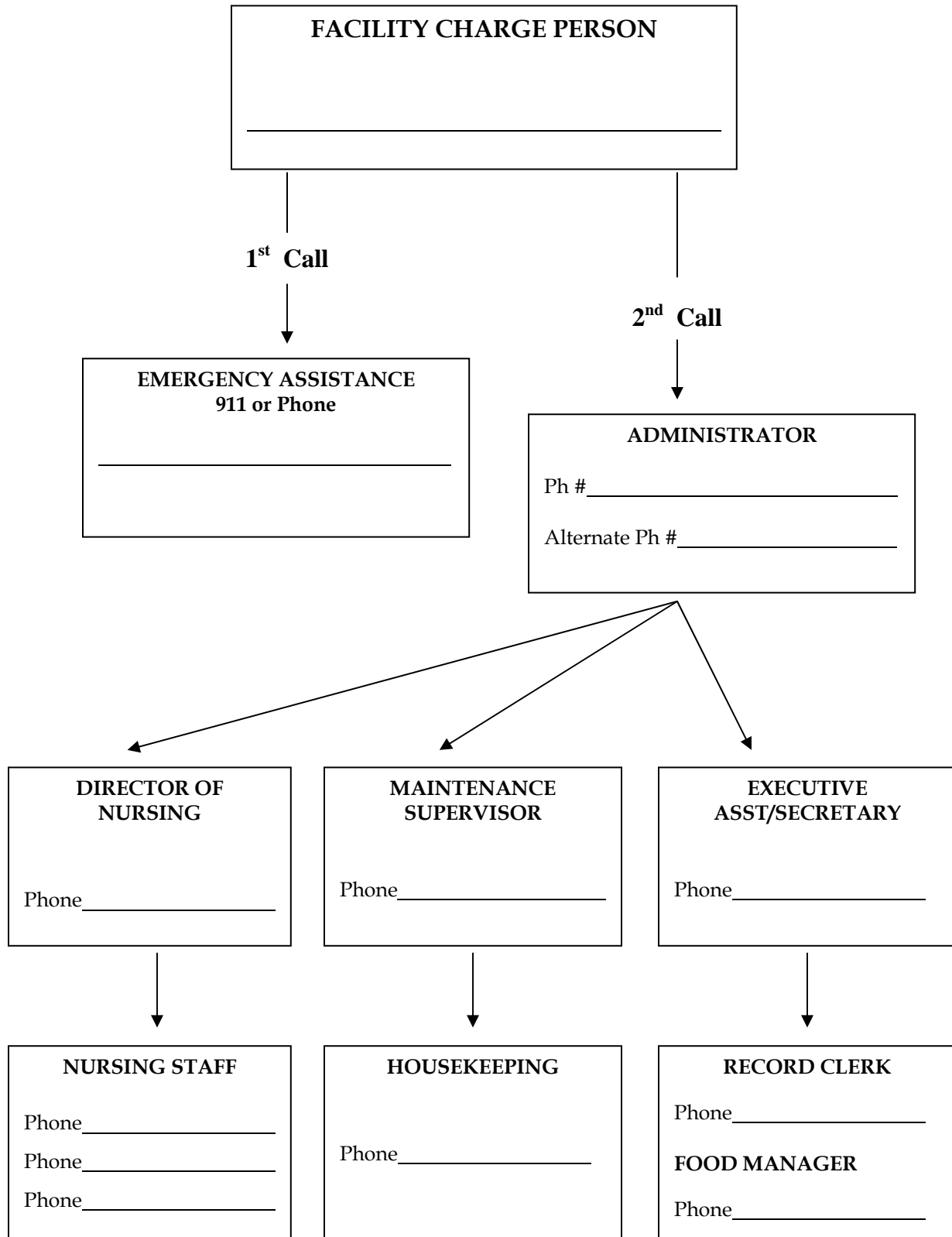
SECTION II-B POTENTIAL EMERGENCY HAZARDS

1. The following items should be considered in developing a hazard inventory (with information sources in parentheses): **This list is not intended to be all-inclusive.**
 - a. Location of the facility relative to special hazards which may be identified by public agencies (fire department, police department, and sheriff's office).
 - b. Location of the facility downstream from a dam or behind a dike where failure might cause flooding (sheriff's office).
 - c. Location where a damaging earthquake and/or tsunami can be expected (U.S. Geological Survey).
 - d. Proximity to nuclear power sites or to hazardous materials dumpsites and storage areas (Office of State Fire Marshal & fire department).

- e. Location of facility in relationship to being in or near airport flight patterns.
- f. Proximity to industrial sites where accidents involving hazardous materials pose risk (Office of State Fire Marshal & fire department).
- g. Location in areas where forest or grass fires could affect the facility (State Department of Natural Resources, State Forestry, local fire department, U.S. Forest Service, and Bureau of Land Management).
- h. The risk of fires in or near the building (fire department).
- i. Risk from windstorms, heavy rains, etc. (sheriff's office).
- j. Possibility of power/utilities/phone disruption in the area.
- k. Problems related to access to facility in case of flooding, snowstorm, bridge closure, mud slides, forest fires, etc. (local fire department, police department, and sheriff's office).

**SECTION II-C
EMERGENCY CALL LIST (SUGGESTED)**

Telephone Tree (chain of notification in the Event of an emergency)



**SECTION II-D
ELECTRICAL OUTAGE**

1. Loss of electricity may occur at any time, day or night, and at any time of the year. Most facilities have emergency generators, which provide power for lights and fire alarm, and some have a generator that provides power for the entire facility.
2. In case of an electrical outage, the following information should be available:
 - a. How long will your generator operate with on-premises fuel supply? (Due to seismic zone requirements, the minimum operational fuel supply shall be sufficient to operate the generator at full capacity for a minimum of 96 hours in all counties west of the Cascades & Klamath & Hood River counties.)

- b. Do you have a source for additional fuel?

Name and Phone Number

- c. If you do not have a generator, where can one be obtained?

Name and Phone Number

- d. If your generator fails, who is available for maintenance or repair?

Name and Phone Number

**SECTION II-E
FUEL OUTAGE**

1. In case of fuel outage, the following information should be available:
 - a. Can your system be switched to an alternate fuel supply?

- b. Where are alternate or additional fuel supplies located?

- c. Who would be available to maintain or repair your heating system?

A prolonged outage may necessitate a complete evacuation of the facility.

**SECTION II-F
UTILITY CONTACT LIST**

Company Name	Phone #	Location of Master Controls
Electric Company		
Gas Company		
Water Company		
Fire Sprinkler Company		
Fire Alarm Company		

NOTE: It may be helpful to include photographs as well as written descriptions of the master control locations in this manual.

**SECTION III-A
FIRE DRILL PROCEDURES**

1. A fire drill is required on each shift at least once each quarter. *Reference OFC Section 405.*
NOTE: In those facilities where more than a single work shift occurs, drills shall be done on each shift on a quarterly basis.

Shift	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Day	Drill			Drill			Drill			Drill		
Swing		Drill			Drill			Drill			Drill	
Night			Drill			Drill			Drill			Drill

NOTE: FIRE DRILLS AND FIRE DRILL CRITIQUES SHALL NOT BE CONSIDERED AS EMPLOYEE IN-SERVICE TRAINING.

2. The purpose of the fire drill is to test facility personnel in the following:
 - a. **Efficiency**
 - b. **Knowledge**
 - c. **Response to Fire Emergency**



3. Fire drill procedure is the same as for a real fire and is outlined in **BASIC PROCEDURE FOR FIRE (R.A.C.E.)**.
4. Fire drills shall be held at **unexpected times** and on a random basis. Fire drills shall be conducted **under varying circumstances**, simulating actual fire conditions.
5. The person conducting the drill shall notify the monitoring agency (911 Center, fire department, etc.) by telephone **PRIOR** to the fire drill and again at **COMPLETION** of the drill.
6. A simulated fire (cloth, sign, etc.) with written description of fire problem shall be placed at a predetermined location.
7. Emphasize orderly action under proper discipline, rather than speed.
8. Drills shall include transmission of fire alarm signals throughout the facility.

TO AVOID DISTURBING PATIENTS, DRILLS CONDUCTED BETWEEN 9 PM AND 6 AM MAY USE A CODED ANNOUNCEMENT INSTEAD OF AN AUDIBLE ALARM. NOTE: IT IS RECOMMENDED THAT AT LEAST ONE FIRE DRILL ANNUALLY IS CONDUCTED DURING THESE TIMES USING THE AUDIBLE FIRE ALARM SIGNAL.

9. Drills shall include simulation of emergency fire conditions except that the movement of infirm or bedridden patients to safe areas or to the exterior of the building is not required. **NOTE: Patients who are mobile should be removed from involved zones lest their curiosity or anxiety hamper emergency mitigation activity or cause themselves injury.** Visitors within the facility also need to be relocated to other zones or exterior of the building, as appropriate.
10. Facility written procedures shall require that all facility personnel participate during fire drills.
11. It is recommended that fire drills be held in conjunction with the required monthly fire alarm tests. For example, testing a smoke detector or fire alarm pull station could serve as both the test and the fire drill.

SECTION III-B EVACUATION PRACTICES

The evacuation of hospitals and nursing facilities may involve the practices of 1) relocation within the facility (defend in place) or 2) total building evacuation. In some cases, both types of evacuation practices may be used together to accomplish occupant protection. The decision regarding which type of evacuation to use is based upon built-in fire protection and safety features such as smoke barriers, fire walls, and exits. Where facilities are co-located along with other businesses within the same structure, facility evacuation must be coordinated with the building manager(s) of those other businesses.

SECTION III-C RELOCATION WITHIN FACILITY (DEFEND IN PLACE)

1. Defend in place is the process of relocating patient(s) from the smoke zone of fire origin to another protected location within the building. The purpose of defend in place is to first remove the patient(s) that is in the immediate vicinity of the fire origin.
 - a. **First Priority:**
 - (1) Remove patient(s) from the room of origin, regardless of their mobility condition, if possible. **NOTE: If not possible, CLOSE THE DOOR.**
 - (2) Remove patient(s) from room(s) adjacent to the room of origin, regardless of their mobility condition.
 - (3) Remove patient(s) from rooms(s) directly across the hallway from the room of origin, regardless of their mobility condition.



- b. **Second Priority:**
- (1) Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. **NOTE: When removing patient(s) to a point of safety, no patient(s) shall be evacuated past the room of origin. This may require patient(s) to be evacuated to the exterior of the building. However, they may reenter the building into unaffected smoke zone.**
 - (2) The evacuation priority for all remaining patient(s) within the affected smoke zone is:
 - (a) First, walking patients
 - (b) Second, wheelchair patients
 - (c) Last, bed or litter-borne patients
- c. **Third Priority:**
- (1) The facility charge person shall assign personnel to ensure that all patient rooms in the affected smoke zone have been evacuated, and ensure those patients and other nonessential persons **DO NOT** reenter the smoke zone.
 - (2) Ensure all corridor and smoke barrier doors are closed.
 - (3) Upon arrival of the fire department, the senior fire authority (incident commander) is in charge. The facility charge person shall coordinate their actions with the incident commander to ensure patient safety.
 - (4) Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.

SECTION III-D TOTAL EVACUATION OF THE FACILITY

1. If an emergency continues to escalate, a complete facility evacuation may become necessary. The facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. **NOTE: If it is deemed necessary to evacuate patients to a temporary evacuation site or a long-term location, the Office of State Fire Marshal shall be immediately notified.**
2. The total evacuation procedure may include (but not be limited to) the following considerations:
 - a. A designated person(s) who has the authority to order evacuation.
 - b. Which patients will be moved first.
 - c. An outline for **TRIAGE** within the facility, as well as one for outside triage prior to transportation to evacuation center.
 - d. Designated external staging area(s) where patients will be taken on a short-term basis pending return to facility or further transfers.
 - e. Designated temporary shelter(s) where patients can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period.

- f. If patient records (medical and personal information) are to be moved, how and by whom?
 - g. What equipment and supplies must accompany the patients?
 - h. Designated staff to remain with the evacuated patients.
 - i. Designated long-term relocation site(s) must be pre-identified to provide on-going patient care. **NOTE: A current letter of agreement between facility and relocation site shall be on file at the facility.**
 - j. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?
3. The total evacuation of the facility would require a step-by-step process of moving patients through a series of temporary safe areas.
- a. **External Staging Area** – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.

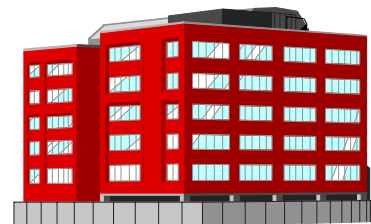
- b. **Temporary Evacuation Sites** – Should be designated near the facility so that patients can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.



(1) Criteria for Temporary Shelter:

- (a) Length of stay not to exceed 96 hours.
- (b) Must maintain a “reasonable” degree of fire and life safety.
- (c) Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.

- c. **Long-Term Evacuation Sites** – Pre-identified site to provide on-going patient care. Options may include: hospitalization, transfer to another facility, release to family members, or mass care in designated shelters. Written agreements should exist for long-term use of pre-designated sites.



(1) Criteria for Long-Term Site:

- (a) Length of stay could exceed 96 hours to an unspecified period of time.
- (b) Fire & life safety needs of the patients shall be met.
- (c) Built-in fire protection shall be required along with the capability to serve critical care patients.

- (d) Before identifying a long-term relocation site, consider possible area wide catastrophic events (i.e., earthquake, volcanic eruption, flood).

**SECTION III-E
EVACUATION SITE EVALUATION**

1. Facility administration shall assess designated evacuation sites to ensure they meet the criteria specified in Section III-D, paragraph 3. b. & c.
2. Based upon the facility emergency preparedness plan, the letter of agreement between the facility and the evacuation site, as specified in Section III D, paragraph 2. i., shall identify whether such site meets the temporary and/or long term evacuation site criteria.

**SECTION IV-A
FIRE DRILL PROCEDURES**

1. A fire drill is required on each shift at least once each quarter. *Reference OFC Section 405.*
NOTE: In those facilities where more than a single work shift occurs, drills shall be done on each shift on a quarterly basis.

Shift	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Day	Drill			Drill			Drill			Drill		

NOTE: FIRE DRILLS AND FIRE DRILL CRITIQUES SHALL NOT BE CONSIDERED AS EMPLOYEE IN-SERVICE TRAINING.

2. The purpose of the fire drill is to test facility personnel in the following:
 - a. **Efficiency**
 - b. **Knowledge**
 - c. **Response to Fire Emergency**
3. Fire drill procedure is the same as for a real fire and is outlined in **BASIC PROCEDURE FOR FIRE (R.A.C.E.)**.
4. Fire drills shall be held at **unexpected times** and on a random basis. Fire drills shall be conducted **under varying circumstances**, simulating actual fire conditions.
5. The person conducting the drill shall notify the monitoring agency (911 Center, fire department, etc.) by telephone **PRIOR** to the fire drill and again at **COMPLETION** of the drill.
6. A simulated fire (cloth, sign, etc.) with written description of fire problem shall be placed at a predetermined location.
7. Emphasize orderly action under proper discipline, rather than speed.
8. Drill shall include transmission of fire alarm signals throughout the facility.

EMERGENCY !!

9. Drills shall include simulation of emergency fire conditions except that the movement of infirm or bedridden patients to safe areas or to the exterior of the building is not required. **NOTE: Patients who are mobile should be removed from involved zones lest their curiosity or anxiety hamper fire department activity or cause themselves injury.** Visitors within the facility also need to be relocated to other zones or exterior of the building, as appropriate.
10. Facility written procedures shall require that all facility personnel participate during fire drills.
11. It is recommended that fire drills be held in conjunction with the required monthly fire alarm tests. For example, testing a smoke detector or fire alarm pull station could serve as both the test and the fire drill.

SECTION IV-B EVACUATION PRACTICES

The evacuation of ambulatory health care facilities may involve the practices of 1) relocation within the facility (defend in place) or 2) total building evacuation. In some cases, both types of evacuation practices may be used together to accomplish occupant protection. The decision regarding which type of evacuation to use is based upon built-in fire protection and safety features such as smoke barriers, fire walls, and exits. Where facilities are co-located along with other businesses within the same structure, facility evacuation must be coordinated with the building manager(s) of those other businesses.

SECTION IV-C RELOCATION WITHIN FACILITY (DEFEND IN PLACE)

1. Defend in place is the process of relocating patient(s) from the smoke zone of fire origin to another protected location within the building. The purpose of defend in place is to first remove the patient(s) that is in the immediate vicinity of the fire origin.

a. **First Priority:**

- (1) Remove patient(s) from the room of origin, regardless of their mobility condition, if possible. **NOTE: If not possible, CLOSE THE DOOR.**
- (2) Remove patient(s) from room(s) adjacent to the room of origin, regardless of their mobility condition.
- (3) Remove patient(s) from rooms(s) directly across the hallway from the room of origin, regardless of their mobility condition.



b. **Second Priority:**

- (1) Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. **NOTE: When removing patient(s) to a point of safety, no patient(s) shall be evacuated past the room of origin. This may require patient(s)**

to be evacuated to the exterior of the building. However, they may reenter the building into an unaffected smoke zone.

- (2) The evacuation priority for all remaining patient(s) within the affected smoke zone is:
 - (a) First, walking patients
 - (b) Second, wheelchair patients
 - (c) Last, bed or litter-borne patients
- c. **Third Priority:**
 - (1) The facility charge person shall assign personnel to ensure that all patient rooms in the affected smoke zone have been evacuated, and ensure those patients and other nonessential persons **DO NOT** reenter the smoke zone.
 - (2) Ensure all corridor and smoke barrier doors are closed.
 - (3) Upon arrival of the fire department, the senior fire authority (incident commander) is in charge. The facility charge person shall coordinate their actions with the incident commander to ensure patient safety.
 - (4) Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.

SECTION IV-D TOTAL EVACUATION OF THE FACILITY

1. If an emergency continues to escalate, a complete facility evacuation may become necessary. The facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. ***NOTE: If it is deemed necessary to evacuate patients to a temporary evacuation site, the Office of State Fire Marshal shall be notified immediately.***
2. The total evacuation procedure may include (but not be limited to) the following considerations:
 - a. A designated person(s) who has the authority to order evacuation.
 - b. Which patients will be moved first.
 - c. An outline for **TRIAGE** within the facility, as well as one for outside triage prior to transportation to evacuation center.
 - d. Designated external staging area(s) where patients will be taken on a short-term basis pending return to facility or further transfers.
 - e. Designated temporary shelter(s) where patients can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period.
 - f. If patient records (medical and personal information) are to be moved, how and by whom?

- g. What equipment and supplies must accompany the patients?
 - h. Designated staff to remain with the evacuated patients.
 - i. Designated temporary evacuation site(s) must be pre-identified to provide on-going patient care. **NOTE: A current letter of agreement between facility and relocation site shall be on file at the facility.**
 - j. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?
3. The total evacuation of the facility would require a step-by-step process of moving patients through a series of temporary safe areas.
- a. **External Staging Area** – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.
 - b. **Temporary Evacuation Site** – Should be designated near the facility so that patients can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.
 - (1) Criteria for Temporary Evacuation Site:
 - (a) Length of stay not to exceed 24 hours.
 - (b) Must maintain a “reasonable” degree of fire and life safety.
 - (c) Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.



SECTION IV-E EVACUATION SITE EVALUATION

- 1. Facility administration shall assess designated evacuation sites to ensure they meet the criteria specified in Section IV-D, paragraph 3. b.

**SECTION V-A
FIRE DRILL PROCEDURES**

1. Emergency evacuation drills may be conducted in accordance with the applicable rules of the licensing agency, but not less than two times per year on each shift.

Shift	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Day	Drill						Drill					
Swing			Drill						Drill			
Night					Drill						Drill	

NOTE: FIRE DRILLS AND FIRE DRILL CRITIQUES SHALL NOT BE CONSIDERED AS EMPLOYEE IN-SERVICE TRAINING.

2. The purpose of the fire drill is to test facility personnel in the following:
 - a. Efficiency
 - b. Knowledge
 - c. Response to Fire Emergency
3. Fire drill procedure is the same as for a real fire and is outlined in **BASIC PROCEDURE FOR FIRE (R.A.C.E.)**.
4. Fire drills shall be held at **unexpected times** and on a random basis. Fire drills shall be conducted **under varying circumstances**, simulating actual fire conditions.
5. The person conducting the drill shall notify the monitoring agency (911 Center, fire department, etc.) by telephone **PRIOR** to the fire drill and again at **COMPLETION** of the drill.
6. A simulated fire (cloth, sign, etc.) with written description of fire problem shall be placed at a predetermined location.
7. Emphasize orderly action under proper discipline, rather than speed.
8. Drills shall include transmission of fire alarm signals throughout the facility.



9. Drills shall include simulation of emergency fire conditions.

10. **Occupant Participation**

- a. Emergency evacuation drills shall involve the actual evacuation of residents to a selected assembly point and shall provide residents with experience in exiting through approved, required exits. Within each year, all required exits shall be used during emergency evacuation drills.

Exceptions:

- (1) Actual exiting from windows shall not be required. Opening window and signaling for help shall be an acceptable alternative to exiting from the window.
- (2) Residents are not required to participate in fire drills when the facility complies with **all** of the following criteria;
 - (a) The staff conducts at least 12 drills per year, and
 - (b) The facility is protected with an automatic and manual fire alarm system in accordance with OFC section 907.2.6, and
 - (c) An automatic sprinkler system is installed in accordance with NFPA 13, and
 - (d) The facility is constructed of at least one hour construction.
 - (e) Facilities for five and fewer residents shall provide protection in accordance with the standards for one and two family dwellings.

NOTE: *Patients who are mobile should be removed from involved zones lest their curiosity or anxiety hamper emergency mitigation activity or cause themselves injury*

- b. Visitors need to be relocated to other zones or to the exterior of the building, as appropriate.

11. Facility written procedures shall require that all facility personnel participate during fire drills.

12. It is recommended that fire drills be held in conjunction with the required monthly fire alarm tests. For example, testing a smoke detector or fire alarm pull station could serve as both the test and the fire drill.

**SECTION V-B
EVACUATION PRACTICES**

- 1. The evacuation of residential care/memory care facilities involves both the residents and staff as a group to evacuate the building or relocate from a point of occupancy to a point of safety. **A point of safety is one of the following:**

- a. A point exterior to, and not less than 50 feet (15 240 mm) away from the building that shall be provided with access to a public way; or
 - b. A public way; or
 - c. A point within a building that is protected throughout by an approved automatic sprinkler system and is either:
 - (1) Within a vertical exit enclosure constructed as per OSSC section 1019; or
 - (2) Within another portion of the building that is separated by a smoke barrier and that portion of the building has access to a means of escape or exit.
2. In some cases, both types of evacuation practices may be used together to accomplish occupant protection. The decision regarding which type of evacuation to use is based upon built-in fire protection and safety features such as smoke barriers, fire walls, and exits. Where facilities are co-located along with related occupancies within the same structure, facility evacuation must be coordinated with the facility manager(s) of those other occupancies.

SECTION V-C RELOCATION WITHIN FACILITY

1. Relocation within the facility is the process of assisting residents to move from the smoke zone of fire origin to another protected location within the building. The purpose of relocation is to move residents from the immediate vicinity of the fire origin.
 - a. **First Priority:**
 - (1) Remove resident(s) from the room of origin, regardless of their mobility condition, if possible. *NOTE: If not possible, CLOSE THE DOOR.*
 - (2) Remove resident(s) from room(s) adjacent to the room of origin, regardless of their mobility condition.
 - (3) Remove resident(s) from room(s) directly across the hallway from the room of origin, regardless of their mobility condition.
 - b. **Second Priority:**
 - (1) Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. *NOTE: When removing resident(s) to a point of safety, no resident(s) shall be evacuated past the room of origin. This may require resident(s) to be evacuated to the exterior of the building. However, they may reenter the building into unaffected smoke zone.*
 - (2) The evacuation priority for all remaining resident(s) within the affected smoke zone is:
 - (a) First, ambulatory residents.
 - (b) Second, residents who require walkers, wheelchairs, or other assistance.
 - (3) Upon arrival of the fire department, the senior fire authority (incident commander) is in charge. The facility charge person shall coordinate their actions with the incident commander to ensure resident safety.

- c. **Third Priority:**
- (1) The facility charge person shall assign personnel to ensure that all resident rooms in the affected smoke zone have been evacuated, and ensure those residents and other nonessential persons **DO NOT** reenter the smoke zone. **NOTE: Memory Care residents may need to be closely monitored.**
 - (2) Ensure all corridor and smoke barrier doors are closed.
 - (3) Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.

SECTION V-D TOTAL EVACUATION OF THE FACILITY

1. If an emergency continues to escalate, a complete facility evacuation may become necessary. The facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. **NOTE: If it is deemed necessary to evacuate residents to a temporary evacuation site or a long-term location, the Office of State Fire Marshal shall be notified immediately.**
2. The total evacuation procedure may include (but not be limited to) the following considerations:
 - a. A designated person(s) who has the authority to order evacuation.
 - b. Which residents will be moved first.
 - c. An outline for **TRIAGE** within the facility, as well as one for outside triage prior to transportation to evacuation center.
 - d. Designated external staging area(s) where residents will be taken on a short-term basis pending return to facility or further transfers.
 - e. Designated temporary shelter(s) where residents can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period.
 - f. If resident's records (medical and personal information) are to be moved, how and by whom?
 - g. What equipment and supplies must accompany the residents?
 - h. Designated staff to remain with the evacuated residents.
 - i. Designated long-term evacuation site(s) must be pre-identified to provide on-going resident care. **NOTE: A current letter of agreement between facility and relocation site shall be on file at the facility.**
 - j. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?

3. The total evacuation of the facility would require a step-by-step process of moving residents through a series of temporary safe areas.
 - a. **External Staging Area** – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.
 - b. **Temporary Evacuation Site** – Should be designated near the facility so that residents can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.
 - (1) **Criteria for Temporary Shelter:**
 - (a) Length of stay not to exceed 96 hours.
 - (b) Must maintain a “reasonable” degree of fire and life safety.
 - (c) Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.
 - c. **Long Term Evacuation Sites** – Pre-identified site to provide on-going resident care. Options may include: hospitalization, transfer to another facility, release to family members, or mass care in designated shelters. Written agreements should exist for long-term use of pre-designated sites.
 - (1) **Criteria for Long-Term Site:**
 - (a) Length of stay could exceed 96 hours to an unspecified period of time.
 - (b) Fire & life safety needs of the residents shall be met.
 - (c) Built-in fire protection shall be required along with the capability to serve critical care residents.
 - (d) Before identifying a long-term relocation site, consider possible area wide catastrophic events (i.e., earthquake, volcanic eruption, flood).

SECTION V-E EVACUATION SITE EVALUATION

1. Facility administration shall assess designated evacuation sites to ensure they meet the criteria specified in Section III-D, paragraph 3. b. & c.
2. Based upon the facility emergency preparedness plan, the letter of agreement between the facility and the evacuation site, as specified in Section III D, paragraph 2 i, shall identify whether such site meets the temporary and/or long term evacuation site criteria.

SECTION V-F ELECTRICAL EQUIPMENT, WIRING AND HAZARDS

1. Identified electrical hazards shall be abated in accordance with Oregon Electrical Specialty Code (OESC).
2. Service equipment areas, motor control centers, and electrical panelboards shall be illuminated.

3. A working space shall be provided in front of electrical service equipment. This space shall be not less than 30 inches in width or the width of the electrical service equipment, if wider. Clearance shall be 36 inches deep in front of the panel and shall be at least 78 inches in height. No storage of any materials shall be located within the designated work space.
4. Multi-plug adapters, such as cube adaptors, unfused plug strips or any other device that does not comply with the OESC shall be prohibited.
5. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.
 - a. Extension cords shall be plugged directly into an approved receptacle, power tap or multiplug adapter and, except for approved multiplug extension cords, shall serve only one portable appliance.
 - b. The ampacity of the extension cords shall not be less than the rated capacity of the portable appliance supplied by the cord.
 - c. Extension cords shall be maintained in good condition without splices, deterioration or damage.
 - d. Extension cords shall be grounded when serving grounded portable appliances.
6. Open electrical boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all electrical boxes.
7. Electrical appliances and fixtures shall be tested and listed in published reports of inspected electrical equipment by an approved agency and installed in accordance with all instructions included as part of such listing.
8. Temporary wiring for electrical power and lighting installations is allowed for a period not to exceed 90 days. Temporary wiring methods shall meet the applicable provisions of the OESC.

**SECTION VI-A
FIRE DRILL PROCEDURES**

1. Emergency evacuation drills may be conducted in accordance with the applicable rules of the licensing agency, but not less than two times per year on each shift.

Shift	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Day	Drill						Drill					
Swing			Drill						Drill			
Night					Drill						Drill	

NOTE: FIRE DRILLS AND FIRE DRILL CRITIQUES SHALL NOT BE CONSIDERED AS EMPLOYEE IN-SERVICE TRAINING.

2. The purpose of the fire drill is to test facility personnel in the following:

- a. Efficiency
- b. Knowledge
- c. Response to Fire Emergency



3. Fire drill procedure is the same as for a real fire and is outlined in **BASIC PROCEDURE FOR FIRE (R.A.C.E.)**.
4. Fire drills shall be held at **unexpected times** and on a random basis. Fire drills shall be conducted **under varying circumstances**, simulating actual fire conditions.
5. The person conducting the drill shall notify the monitoring agency (911 Center, fire department, etc.) by telephone **PRIOR** to the fire drill and again at **COMPLETION** of the drill.
6. A simulated fire (cloth, sign, etc.) with written description of fire problem shall be placed at a predetermined location.
7. Emphasize orderly action under proper discipline, rather than speed.
8. Drills shall include transmission of fire alarm signals throughout the facility.

9. Drills shall include simulation of emergency fire conditions.

10. **Occupant Participation**

- a. Emergency evacuation drills shall involve the actual evacuation of residents to a selected assembly point and shall provide residents with experience in exiting through approved, required exits. Within each year, all required exits shall be used during emergency evacuation drills.

Exceptions:

- (1) Actual exiting from windows shall not be required. Opening window and signaling for help shall be an acceptable alternative to exiting from the window.
- (2) Residents are not required to participate in fire drills when the facility complies with **all** of the following criteria;
- (a) The staff conducts at least 12 drills per year, and
 - (b) The facility is protected with an automatic and manual fire alarm system in accordance with OFC section 907.2.6, and
 - (c) An automatic sprinkler system is installed in accordance with NFPA 13, and
 - (d) The facility is constructed of at least one hour construction.
 - (e) Facilities for five and fewer residents shall provide protection in accordance with the standards for one and two family dwellings.

NOTE: *Patients who are mobile should be removed from involved zones lest their curiosity or anxiety hamper emergency mitigation activity or cause themselves injury*

- b. Visitors need to be relocated to other zones or exterior of the building, as appropriate.

11. Facility written procedures shall require that all facility personnel participate during fire drills.

12. It is recommended that fire drills be held in conjunction with the required monthly fire alarm tests. For example, testing a smoke detector or fire alarm pull station could serve as both the test and the fire drill.

**SECTION VI-B
EVACUATION PRACTICES**

1. The evacuation of assisted living facilities involves both the residents and staff as a group to evacuate the building or relocate from a point of occupancy to a point of safety. **A point of safety is one of the following:**

- a. A point exterior to, and not less than 50 feet (15 240 mm) away from the building that shall be provided with access to a public way; or

- b. A public way; or
 - c. A point within a building that is protected throughout by an approved automatic sprinkler system and is either:
 - (1) Within a vertical exit enclosure constructed as per OSSC section 1019; or
 - (2) Within another portion of the building that is separated by a smoke barrier and that portion of the building has access to a means of escape or exit.
2. In some cases, both types of evacuation practices may be used together to accomplish occupant protection. The decision regarding which type of evacuation to use is based upon built-in fire protection and safety features such as smoke barriers, fire walls, and exits. Where facilities are co-located along with related occupancies within the same structure, facility evacuation must be coordinated with the facility manager(s) of those other occupancies.

SECTION VI-C RELOCATION WITHIN FACILITY

1. Relocation within the facility is the process of assisting residents to move from the smoke zone of fire origin to another protected location within the building. The purpose of relocation is to move residents from the immediate vicinity of the fire origin.
- a. **First Priority:**
 - (1) Remove resident(s) from the room of origin, regardless of their mobility condition, if possible. *NOTE: If not possible, CLOSE THE DOOR.*
 - (2) Remove resident(s) from room(s) adjacent to the room of origin, regardless of their mobility condition.
 - (3) Remove resident(s) from room(s) directly across the hallway from the room of origin, regardless of their mobility condition.
 - b. **Second Priority:**
 - (1) Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. *NOTE: When removing resident(s) to a point of safety, no resident(s) shall be evacuated past the room of origin. This may require resident(s) to be evacuated to the exterior of the building. However, they may reenter the building into unaffected smoke zone.*
 - (2) The evacuation priority for all remaining resident(s) within the affected smoke zone is:
 - (a) First, ambulatory residents.
 - (b) Second, residents who require walkers, wheelchairs, or other assistance.
 - (3) Upon arrival of the fire department, the senior fire authority (incident commander) is in charge. The facility charge person shall coordinate their actions with the incident commander to ensure resident safety.

c. **Third Priority:**

- (1) The facility charge person shall assign personnel to ensure that all resident rooms in the affected smoke zone have been evacuated, and ensure those residents and other nonessential persons **DO NOT** reenter the smoke zone.
- (2) Ensure all corridor and smoke barrier doors are closed.
- (3) Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.

**SECTION VI-D
TOTAL EVACUATION OF THE FACILITY**

1. If an emergency continues to escalate, a complete facility evacuation may become necessary. The facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. ***NOTE: If it is deemed necessary to evacuate residents to a temporary evacuation site or a long-term location, the Office of State Fire Marshal shall be notified immediately.***
2. The total evacuation procedure may include (but not be limited to) the following considerations:
 - a. A designated person(s) who has the authority to order evacuation.
 - b. Which residents will be moved first.
 - c. An outline for **TRIAGE** within the facility, as well as one for outside triage prior to transportation to evacuation center.
 - d. Designated external staging area(s) where residents will be taken on a short-term basis pending return to facility or further transfers.
 - e. Designated temporary shelter(s) where residents can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period.
 - f. If resident's records (medical and personal information) are to be moved, how and by whom?
 - g. What equipment and supplies must accompany the residents?
 - h. Designated staff to remain with the evacuated residents.
 - i. Designated long-term relocation site(s) must be pre-identified to provide on-going resident care. ***NOTE: A current letter of agreement between facility and relocation site shall be on file.***
 - j. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?

3. The total evacuation of the facility would require a step-by-step process of moving residents through a series of temporary safe areas.
 - a. **External Staging Area** – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.
 - b. **Temporary Evacuation Site** – Should be designated near the facility so that residents can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.
 - (1) **Criteria for Temporary Shelter:**
 - (a) Length of stay not to exceed 96 hours.
 - (b) Must maintain a “reasonable” degree of fire and life safety.
 - (c) Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.
 - c. **Long Term Evacuation Sites** – Pre-identified site to provide on-going resident care. Options may include: hospitalization, transfer to another facility, release to family members, or mass care in designated shelters. Written agreements should exist for long-term use of predesignated sites.
 - (1) **Criteria for Long-Term Site:**
 - (a) Length of stay could exceed 96 hours to an unspecified period of time.
 - (b) Fire & life safety needs of the residents shall be met.
 - (c) Built-in fire protection shall be required along with the capability to serve critical care residents.
 - (d) Before identifying a long-term relocation site, consider possible area wide catastrophic events (i.e., earthquake, volcanic eruption, flood).

SECTION VI-E EVACUATION SITE EVALUATION

1. Facility administration shall assess designated evacuation sites to ensure they meet the criteria specified in Section III-D, paragraph 3. b. & c.
2. Based upon the facility emergency preparedness plan, the letter of agreement between the facility and the evacuation site, as specified in Section III D, paragraph 2. i., shall identify whether such site meets the temporary and/or long term evacuation site criteria.

SECTION VI-F ELECTRICAL EQUIPMENT, WIRING AND HAZARDS

1. Identified electrical hazards shall be abated in accordance with Oregon Electrical Specialty Code (OESC).
2. Service equipment areas, motor control centers, and electrical panelboards shall be illuminated.

3. A working space shall be provided in front of electrical service equipment. This space shall be no less than 30 inches in width or the width of the electrical service equipment, if wider. Clearance shall be 36 inches deep in front of the panel and shall be at least 78 inches in height. No storage of any materials shall be located within the designated work space.
4. Multi-plug adapters, such as cube adaptors, unfused plug strips or any other device that does not comply with the OESC shall be prohibited.
5. Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact. Extension cords shall be used only with portable appliances.
 - a. Extension cords shall be plugged directly into an approved receptacle, power tap or multiplug adapter and, except for approved multiplug extension cords, shall serve only one portable appliance.
 - b. The ampacity of the extension cords shall not be less than the rated capacity of the portable appliance supplied by the cord.
 - c. Extension cords shall be maintained in good condition without splices, deterioration or damage.
 - d. Extension cords shall be grounded when serving grounded portable appliances.
6. Open electrical boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all electrical boxes.
7. Electrical appliances and fixtures shall be tested and listed in published reports of inspected electrical equipment by an approved agency and installed in accordance with all instructions included as part of such listing.
8. Temporary wiring for electrical power and lighting installations is allowed for a period not to exceed 90 days. Temporary wiring methods shall meet the applicable provisions of the OESC.

CHAPTER VII FACILITY RESPONSE TO EMERGENCY/ABNORMAL CONDITIONS

SECTION VII-A EMERGENCY NOTIFICATIONS

1. Whenever a fire emergency or other hazardous conditions that have or are likely to cause serious injury, harm, impairment, or death to occupants. **THE FACILITY SHALL IMMEDIATELY NOTIFY THE LOCAL FIRE DEPARTMENT AND THE STATE FIRE MARSHAL.**
2. Notification to the State Fire Marshal shall be by contacting Gayle Johnson, Compliance Specialist 2 at 503-373-1540 extension 257.

SECTION VII-B FIRE PROTECTION SYSTEMS TEMPORARILY OUT OF SERVICE FOR 4 OR LESS HOURS

1. This section applies to systems that are inoperable due to routine testing, maintenance, or inspections.
2. Facility administration, designated staff, and the local fire authority shall be notified immediately.
3. Facility shall implement tag-out procedures for all systems that are either inoperable or in an otherwise abnormal condition (OFC 901.7.2).
4. Where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service. (OFC 901.7)

SECTION VII-C FIRE PROTECTION SYSTEMS OUT OF SERVICE FOR MORE THAN 4 HOURS

1. This section applies to systems that are inoperable due to repairs or system failure.
2. The facility shall be immediately evacuated or shall comply with the following (NFPA 101, Section 9.6.1.8, References Fire Alarm Systems and/or NFPA 101, Section 9.7.6.1, References Automatic Sprinklers and Other Extinguishing Equipment):
 - a. Facility administration, appropriate staff, the local fire authority, and the state fire marshal shall be notified immediately. Refer to Section VII-A for notification of the state fire marshal.

- b. Facility shall implement tag-out procedures for all systems that are either inoperable or an otherwise abnormal condition (OFC 901.7.2).
- c. When the fire protection system(s) is out of service or inoperable, facility shall implement an approved fire watch. Refer to Section VII-D. (OFC 901.7)
- d. The facility shall implement appropriate interim life safety measures (ILSM's). Refer to Section VII-E.

SECTION VII-D FIRE WATCH

- 1. Fire watches shall be provided with at least one approved means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises (affected areas) and keep watch for fires.
- 2. Individual(s) assigned fire watch duties shall complete a total walk-through of all affected areas in no more than 30 minutes. ***NOTE: When the smoke detection system is inoperable, individual(s) assigned fire watch duties shall complete a total walk-through of all affected areas in no more than 15 minutes.***
- 3. Fire watch rounds shall be documented in the facility records, kept on premises and available for review by the fire marshal.

SECTION VII-E INTERIM LIFE SAFETY MEASURES

- 1. Facilities as designed and occupied rely on multiple fire and life safety features for redundant protection. Whenever conditions within the building do not meet the fundamental fire and life safety requirements specified in state and federal regulations, additional safeguard(s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure.
- 2. Examples of interim life safety measures may include, but are not limited to the following:
 - a. Additional exits.
 - b. Specialized fire protection.
 - c. Additional staff training.
 - d. Increased staffing.
 - e. Temporary construction and/or fire barriers.
 - f. Additional emergency lighting in the means of egress.
 - g. Revised emergency evacuation plans.

**SECTION VIII-A
DOCUMENTATION**

1. Documentation shall be in an approved format that clearly indicates all information as required by the standards. If a facility does not have an approved form for this documentation, the facility may use the “Emergency Evacuation Drills (Fire Drills)” form for documenting fire drills and the “Fire and Life Safety Training” form for documenting in-service training. The “Fire Protection Systems Testing and Inspection” form is for documenting the facility function testing of fire alarm, detection, and protection systems and equipment.
 - a. Fire Alarm, Detection & Protection Systems & Equipment Tests
 - (1) Consistent testing and monitoring must be conducted in accordance with recognized practices and methods to ensure fire alarm, detection, and protection systems are maintained in proper operating condition. *Reference OFC 901.6.*
 - (2) Documentation of inspections and tests shall be kept on permanent file on the premises for a minimum of three (3) years and be available for review by the authority having jurisdiction. *Reference OFC 901.6.2.*
 - b. Drills and Training
 - (1) Documentation of drills and training shall include what was done, date, shift, staff names, and a written evaluation of the effectiveness of each drill, including staff feedback. *Reference OFC 405.4.*
 - (2) Documentation shall be kept on permanent file on the premises for a minimum of three (3) years and shall be available for inspection by the fire marshal. *Reference OFC 405.5.*
 - c. Administrative Review
 - (1) The facility administrator is responsible for reviewing the inspections, testing results, fire drills, and staff in-service training each month. The purpose of this review is to ensure the quality of fire protection and life safety for the facility. It is the responsibility of the administrator to review, sign, and date the documentation form each month.
 - d. Testing/Maintenance Comments
 - (1) The person conducting the inspections and tests is responsible for documenting the results and making any comments regarding noted conditions and/or deficiencies.
 - (2) When deficiencies are noted, documentation is required of all repairs and/or maintenance performed. If needed, documentation is also required on retesting results.
 - (3) Where an automatic sprinkler system, fire alarm system, or emergency power supply is out of service, refer to facility actions required as specified in Chapter VII.

**SECTION VIII-B
FORMS**

1. Fire Protection Systems Testing & Inspection
2. Emergency Evacuation Drills (Fire Drills)
3. Fire & Life Safety Training

1. FIRE PROTECTION SYSTEMS TESTING & INSPECTION

Facility _____ Date _____

This is a recommended form for documenting facility function testing and inspection of fire protection systems and equipment. It is to be kept on permanent file on the premises for a minimum of three (3) years and be available for inspection. All third party service inspection, testing, & maintenance reports shall be included with the documentation records.

I certify that all tests, drills, and staff in-service fire safety training, hereby documented, have been performed as required by the laws of the State of Oregon.

Signed _____ Date _____
(Administrator)

The following tests and inspections shall be documented:

Weekly

1. Visual check of fire alarm system.

_____ _____ _____ _____
Wk 1 Wk 2 Wk 3 Wk 4

2. Check generator oil level, battery, & water.

_____ _____ _____ _____
Wk 1 Wk 2 Wk 3 Wk 4

3. Check battery emergency lights.

_____ _____ _____ _____
Wk 1 Wk 2 Wk 3 Wk 4

Monthly

4. Activate a manual pull station (minimum one per zone).

Location(s): _____ Date: _____

5. Test smoke detectors (minimum one per zone).

Location(s): _____ Date: _____

6. Test alarm on back-up power.

Date: _____

Monthly con't

7. Test all doors equipped with egress locking devices.

Location(s): _____ Date: _____

8. Visually check the fire extinguishers.

Date: _____

9. Run emergency generator under load.

Date: _____

10. Smoke & fire doors close properly.

Date: _____

11. Test tamper switch on main sprinkler control valve.

Date: _____

Quarterly

12. Flow sprinkler main drain & record pressures during & after.

Date: _____ During _____ After _____

13. **For wet systems only**, flow sprinkler system through inspector's test valve & record time.

Seconds _____ Date: _____

Person conducting tests: _____

Test/Maintenance Comments: _____

2. EMERGENCY EVACUATION DRILLS (FIRE DRILLS)

Date: _____ **Time:** _____

Shift: ___ Day ___ Swing ___ Night **Type of Drill:** ___ Fire ___ Evacuation

Number of Occupants Evacuated: _____ **Time to Complete Evacuation:** _____

Notification Method Used: ___ Audible Alarm ___ Coded Announcement
(Only for drills between 9 p.m. & 6 a.m.)

Weather Conditions: _____

Problems Noted With Evacuation: _____

Type of Incident Simulated: _____

Location of Incident: _____

Comments on Staff Performance: _____

Staff Participating

Person Conducting Drill

Administrator

3. FIRE AND LIFE SAFETY TRAINING

Date: _____ **Time:** _____

Person(s) Conducting Training: _____

Type of Training: All Staff In-Service _____ New Employee Orientation: _____

Shift: Day _____ Swing _____ Night _____

Note: If training was performed for a specific shift, please indicate.

List Competencies Covered in Training Topics: (Refer to Section I-D of the Oregon State Fire Marshal Manual on Policies, Practices, & Procedures for Licensed Care Facilities.)

Participating Staff Signatures

CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____
CO/NI _____	CO/NI _____

An evaluation of employee competence shall be indicated using the following criteria:

CO Competency Observed – The individual is able to demonstrate the required knowledge and/or skill without assistance.

NI Needs Improvement – The individual is either unable to demonstrate the requisite knowledge and/or skill or requires considerable coaching and/or assistance in order to complete the competencies.

SECTION IX-A FIRE & LIFE SAFETY REFERENCES

As a minimum, it is **recommended** that all facilities have on-site the following standards and codes adopted by the State of Oregon and the federal government for licensed care facilities.

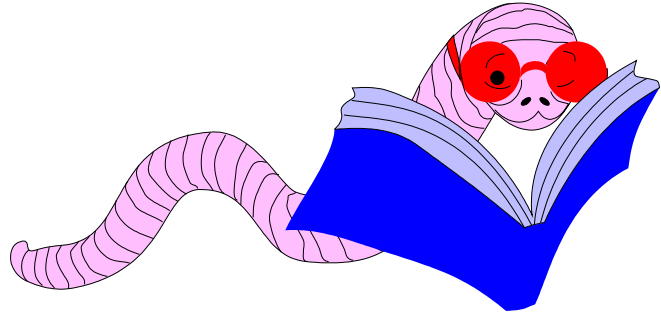
- | | |
|--|---|
| <ul style="list-style-type: none"> ↪ Oregon Fire Code (October 1, 2004) ↪ Oregon Structural Specialty Code (October 1, 2004) ↪ NFPA 101 Life Safety Code (2000 Edition) ↪ NFPA 99 Health Care Facilities (1999 Edition) ↪ NFPA 10 Standard for Portable Fire Extinguishers (1998 Edition) ↪ NFPA 13 Installation of Sprinkler Systems (1999 Edition) | <ul style="list-style-type: none"> ↪ NFPA 25 Standard for the Inspection, Testing, & Maintenance of Water-based Fire Protection Systems (1998 Edition) ↪ NFPA 70 National Electrical Code (1999 Edition) ↪ NFPA 72 National Fire Alarm Code (2002 Edition) ↪ NFPA 110 Standard for Emergency & Standby Power Systems (1999 Edition)
<i>NOTE: If facility has a generator.</i> |
|--|---|

The following are locations where the above codes and standards can be purchased:

- | | |
|--|---|
| <ul style="list-style-type: none"> • International Code Council
4051 W. Flossmoor Rd.
Country Club Hills, IL 60478-5795
Phone 1-800-786-4452
FAX 1-866-891-1695
<i>(For: Oregon Fire Code & Oregon Structural Specialty Code)</i> • National Fire Protection Association
1 Batterymarch Park
PO Box 9101
Quincy, MA 02269-9101
Phone 1-800-344-3555
<i>(For: All NFPA Products)</i> • Building Tech Bookstore, Inc.
8020 SW Cirrus Drive
Beaverton, OR 97008-5986
Phone 1-800-275-2665
FAX 503-641-0770
<i>(For: Oregon Fire Code, Oregon Structural Specialty Code & NFPA Standards)</i> | <ul style="list-style-type: none"> • Oregon Building Officials Association
PO Box 68
Silverton, OR 97381
Phone 503-873-1157
FAX 503-873-9389
<i>(For: Oregon Fire Code & Oregon Structural Specialty Code)</i> • Chemeketa Bookstore
4000 Lancaster Drive NE
Salem, OR 97305
Phone 503-399-5131
<i>(For: Oregon Fire Code & Oregon Structural Specialty Code)</i> |
|--|---|

SECTION IX-B TRAINING RESOURCES

- ◆ Media Resources, Inc.
2614 Fort Vancouver Way
Vancouver, WA 98661
Phone 1-800-666-0106
- ◆ National Fire Protection Association
1 Batterymarch Park
PO Box 9101
Quincy, MA 02269-9101
Phone 1-800-344-3555
- ◆ Oregon Occupational Safety
& Health Division
350 Winter St NE, Room 430
Salem, OR 97310
Phone 1-888-292-5247
- ◆ Office of State Fire Marshal
4760 Portland Road NE
Salem, OR 97305
Phone 503-378-3473



The following training videos may be checked out from the Office of State Fire Marshal by calling 503-373-1540, extension 257:

- *Understanding Fire Protection*
- *Responding to a Fire*
- *Moving Patients to Safety*
- *Extinguishing Fires*
- *Preventing Fires*
- *Evacuation in Health Care Facilities*



The Office of State Fire Marshal may offer periodic specialized training workshops. Contact your local deputy state fire marshal for information. There are also Technical Information Bulletins on our website (www.sfm.state.or.us).

Your local fire department or fire district may have additional information, fire safety classes, and other resources.