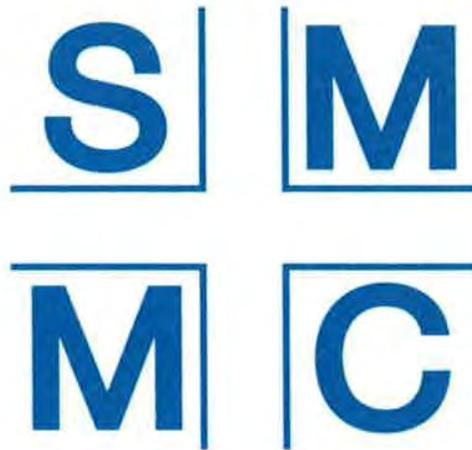


Sint Maarten Medical Center

FM 101: Fire Safety and Evacuation Plan



FM 101-1 Approved by:

| NAME | TITLE | SIGNATURE | DATE |
|------------------|-------------------------------|-----------|--------------|
| K. Klarenbeek | General Director | | 11/4/2017 |
| Dr. F. Holiday | Medical Coordinator | | 11/9/2017 |
| A. Pantophlet | Patient Care Manager | | April 5 '18 |
| S. Halley | Interim Finance Manager | | 4/12/2017 |
| S. Hodge | Manager Support Services / HR | | April 16, 18 |
| E. van der Horst | Manager Facilities | | 9/31/17 |

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PURPOSE

The purpose of Sint Maarten Medical Center’s Emergency and Evacuation Plan is to provide a program that ensures effective mitigation, preparation and response to fire or emergency within the hospital buildings.

DEFINITIONS

Emergency: A natural or man-made event that significantly disrupts the environment of care; that significantly disrupts care and treatment (for example, fire, loss of utilities, such as power, water, or telephones, due to floods, civil disturbances, accidents, or emergencies within the organization or in its community); or that results in sudden, significantly changed or increased demands for the organization's services.

Mitigation activities: Those activities an organization undertakes in attempting to lessen the severity and impact of a potential emergency.

Preparedness activities: Those activities an organization undertakes to build capacity and identify resources that may be used should an emergency occur.

GENERAL REMAKS

Each department head is responsible for orienting new staff members to the department and job specific fire safety procedures.

All employees of SMMC are responsible for learning the hospital-wide and departmental fire safety plans.

POLICY STATEMENT

To provide education to personnel on the elements of the Fire Safety and Evacuation Plan including organizational protocols for response to, and evacuation in the event of a fire or internal disaster.

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FIRE SAFETY AND EVACUATION PLAN:

(See Appendix 1 – Emergency Plan Staff Organization Chart).

1. Description of the Building, Installations and Organization.

The buildings consist of the Main Hospital Building which has two floors. At the rear of the main building, there is an external storage (containers), an external maintenance workshop and cleaner’s office (containers) and an ICT helpdesk office (containers). There is a garbage compactor also located at the rear, and beside this is a receiving area for the store room (container).

There is a separate two floor Care Complex building consisting of apartments, doctors’ offices, administration offices and a classroom. Beside the Care Complex is additional external storage (containers).

There is also a small standalone medical waste storage room.

The buildings are located on Welgelegen road, in the Cay Hill district.

Directly behind the buildings are the Fire Department, the Ambulance Department and schools.

The buildings are approximately 9 meters above sea level.

1.1. The Hospital Ground floor has the following functions:

- Service desk and reception;
- Telecommunications room;
- Cashiers department/Admissions;
- Snack bar/shop;
- Main Patio;
- Open air seating area;

1.2. Outpatient Departments (policlinics);

- 12 doctors clinics;
- Emergency department;
- Dialysis department;
- Endoscopy department;
- Radiology department;
- Waiting areas;
- Reception and back office;

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1.3. Daycare Department; x4 beds;

1.4. Delivery Rooms (x2);

1.5. Inpatient wards;

- Medical and Surgical ward - 28 beds;
- Pediatric ward – 8 beds;
- Obstetrics and Gynecology ward (Ob-Gyn) – 16 beds;
- Intensive Care Unit (ICU) – 3 beds;
- Incubator Room (NICU) – 7 beds;

1.6. Operating Room (OR) Department;

- Operating theatres (x2);
- Recovery room;
- Staff room;
- Office;

1.7. Central Sterilization Department (CSD);

- Dirty room;
- Clean room;
- Sterile room;

1.8. Support Services;

- Maintenance Department;
- Kitchen;
- Laundry (collection and distribution only);
- Medical gas store and central manifold supply panels;
- Medical air compressor and vacuum room;
- Storage/stock room;
- Medical archive department;
- Education department;
- Hygienic and Infection Control (HIC);

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1.9. SLS Medical Laboratory (under separate management);

1.10. Cay Hill Pharmacy (under separate management);

1.11. The 1st floor of the main hospital building has the following functions:

- Administration offices;
- Conference room;
- ICT department server room;
- Staff kitchenette;

1.12. External Containers:

- Maintenance workshop and cleaners office;
- ICT helpdesk;
- Storage and office;
- Storage (beside Care Complex);
- Medical Archive storage;
- Storeroom receiving area;
- X-Ray archive storeroom;

1.13. Care Complex Ground floor (stand-alone building):

- Doctors clinics (polyclinics);
- Education department classroom;
- ICT room;

1.14. Care Complex 1st floor (stand-alone building):

- Nurses accommodation;
- Offices;

1.15. The main building has an emergency generator, which automatically switches over when there is a power failure. The generator is located outside of the building, with its own underground diesel fuel storage. Only essential functions are connected to the generator. See Appendix 2

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1.16. The Max Bed Capacity is as follows (December, 2016):

| LOCATION | DESCRIPTION | ROOM TOTALS | BEDS | BED TOTALS |
|-------------------|-------------|-------------|-----------|------------|
| ICU | n/a | n/a | 3 | 3 |
| NICU | Incubator | 5 | 7 | 7 |
| | Room 15 | 2 | | |
| Med-Surg | 1 bed room | 1 | 28 | 52 |
| | 2 bed room | 6 | | |
| | 5 bed room | 3 | | |
| OB/GYN | 1 bed room | 2 | 2 | |
| | 2 bed room | 2 | 4 | |
| | 5 bed room | 2 | 10 | |
| Pediatrics | 1 bed room | 4 | 4 | |
| | 2 bed room | 2 | 4 | |
| Daycare | n/a | n/a | 4 | 4 |
| TOTAL = 66 | | | | |

1.17. On average, there is 75% bed occupancy. Most patients are not self-reliant.

1.18. There is a total of approx. 255 staff comprising of medical, administration and support services staff.

1.19. The hospital medical staff works on a shift basis. Each shift is either an 8 or 12 hour.

1.20. During daytime there is a combined average of 216 staff on shift. During the night shift there is an average of 16 staff present in the building.

1.21. The polyclinic hours are during the daytime hours (7:30 – 17:30).

1.22. The Dialysis department has 3 shifts and is open 7:00 – 22:00, 6 days/week.

1.23. Only the in-patient (wards) and the ER department are open during evening and night hours.

1.24. On average during the day there are 7 management team members available.

1.25. Daytime during week days there are technical staff present, night time they are on call. Weekends and holidays they are on-call.

1.26. The security guards are on duty 24 /7. During day time x4 and during nighttime x2.

2. ADDITIONAL RISKS:

2.1. The building does not have a fully addressable fire alarm system installation accordance with applicable building regulations.

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- 2.2.** The inpatient wards, outpatient department, support services department and administration department does not have separate smoke compartments. If fire or smoke is in that department, it may be necessary to evacuate adjoining departments immediately.
- 2.3.** The building does not have a public address system, therefore all alarms (code red; Fire or code green; evacuation) must communicated via runners, telephones or any means possible.
- 2.4.** Due to the limited altitude difference between the hospital buildings and sea level, there is a high Tsunami risk due to the close proximity to the nearest beaches.
- 2.5.** Oxygen and Medical Gas storage and Distribution (See location plan: appendix 7).
- There is a central store for oxygen (O₂) and nitrous oxide cylinders (N₂O). In the same location, there are central automatic manifolds for distribution of O₂ and N₂O. See appendix 7 for precise locations.
 - O₂ bottles are stored on trolleys throughout the building or chained to walls in inpatient rooms without a central supply. See appendix 7 for precise locations.
 - Carbon Dioxide (CO₂) bottles are stored in a separate room opposite the biomedical workshop. See appendix 7 for precise locations.
 - There are Emergency Shut-Off Valves for both the central O₂ and N₂O lines. See appendix 7 for precise locations.
- 2.6.** Medical Air and Vacuum Distribution (See location plan: appendix 7).
- There is a central medical air and vacuum supply room. There are Emergency Shut-Off Valves located in the same room. See appendix 7 for precise location.
- 2.7.** Cooking Gas: This is located outside the building behind the medical waste storeroom. There are two bottles; one large – 500 US Gallons and one small – 32.6 US Gallons. This is only supplied to the kitchen. There is an Emergency Shut-Off Valve located outside the kitchen door.
- 2.8.** Ventilation throughout building: Due to the construction of the building, which was designed to allow free movement of air (air bricks) throughout, there is an increased risk of smoke moving quickly around the hospital.
- 2.9.** Medical waste/Hazardous Materials storage:
- Medical waste is stored in one location: The main medical waste store is located outside the building, in the car parking area.

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3. THE FOLLOWING EMERGENCY PROCEDURES WILL BE IMPLEMENTED IN THE EVENT OF A FIRE:

- R** = Rescue patients immediately from fire or smoke area.
- A** = Alarm: call emergency number '0' and give exact location.
- C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- E** = Extinguish the fire (when safe to do so).

4. HOSPITAL-WIDE FIRE ALARM PROCEDURES:

4.1. In the event that an actual fire is discovered: Immediately follow the **R.A.C.E.** procedures.

4.2. The alarm is raised by phoning '0'. This will connect to the following location:

4.2.1. During daytime: The Service Desk. Opening hours are:

- Monday: 07.00 – 20.00**
- Tuesday: 07.00 – 20.00**
- Wednesday: 07.00 - 20.00**
- Thursday: 07.00 – 20.00**
- Friday: 07.00 – 20.00**
- Saturday: 12.00 – 20.00**
- Sunday: 12.00 – 20.00**

4.2.2. After Service Desk closes: E.R. Department – Night Cashier

4.3. Service desk staff (day time) or night cashier (night time) will immediately do the following:

4.3.1. Inform the security guards of the **code RED** and the location - via radio.

4.3.2. Call the Fire Department and Provide the following information:

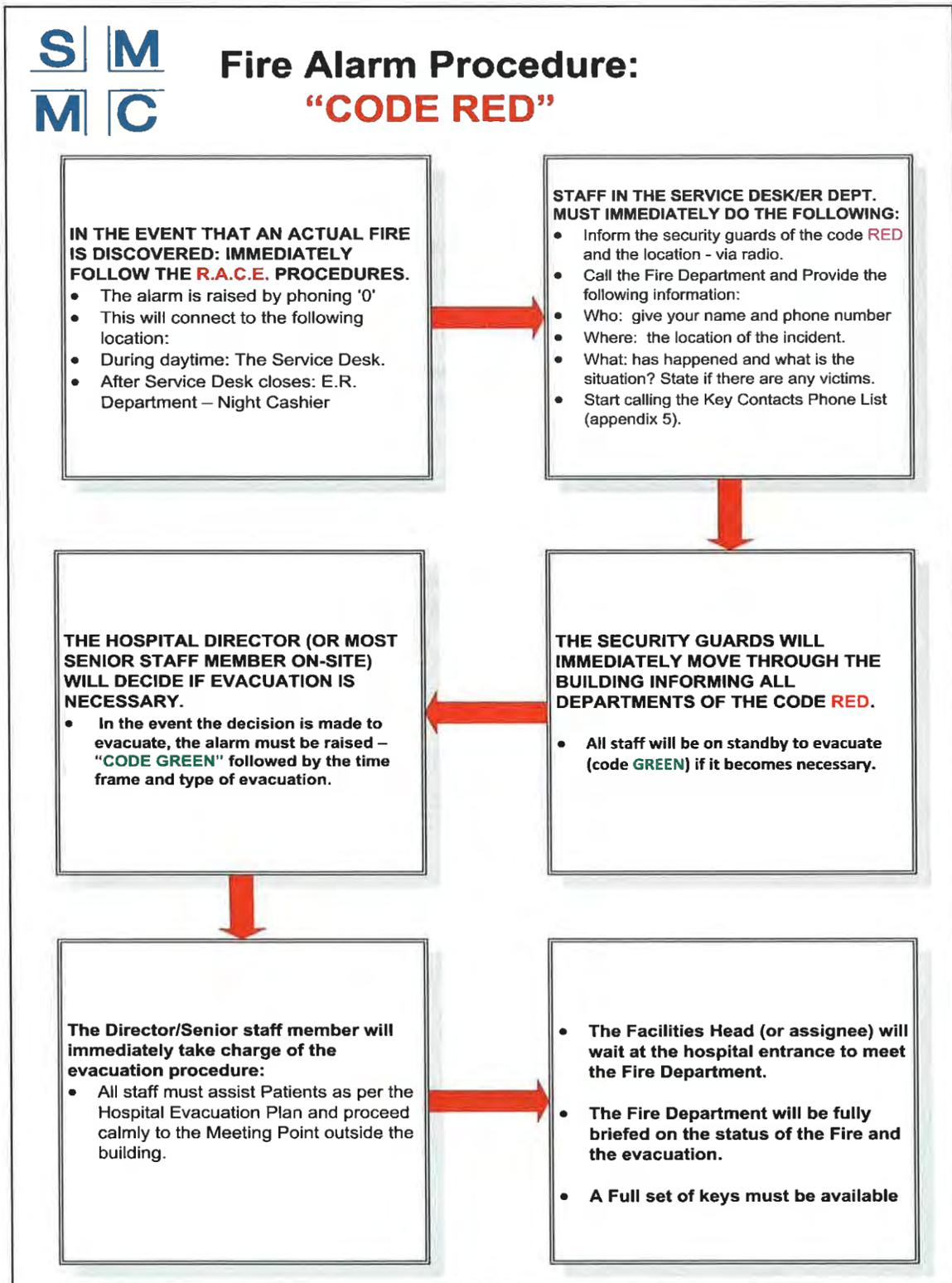
- **Who:** give your name and phone number
- **Where:** the location of the incident
- **What:** has happened and what is the situation? State if there are any victims.

4.3.3. Start calling the Key Contacts Phone List (appendix 5).

4.4. The Security Guards will immediately move through the building informing all departments of **code RED**.

4.5. All staff will be on standby to evacuate (**code GREEN**) if it becomes necessary

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6.8. KEY DECISIONS FOR THE INCIDENT COMMANDER:

Once the decision to evacuate has been made, there are several additional key decisions that must be made quickly and communicated.

- **Level of Evacuation**
- **Type of Evacuation**
- **Evacuation Time Frame (speed of Evacuation)**
- **Medical Gas shut off**
- **Status of vulnerable patients – Wards/OR/Dialysis**
- **Labor Pool Activation**

6.9. TYPES OF EVACUATION:

The scope of any evacuation can change over time depending on the nature and course of the event. Below is the full list of options for evacuation in order of increasing scope and severity:

- **Shelter in Place:**
This level requires stopping all routine activities in preparation for an impending threat, such as a hurricane or toxic cloud. Specific preparations should be made to mitigate against the anticipated threat. Patients, visitors and staff remain where they are until they receive further instructions. In most cases, the safest place for the patient is in his/her room. Closing doors/windows provides initial protection from fire and smoke. When possible, preparations should also be made to enable immediate evacuation of patients, should evacuation become necessary.
- **Horizontal Evacuation:**
This level involves moving patients in immediate danger away from the threat, but keeping the patients on the same floor of the hospital as the one they are evacuating. Patients should move to an area of refuge in an adjacent smoke/fire zone or if necessary, to the opposite side of the building.
- **Vertical Evacuation:**
This level involves the complete evacuation of a specific floor in a building. In general, patients and staff evacuate vertically towards ground level whenever possible to prepare for evacuation outside, should it become necessary.
- **Total or Full Evacuation:**
This level involves a complete evacuation of the hospital, and is used only as a last resort.

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6.10. EVACUATION TIME FRAMES

The time frame for evacuation may be different depending on the nature of the threat and how much time can be taken to prepare for moving patients. See below for the specific hospital orders that should be used:

- **IMMEDIATE:** No time for preparation – evacuate immediately
- **RAPID:** Limited time for preparation (1-2 hours) – everyone out in 4-6 hours
- **GRADUAL:** Extended time for preparation – evacuation to occur over many hrs or even days
- **PREPARE ONLY:** Do not move patients, but begin preparation for evacuation

6.11. EVACUATION POLICY: Any disaster or emergency event, which directly affects this Hospital, will require a decision either to evacuate patients or not to evacuate patients. Therefore, evacuation becomes a prime consideration.

6.12. EVACUATION PROCEDURES: In the event the decision is made to evacuate, the alarm must be raised – “**CODE GREEN**” followed by the time frame and type of evacuation.

6.13. The Labor Pool should be activated immediately to identify and assign staff to support the evacuation. The Labor Pool may need to call in staff from home for any evacuation, but is much more likely to need to do so if an evacuation happens on the evening shift, the night shift, or during a weekend.

6.14. Post someone at each exit door to maintain order.

6.15. Patients, who are in immediate danger, including those who may become in danger, shall be moved first.

6.16. Next to be moved shall be the ambulatory patients. Ambulatory patients shall be instructed to line up outside their rooms, form a chain by holding hands, and follow a lead nurse into a safe area.

6.17. Bed, stretcher, blanket, wheelchair; or other conveyance shall move all non-ambulatory patients to the nearest and safest protected area.

6.18. Carry patients as a last resort, if no other way is available in order to escape dangerous areas.

6.19. Move patients horizontally if necessary – proceed to the nearest Fire Exit and proceed to the assigned meeting area in the ***parking area, beside the emergency generator room.***

6.20. All rooms shall be checked for stragglers, and all doors and windows closed (including closets, toilets and under the beds).

6.21. After searching a room, put a RED marker on the door to confirm that all occupants have vacated the room/area.

6.22. Use blankets for:

- Smothering a fire,
- Dragging a patient from a room, and
- Making a stretcher with or without poles.
- Stay calm and reassure the patient.

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6.22.2. Remain alert for further instruction.

6.23. **Should it be necessary to evacuate patients to another hospital, the following will be in effect:**

6.23.1. Transportation: Fire Department, Police Department, Red Cross, Taxis and Ambulance Department.

6.24. **Notification of attending physicians:** when patient must be evacuated for any reason, the attending physicians shall be notified as quickly as possible by telephone. They shall be told what has happened, and advised of the patients' new location and condition.

6.25. **Notification of patients' relatives:** the relatives of patients will be notified of the patients'; new location and general condition as soon as practical. This notification, however, shall in no way interfere with those actions designed to safeguard the wellbeing of the patient.

6.26. **The order to evacuate will be given by the Hospital Director and/or his/her Assignee in the event of his/her absence.**

6.27. **REMEMBER:**

6.27.1. **R** = Rescue patients immediately from fire or smoke area.

6.27.2. **A** = Alarm: call emergency number '0' and give exact location.

6.27.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

6.27.4. **E** = Extinguish the fire (when safe to do so).

6.27.5. Keep telephone lines clear for fire control.

6.27.6. Make sure all fire, corridor and room doors are closed.

6.27.7. Clear all corridors and exits of unnecessary traffic and obstructions.

6.27.8. All nursing personnel shall report to their areas and remain there for instructions.

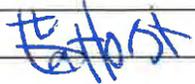
6.27.9. All other personnel shall report to their areas and await emergency assignment as needed.

6.27.10. Assure patients, if any are aware of the fire. Inform them that the alarm has been activated, the emergency plan is in effect, and there is an abundance of help to assist as needed.

6.27.11. Know evacuation routes.

6.28. **DIRECTOR (Incident Commander) OR ASSIGNEE TASKS:**

- Contact the Service Desk and collect information of the nature and seriousness of the incident and make a decision.
- Communicate further information concerning the incident to the emergency services.
- Inform the emergency response team and give orders to them.
- Coordinate the evacuation.
- Make sure that a facilities department staff member waits for the emergency service (set of keys and maps available).

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6.29. CHECKLIST DIRECTOR (Incident Commander) OR ASSIGNEE:

- Are the emergency services notified?
- Are the staff evacuating the patients and do they need help?
- Is there facilities department staff member to receive the fire department at the entrance to give them the keys, information and maps?
- Oversee the evacuation and receive updated information.

6.30. GENERAL EVACUATION RESPONSIBILITIES:

- Notification of External Agencies: All appropriate agencies must be immediately notified of any plans to evacuate the facility. At a minimum, the public health department, fire department, police department, and regional ESF representatives should be notified of this decision.
- Role of External Agencies: Upon the request of the Hospital director; external agencies may assist the SMMC with the evacuation of victims and/or staff. See appendix 9 for list.
- Evacuation Route:
 - Emergency exits are indicated by glow-in-the-dark signs or lighted "Exit" signs.
 - Emergency exits are located: See appendix 6 & 10.
 - All areas must be equipped with a plan on which is indicated the appropriate evacuation route(s) from that location.
- **General assembly and discharge point**
 - The area beside the Generator in the car park will serve as a general assembly and discharge point where registration will take place.
 - Registration is important for:
 - Assisting services (Are all persons safe?)
 - Disaster Team (External information)
 - You are not to leave this area without permission from the Coordinators!
 - **All Clear Sign:**
 - The Fire Department will decide if the situation is under control and safe for staff and patients to re-enter the building.
 - The All Clear Sign is given by the Fire Department.
 - Once the All Clear Sign has been given, work can be resumed as normal.

6.31. VICTIM RELOCATION SITES: See appendix 8

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7. FIRE SAFETY PLAN – WARDS: OBGYN, DELIVERY ROOMS, PEDIATRICS, MEDSURG AND DAYCARE:

7.1. The proper response to fire or smoke is **R.A.C.E.**

- 7.1.1.** **R** = Rescue patients immediately from fire or smoke area.
- 7.1.2.** **A** = Alarm: call emergency number '0' and give exact location.
- 7.1.3.** **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- 7.1.4.** **E** = Extinguish the fire (when safe to do so).

7.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

7.3. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

7.4. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

7.5. Remember the correct way to use a Fire extinguisher – **PASS**

- 7.5.1.** **P**ull the safety pin
- 7.5.2.** **A**im at base of the fire
- 7.5.3.** **S**queeze the lever
- 7.5.4.** **S**weep

7.6. Prior to a fire, ensure that staff members have been delegated for each of the following duties:

7.7. Turn on all corridor lights;

7.8. Monitor the telephone, emergency calls and relay messages;

7.9. Close all room doors

7.10. Make a current list of all patients so that all are accounted for in the event of fire.

7.11. If fire or water threatens your area, initiate the following procedures:

7.12. Remove all patients from the fire area.

7.13. Remove all portable gases, and place in a safe area.

7.14. Turn off all medical gas and electrically operated equipment and valves, however leave the lights on.

7.15. Turn off all x-ray machines and main line switches for all equipment.

7.16. Keep telephone lines clear.

7.17. Close all doors and windows.

7.18. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

7.19. Notify the **Hospital Director and/or his/her designee in the event of his/her absence** when you are in readiness for evacuation.

7.20. Stand by for orders.

7.21. All infants will be carried in multiple carriers head to head in bassinets.

7.22. If a delivery is in progress, physician in charge will assume the responsibility for patient and baby.

7.23. If the fire is not in your area, be alert; be guided by the instructions of your department supervisor.

7.24. Area fire marshals will direct activities of staff members within their units.

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| APPROVED BY: | <i>te Horst</i> | REVISED: Every 2 years | M | C |
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- 7.25. Calm and reassure any patients who may be in your department.
- 7.26. Place all explosive and flammable gases in a safe area.
- 7.27. Assign personnel to take fire extinguishers and report to scene of the fire.
- 7.28. Assign personnel to close all doors, file cabinets, etc.
- 7.29. Turn off all gas and electrically operated equipment and valves.
- 7.30. Close all doors and windows.
- 7.31. Stand by for further orders.

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| | | INTENDED USERS: Hospital Wide | |

8. **FIRE SAFETY PLAN - SURGICAL SERVICES (OPERATING ROOMS)**

8.1. The proper response to fire or smoke is **R.A.C.E.**

- 8.1.1. **R** = Rescue patients immediately from fire or smoke area.
- 8.1.2. **A** = Alarm: call emergency number '0' and give exact location.
- 8.1.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
- 8.1.4. **E** = Extinguish the fire (when safe to do so).

8.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

8.3. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

8.4. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

8.5. Remember the correct way to use a Fire extinguisher – **PASS**

- 8.5.1. **P**ull the safety pin
- 8.5.2. **A**im at base of the fire
- 8.5.3. **S**queeze the lever
- 8.5.4. **S**weep

8.6. If fire or water threatens your area, initiate the following procedures:

- 8.6.1. Remove all patients from the fire area.
- 8.6.2. Remove all portable gases, and place in a safe area.
- 8.6.3. Turn off all medical gas and electrically operated equipment and valves, however leave the lights on.
- 8.6.4. Turn off all x-ray equipment machines and mainline switches for all equipment.
- 8.6.5. Keep telephone lines clear.
- 8.6.6. Close all doors and windows.
- 8.6.7. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.
- 8.6.8. Notify the **Hospital Director and/or his/her designee in the event of his/her absence** when you are in readiness for evacuation.
- 8.6.9. Stand by for orders.

8.7. If surgery is in progress and operating room must be evacuated, move entire set up to another room to complete the surgery. The senior surgeon in each operating room will be responsible for taking the necessary measures for the safety of his/her patient. The surgical teams will remain under his/her control.

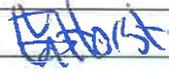
8.8. The OR supervisor shall be responsible for the orderly evacuation of the suite, if necessary.

8.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

8.10. Area fire marshals will direct activities of staff members within their units.

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- 8.11. Calm and reassure any patients who may be in your department.
- 8.12. Place all explosive and flammable gases in a safe area.
- 8.13. Assign personnel to take fire extinguishers and report to scene of the fire.
- 8.14. Turn off all gas and electrically operated equipment and valves.
- 8.15. Close all doors and windows.
- 8.16. Stand by for further orders.

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9. FIRE SAFETY PLAN - CENTRAL SERVICE DEPARTMENT (CSD).

9.1. If you discover fire:

9.2. The proper response to fire or smoke is **R.A.C.E.**

9.2.1. **R** = Rescue patients immediately from fire or smoke area.

9.2.2. **A** = Alarm: call emergency number '0' and give exact location.

9.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

9.2.4. **E** = Extinguish the fire (when safe to do so).

9.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

9.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

9.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program. Remember the correct way to use a Fire extinguisher – PASS

9.5.1. **P**ull the safety pin

9.5.2. **A**im at base of the fire

9.5.3. **S**queeze the lever

9.5.4. **S**weep

9.6. If fire or water threatens your area, initiate the following procedures:

9.6.1. Protect your face and eyes from breaking bottles.

9.6.2. Turn off all electrically operated equipment, however leave the lights on.

9.6.3. Keep telephone lines clear.

9.6.4. Close all doors and windows.

9.6.5. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so. Notify the Control Center when you are in readiness for evacuation.

9.6.6. Stand by for orders.

9.7. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.

9.8. Area fire marshals will direct activities of staff members within their units.

9.9. Assign personnel to take fire extinguishers and report to scene of the fire.

9.10. Turn off all gas and electrically operated equipment and valves.

9.11. Close all doors and windows.

9.12. Stand by for further orders.

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10. FIRE SAFETY PLAN – OUTPATIENT DEPARTMENT (OPD) INCLUDING CARE COMPLEX IN EXTERNAL BUILDING AND EMERGENCY ROOM (ER).

- 10.1. If you discover fire:
- 10.2. The proper response to fire or smoke is **R.A.C.E.**
 - 10.2.1. **R** = Rescue patients immediately from fire or smoke area.
 - 10.2.2. **A** = Alarm: call emergency number '0' and give exact location.
 - 10.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
 - 10.2.4. **E** = Extinguish the fire (when safe to do so).
- 10.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.
- 10.4. Contain the fire and smoke by closing all doors in the area.
- 10.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.
- 10.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.
- 10.7. Remember the correct way to use a Fire extinguisher – **PASS**
 - 10.7.1. **P**ull the safety pin
 - 10.7.2. **A**im at base of the fire
 - 10.7.3. **S**queeze the lever
 - 10.7.4. **S**weep
- 10.8. If fire or water threatens your area, initiate the following procedures:
 - 10.8.1. Remove all patients from the fire area.
 - 10.8.2. Turn off all equipment, however leave the lights on.
 - 10.8.3. Calm and reassure any patients who are in your area, but not immediately threatened by the fire.
 - 10.8.4. Close oxygen shutoff valves as necessary.
 - 10.8.5. Keep telephone lines clear.
 - 10.8.6. Close all doors and windows.
 - 10.8.7. Notify the Control Center when you are in readiness for evacuation.
 - 10.8.8. Stand by for orders.
- 10.9. Post someone at exit door to maintain order.
- 10.10. Supply a blanket to each patient and a wet towel to cover their face if necessary.
- 10.11. Evacuate bed patients using gurneys or carry.
- 10.12. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.
- 10.13. Area fire marshals will direct activities of staff members within their units.
- 10.14. Assign personnel to take fire extinguishers and report to scene of the fire.
- 10.15. Calm and reassure any patients who may be in your department.
- 10.16. Assign personnel to coordinate traffic flow at all fire doors and corridors.
- 10.17. Turn off all equipment.
- 10.18. Close all doors and windows.
- 10.19. Stand by for further orders

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| | | INTENDED USERS: Hospital Wide | |

11. FIRE SAFETY PLAN - MEDICAL RECORDS DEPARTMENT (EXTERNAL BUILDING).

11.1. If you discover fire:

11.2. The proper response to fire or smoke is **R.A.C.E.**

11.2.1. **R** = Rescue patients immediately from fire or smoke area.

11.2.2. **A** = Alarm: call emergency number '0' and give exact location.

11.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

11.2.4. **E** = Extinguish the fire (when safe to do so).

11.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

11.4. Contain the fire and smoke by closing all doors in the area.

11.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

11.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

11.7. Remember the correct way to use a Fire extinguisher – **PASS**

11.7.1. **P**ull the safety pin

11.7.2. **A**im at base of the fire

11.7.3. **S**queeze the lever

11.7.4. **S**weep

11.8. If fire or water threatens your area, initiate the following procedures:

11.8.1. Turn off all equipment, however leave the lights on.

11.8.2. Remove all records (identified for removal) from building or area.

11.8.3. Place all other records in file and storage cabinets as space provides.

11.8.4. Keep telephone lines clear.

11.8.5. Close all doors and windows.

11.8.6. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

11.8.7. Notify the Control Center when you are in readiness for evacuation.

11.8.8. Stand by for orders.

11.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

11.10. Area fire marshals will direct activities of staff members within their units.

11.11. Assign personnel to take fire extinguishers and report to scene of the fire.

11.12. Assign personnel to close all doors, file cabinets, etc.

11.13. Turn off all equipment.

11.14. Close all doors and windows.

11.15. Stand by for further orders.

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12. FIRE SAFETY PLAN - LABORATORY SERVICES.

12.1. If you discover fire:

12.2. The proper response to fire or smoke is **R.A.C.E.**

12.2.1. **R** = Rescue patients immediately from fire or smoke area.

12.2.2. **A** = Alarm: call emergency number '0' and give exact location.

12.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

12.2.4. **E** = Extinguish the fire (when safe to do so).

12.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

12.4. Contain the fire and smoke by closing all doors in the area.

12.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

12.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

12.7. Remember the correct way to use a Fire extinguisher – **PASS**

12.7.1. **P**ull the safety pin

12.7.2. **A**im at base of the fire

12.7.3. **S**queeze the lever

12.7.4. **S**weep

12.8. If fire or water threatens your area, initiate the following procedures:

12.8.1. Turn off all electrically operated equipment, however leave the lights on.

12.8.2. Cover your nose and mouth to avoid inhaling fumes from chemicals.

12.8.3. Protect your face and eyes from breaking bottles.

12.8.4. Remove all patients from the fire area.

12.8.5. Keep telephone lines clear.

12.8.6. Close all doors and windows.

12.8.7. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

12.8.8. Notify the Control Center when you are in readiness for evacuation.

12.8.9. Stand by for orders.

12.9. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

12.10. Area fire marshals will direct activities of staff members within their units.

12.11. Assign personnel to take fire extinguishers and report to scene of the fire.

12.12. Calm and reassure any patients who may be in your department.

12.13. Turn off electrically operated equipment.

12.14. Close all doors and windows.

12.15. Stand by for further orders.

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13. FIRE SAFETY PLAN - RADIOLOGY DEPARTMENT.

13.1. If you discover fire:

13.2. The proper response to fire or smoke is **R.A.C.E.**

13.2.1. **R** = Rescue patients immediately from fire or smoke area.

13.2.2. **A** = Alarm: call emergency number '0' and give exact location.

13.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

13.2.4. **E** = Extinguish the fire (when safe to do so).

13.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

13.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

13.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

13.6. Remember the correct way to use a Fire extinguisher – **PASS**

13.6.1. **P**ull the safety pin

13.6.2. **A**im at base of the fire

13.6.3. **S**queeze the lever

13.6.4. **S**weep

13.7. If fire or water threatens your area, initiate the following procedures:

13.7.1. Remove all patients from the fire area.

13.7.2. Turn off all x-ray equipment and main line switches for all equipment, however leave the lights on.

13.7.3. Turn off all fans, blowers and dryers.

13.7.4. Remove all records (identified for removal) from the building or fire area.

13.7.5. Place all other records in file and storage cabinets as space provides.

13.7.6. Keep telephone lines clear.

13.7.7. Close all doors.

13.7.8. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

13.7.9. Notify the Control Center when you are in readiness for evacuation.

13.7.10. Stand by for orders.

13.8. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

13.9. Area fire marshals will direct activities of staff members within their units.

13.10. Assign personnel to take fire extinguishers and report to scene of the fire.

13.11. Calm and reassure any patients who may be in your department.

13.12. Turn off all x-ray machines, mainline switches on all equipment.

13.13. Assign personnel to close all doors, file cabinets, etc.

13.14. Turn off all equipment.

13.15. Close all doors and windows.

13.16. Stand by for further orders.

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14. FIRE SAFETY PLAN - SPECIAL CARE UNITS ICU / NICU AND DIALYSIS DEPARTMENT.

14.1. If you discover fire:

14.2. The proper response to fire or smoke is **R.A.C.E.**

14.2.1. **R** = Rescue patients immediately from fire or smoke area.

14.2.2. **A** = Alarm: call emergency number '0' and give exact location.

14.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

14.2.4. **E** = Extinguish the fire (when safe to do so).

14.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

14.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

14.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

14.6. Remember the correct way to use a Fire extinguisher – **PASS**

14.6.1. **P**ull the safety pin

14.6.2. **A**im at base of the fire

14.6.3. **S**queeze the lever

14.6.4. **S**weep

14.7. Prior to a fire, ensure that staff members have been delegated for each of the following duties:

14.7.1. Turn on all corridor lights;

14.7.2. Monitor the telephone, emergency calls and relay messages;

14.7.3. Close all room doors; and

14.7.4. Make a current list of all patients so that all are accounted for in the event of fire.

14.8. If fire or water threatens your area, initiate the following procedures:

14.8.1. Remove all patients from the fire area.

14.8.2. Turn off all equipment, however leave the lights on.

14.8.3. Calm and reassure any patients who are in your area, but not immediately threatened by the fire.

14.8.4. Close oxygen shutoff valves as necessary.

14.8.5. Keep telephone lines clear.

14.8.6. Close all doors and windows.

14.8.7. Use the fire extinguisher to suppress the fire only if you have been trained and it is safe to do so.

14.8.8. Notify the Control Center when you are in readiness for evacuation.

14.8.9. Stand by for orders.

14.9. Post someone at exit door to maintain order.

14.10. Supply a blanket to each patient and a wet towel to cover their face if necessary.

14.11. Carry bed patients out (use blanket carry or fireman's carry).

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- 14.12. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.
- 14.13. Area fire marshals will direct activities of staff members within their units.
- 14.14. Assign personnel to take wet blankets, fire extinguishers, etc., and report to scene of the fire.
- 14.15. Calm and reassure any patients who may be in your department.
- 14.16. Assign personnel to coordinate traffic flow at all fire doors and corridors.
- 14.17. Turn off all equipment.
- 14.18. Close all doors and windows.
- 14.19. Stand by for further orders.

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15. FIRE SAFETY PLAN - ADMINISTRATION OFFICE INCLUDING ICT.

15.1. If you discover fire:

15.2. The proper response to fire or smoke is **R.A.C.E.**

15.2.1. **R** = Rescue patients immediately from fire or smoke area.

15.2.2. **A** = Alarm: call emergency number '0' and give exact location.

15.2.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

15.2.4. **E** = Extinguish the fire (when safe to do so).

15.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

15.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

15.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

15.6. Remember the correct way to use a Fire extinguisher – **PASS**

15.6.1. **P**ull the safety pin

15.6.2. **A**im at base of the fire

15.6.3. **S**queeze the lever

15.6.4. **S**weep

15.7. If fire or water threatens your area, initiate the following procedures:

15.7.1. Turn off all equipment, however leave the lights on.

15.7.2. Remove all records (identified for removal) from building or area.

15.7.3. Place all other records in file and storage cabinets as space provides.

15.7.4. Place all cash and current cash journals in safe. Close and lock safe.

15.7.5. Keep telephone lines clear.

15.7.6. Close all doors and windows.

15.7.7. Notify the Control Center when you are in readiness for evacuation.

15.7.8. Stand by for orders.

15.8. If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

15.9. Area fire marshals will direct activities of staff members within their units.

15.10. Assign personnel to take fire extinguishers and report to scene of the fire.

15.11. Assign personnel to close all doors, file cabinets, etc.

15.12. Reassure patients and make a periodic check for their safety.

15.13. Turn off all equipment.

15.14. Close all doors and windows.

15.15. Stand by for further orders.

15.16. ICT back-up disaster policy plan needs to be followed.

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16. FIRE SAFETY PLAN - PHARMACEUTICAL DEPARTMENT.

16.1. If you discover fire:

16.2. The proper response to fire or smoke is R.A.C.E.

16.3. The proper response to fire or smoke is R.A.C.E.

16.3.1. **R** = Rescue patients immediately from fire or smoke area.

16.3.2. **A** = Alarm: call emergency number '0' and give exact location.

16.3.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

16.3.4. **E** = Extinguish the fire (when safe to do so).

16.4. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

16.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

16.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

16.7. Remember the correct way to use a Fire extinguisher – **PASS**

16.7.1. **P**ull the safety pin

16.7.2. **A**im at base of the fire

16.7.3. **S**queeze the lever

16.7.4. **S**weep

16.8. If fire or water threatens your area, initiate the following procedures:

16.8.1. Turn off all electrically operated equipment, however leave the lights on.

16.8.2. Keep telephone lines clear.

16.8.3. Close all doors and windows.

16.8.4. Lock the narcotic cabinet.

16.8.5. Remove all prescription records from the area or building.

16.8.6. Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.

16.8.7. Notify the Control Center when you are in readiness for evacuation.

16.8.8. Stand by for orders.

16.9. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.

16.10. Area fire marshals will direct activities of staff members within their units.

16.11. Assign personnel to take fire extinguishers and report to scene of the fire.

16.12. Turn off all gas and electrically operated equipment.

16.13. Close all doors and windows.

16.14. Stand by for further orders.

| | | | |
|---|---------------|-------------------------------|-------|
| SUBJECT: FIRE SAFETY AND EVACUATION PLAN | | REFERENCE: FM 101-1 | S M |
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| APPROVED BY: | <i>THorst</i> | REVISED: Every 2 years | M C |
| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | |

17. FIRE SAFETY PLAN - MAINTENANCE DEPARTMENT.

17.1. If you discover fire:

17.2. The proper response to fire or smoke is **R.A.C.E.**

17.2.1. R = Rescue patients immediately from fire or smoke area.

17.2.2. A = Alarm: call emergency number '0' and give exact location.

17.2.3. C = Contain the smoke or fire by closing all doors to rooms and corridors.

17.2.4. E = Extinguish the fire (when safe to do so).

17.3. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

17.4. Contain the fire and smoke by closing all doors in the area.

17.5. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

17.6. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

17.7. Remember the correct way to use a Fire extinguisher – **PASS**

17.7.1. Pull the safety pin

17.7.2. Aim at base of the fire

17.7.3. Squeeze the lever

17.7.4. Sweep

17.8. If fire or water threatens your area, initiate the following procedures:

17.9. Turn off all electrically operated equipment, however leave the lights on.

17.10. Turn off all fans, air-conditioning, exhaust fans, etc.

17.11. If necessary, secure the electrical room, boiler room and other key maintenance areas.

17.12. In case of an electrical fire, power is to be turned off at the main switch.

17.13. Keep telephone lines clear.

17.14. Close all doors and windows.

17.15. Use the fire extinguisher to suppress the fire only if you have been trained and it is safe to do so.

17.16. Notify the Control Center when you are in readiness for evacuation.

17.17. Stand by for orders.

17.18. If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.

17.19. Area fire marshals will direct activities of staff members within their units.

17.20. Assign personnel to take fire extinguishers and report to scene of the fire.

17.21. Turn off all fans, air-conditioning and exhaust fans.

17.22. Turn off utilities as required.

17.23. Turn off oxygen shutoff valves as required.

17.24. Close all doors and windows.

17.25. Stand by for further orders.

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| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | |

18. FIRE SAFETY PLAN – SECURITY DEPARTMENT

18.1. The proper response to fire or smoke is **R.A.C.E.**

18.1.1. **R** = Rescue patients immediately from fire or smoke area.

18.1.2. **A** = Alarm: call emergency number '0' and give exact location.

18.1.3. **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

18.1.4. **E** = Extinguish the fire (when safe to do so).

18.2. Call emergency number (0) to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

18.3. Contain the fire and smoke by closing all doors in the area.

18.4. After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

18.5. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

18.6. Remember the correct way to use a Fire extinguisher – **PASS**

18.6.1. **P**ull the safety pin

18.6.2. **A**im at base of the fire

18.6.3. **S**queeze the lever

18.6.4. **S**weep

18.7. At the time the Fire Safety Plan is activated, the Security personnel on duty will be responsible for;

18.8. Immediately move through the building informing all departments of **code RED**.

18.9. Control of the Entrances.

18.10. Clear the SMMC facilities of all visitors.

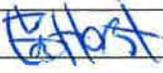
18.11. Clear vehicles from ER main entrance.

18.12. Secure personal belongings and personal effects of patients and deceased.

18.13. Control the movement of people throughout the building to ensure that the clinical staff can carry out their essential function without hindrance from non-essential personnel and visitors.

18.14. Document all actions and decisions on an ongoing basis.

A list of all the hospital departments will be available, to ensure no departments are overlooked (see appendix 3).

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| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | |

19 FIRE SAFETY PLAN – KITCHEN

19.1 If you discover fire:

19.1.1 The proper response to fire or smoke is **R.A.C.E.**

19.1.2 **R** = Rescue patients immediately from fire or smoke area.

19.1.3 **A** = Alarm: call emergency number '0' and give exact location.

19.1.4 **C** = Contain the smoke or fire by closing all doors to rooms and corridors.

19.1.5 **E** = Extinguish the fire (when safe to do so).

19.2 Call emergency number '0' to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.

19.3 Contain the fire and smoke by closing all doors in the area.

19.4 After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so.

19.5 All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.

19.6 Remember the correct way to use a Fire extinguisher – **PASS**

19.6.1 **P**ull the safety pin

19.6.2 **A**im at base of the fire

19.6.3 **S**queeze the lever

19.6.4 **S**weep

19.7 If fire or water threatens your area, initiate the following procedures:

19.8 If the fire is not in your area, be alert; be guided by the instructions of your area fire marshal, or department director.

19.9 Area fire marshals will direct activities of staff members within their units.

19.10 Place all explosive and flammable gases in a safe area.

19.11 Turn off all gas and electrically operated equipment and valves.

19.12 Close all doors and windows.

19.13 Stand by for further orders.

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| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | |

20 FIRE DRILL POLICY

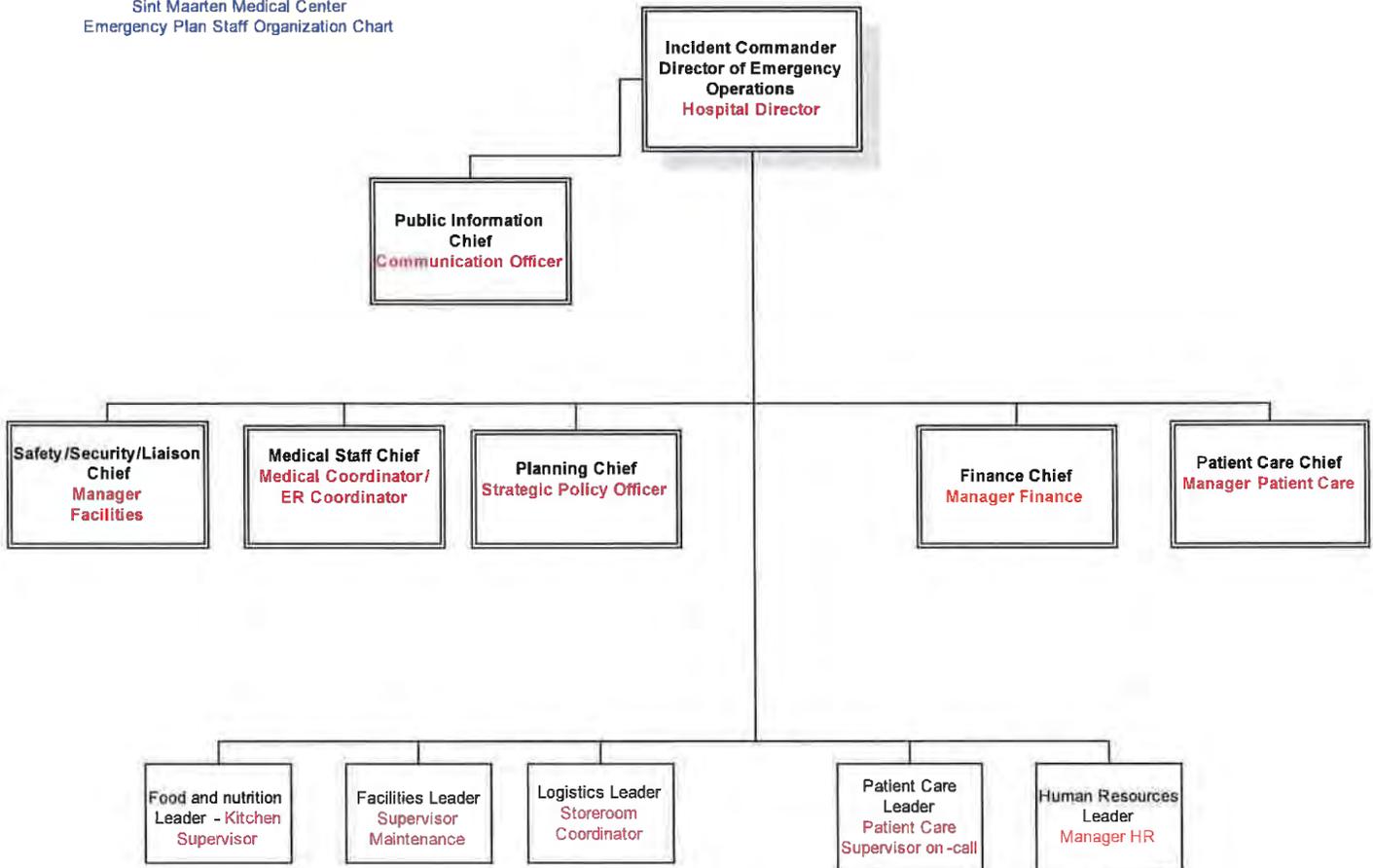
- 20.1** All personnel are required to participate in fire drills and emergency preparedness drills.
- 20.2 Fire drills will be held every six (6) months. At least 50% of the drills will be unannounced.
- 20.3 Each shift of personnel will have a drill in each separate patient-care building.
- 20.4 A random sample of personnel shall be verbally quizzed following each drill. Their knowledge of the following will be assessed:
- Fire alarm communications
 - Containment of smoke and fire
 - Transfer to areas of refuge
 - Fire extinguishments
 - Assignment of specific duties
 - Preparation for building evacuation
 - **Fire drills shall be designed to test staff knowledge of the following:**
 - The use and functioning of fire alarm systems;
 - The transmission of alarms;
 - How to contain smoke and fire;
 - How to transfer patients, visitors and staff to safe area;
 - How to extinguish a fire;
 - What are their specific fire response duties;
 - How to prepare for building evacuation.
- 20.5 All fire drills will be evaluated and critiqued for the purpose of identifying deficiencies and opportunities for improvement.
- 20.6 A written report documenting the evaluation of each drill and the corrective actions recommended or taken for any deficiencies found will be completed by a member of the EOC and filed with the Facilities Department.
- 20.7 All personnel will be trained in fire response. The effectiveness of personnel training will be evaluated on an annual basis, through an assessment of the fire drill evaluations and any corresponding improvement activities conducted.
- 20.8** Fire Safety and Evacuation Manuals will be kept current and available in every department. **Personnel are expected to read these manuals, and the effective performance of responsibilities under each plan is a condition of employment.**

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| DEPARTMENT: FACILITIES DEPARTMENT | | EFFECTIVE: March 15, 2017 | | | | | |
| APPROVED BY: |  | REVISED: Every 2 years | | | | | |
| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | | | | | |

Appendix 1

Emergency Plan Staff Organization Chart - EOC. NOTE: From SMMC main Emergency Disaster Preparedness Plan (FM 102-1).

Sint Maarten Medical Center
Emergency Plan Staff Organization Chart



| | | | |
|---|-----------------|-------------------------------|-------|
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| APPROVED BY: <i>Manager Facilities</i> <i>Others see cover page</i> | <i>F. Horst</i> | REVISED: Every 2 years | M C |
| | | INTENDED USERS: Hospital Wide | |

Appendix 1 (continued)

Primary Responsibilities/Missions:

Incident Commander

- Organize and direct the Emergency Operation Center.
- Give overall direction for hospital operations.
- Authorize evacuation if needed.

Medical Staff Chief

- Organize, prioritize and assign physicians to areas where medical care is being delivered.

Patient Care Chief

- Organize and prioritize delivery of care in all care areas of the hospital.
- Organize and prioritize all aspects relating to triage as required.
- Liaise between the hospital floor and the command center and provide updates to the command team.

Safety/Security /Liaison Chief

- Monitor and have authority over the safety of rescue and hazardous conditions.
- Organize and enforce facility protection, traffic and security.
- Function as incident contact person for representatives from outside agencies (ESF, police, military etc.).

Public Information Chief

- Provide information to media and staff.
- Function as incident contact person for representatives from outside agencies (Occupational Safety and Health Administration, Island ESF, police, etc.).

Finance Chief

- Monitor the utilization of financial assets.
- Oversee the acquisition of supplies and services necessary to carry out the hospital's mission.
- Supervise documentation of expenditures related to the emergency situation.

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Appendix 1 (continued)

Planning Chief

- Organize and direct all aspects of planning section operations.
- Ensure distribution of critical information and data.
- Compile scenario/resource projections from all section chiefs and effect long-term planning.
- Document and distribute facility action plan.
- Direct measures to provide and ensure operability of information services.

Logistics Leader

- Organize and direct those operations associated with supplies to support the medical objectives and the hospital's efforts.
- Ensure adequate supplies to sustain operations for 72 hours.

Patient Care Leader

- Organize and direct overall delivery of care in all care areas of the hospital.
- Organize and direct aspects relating to diagnostics, surgical services and pharmacy.
- Organize and direct overall delivery of care in all ancillary areas of the hospital.

Human Resources Leader

- Organize, direct and supervise those services associated with social and psychological needs of patients, staff and their families.
- Assist with discharge planning.
- Organize labor pool, childcare and bed assignments for staff.

Facilities Leader

- Ensure facilities and equipment are maintained for readiness.
- Direct measures to maintain systems' operability and facility integrity.
- Coordinate repairs.
- Operate emergency equipment.

Food and Nutrition Leader

- Ensure adequate levels of food and water are available and prepared for consumption for patients, associates and others authorized.
- Maintain food and water to sustain operations for 72 hours.

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| DEPARTMENT: FACILITIES DEPARTMENT | | EFFECTIVE: March 15, 2017 | | | | | |
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| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | | | | | |

Appendix 2 - Emergency Generator

| Generator | GEBE only | Isolation switch |
|---|--|------------------------------|
| A/C IT server room | All A/C offices upstairs | All A/C offices upstairs, 2x |
| A/C ICU | | |
| 2x A/C CT room | 1x CSD sterilizer | 1x CSD sterilizer |
| 1x CSD sterilizer | 2x CSD washers | |
| A/C OR | Dishwasher kitchen | |
| A/C room 30 (isolation room) | Nurse Station Med/Surg | |
| A/C storeroom ICU | A/C room 31, 32, 33, 35, 36, 37 (2 nd class) | |
| A/C ER | A/C room 38, 39, 40, 41 (1 st class) | |
| A/C Telco room | A/C room 43 (education office) | |
| A/C CSD | A/C room 42 (training room) | |
| A/C VK 1 and VK 2 | Nurse Station PED | |
| A/C box 20 a, b, c and d | A/C room 14, 15, 21 | |
| A/C incubator room | A/C room 16 (treatment room) | |
| Freezer, cooler, ice machine kitchen | A/C nurse station OB/GYN | |
| A/C room 5 (isolation room) | A/C room 7, 8, 10, 11, 12 | |
| A/C room 3 (labour room) | A/C room 9 (daycare) | |
| A/C Dialysis | A/C room 4 (baby room) | |
| A/C Storeroom | A/C room 6 (isolation room) | |
| A/C Maintenance | 2x A/C room 1 and 2 | |
| A/C Laundry | A/C kitchen chef | |
| A/C IV treatment room (chemo) | A/C dr offices outpatient | A/C dr offices outpatient |
| LAB | A/C dr office Surgeon Office | A/C dr office Surgeons |
| All lights | A/C Gynecology office | A/C Gynecology office |
| All 110V outlets | Water heater Med/Surg | |
| | Water heater OB/GYN | |
| | Water heater PED | |
| | Po washer Med/Surg | |
| | Po washer OB/GYN | |
| | Po washer PED | |
| | A/C admission | |
| | A/C registration office | |

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| | | INTENDED USERS: Hospital Wide | |

Appendix 3 List of Hospital Departments

| 1 | OBGYN |
|----|--|
| 2 | Pediatrics |
| 3 | MedSurge |
| 4 | Day care |
| 5 | Intensive Care Unit (ICU) |
| 6 | Education department |
| 7 | Kitchen |
| 8 | Maintenance |
| 9 | Laundry |
| 10 | Storeroom |
| 11 | Central sterilization department (CSD) |
| 12 | Dialysis |
| 13 | Operation room (OR) |
| 14 | Emergency room (ER) |
| 15 | Radiology (XRAY) |
| 16 | Outpatient Department (OPD) |
| 17 | Pharmacy |
| 18 | Cashiers |
| 19 | Service desk |
| 20 | Medical Archives |
| 21 | ICT |
| 22 | Human Resources (HR) |
| 23 | Finance |
| 24 | Management |
| 25 | Hygienic and infection control (HIC) |
| 26 | Management Support |
| 27 | Cleaning (outsourced) |
| 28 | SLS Laboratory (external organization) |
| 29 | Security (outsourced) |
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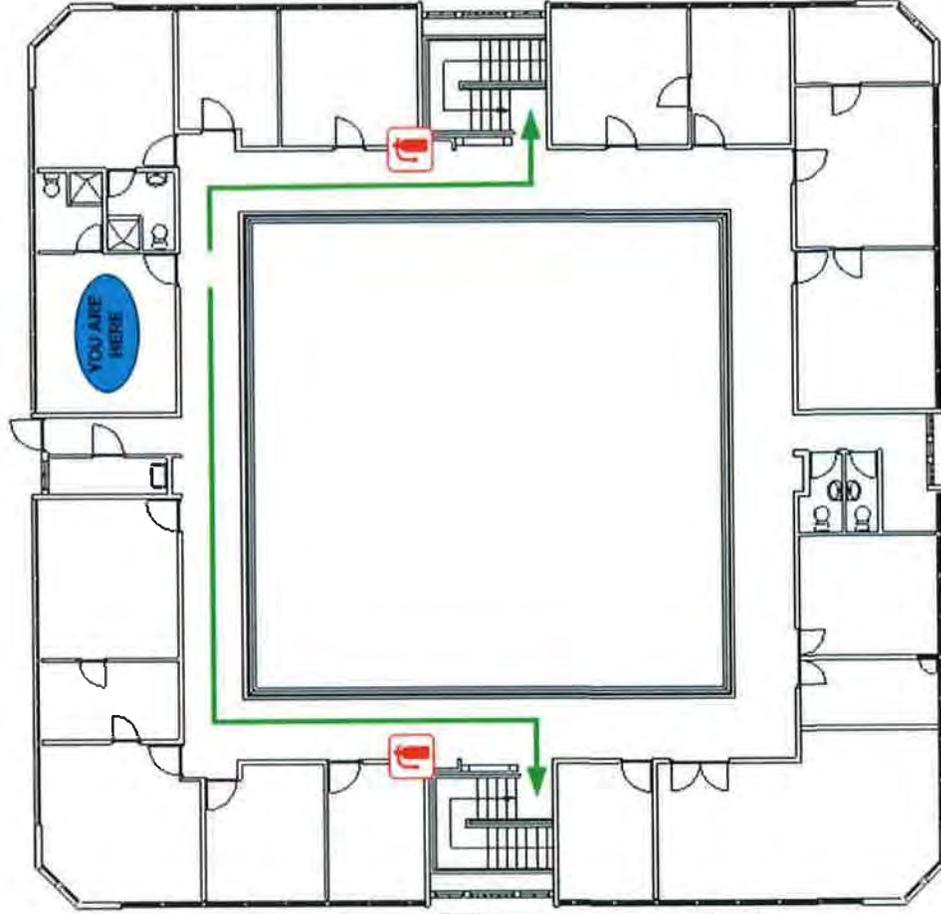
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| APPROVED BY: |  | REVISED: Every 2 years | | | | | |
| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | | | | | |

Appendix 4 Overview departments and fire marshals:

| Number | Department | Number of fire marshals |
|--------|--|-------------------------|
| 1 | OBGYN | 3 |
| 2 | Pediatrics | 1 |
| 3 | Med Surge | 3 |
| 4 | Day care | |
| 5 | Intensive Care Unit (ICU) | |
| 6 | Education department | |
| 7 | Kitchen | 3 |
| 8 | Maintenance | 9 |
| 9 | Laundry | |
| 10 | Storeroom | |
| 11 | Central sterilization department (CSD) | |
| 12 | Dialysis | |
| 13 | Operation room (OR) | 2 |
| 14 | Emergency room (ER) | 2 |
| 15 | Radiology (XRAY) | 2 |
| 16 | Outpatient | 3 |
| 17 | Pharmacy | |
| 18 | Cashiers | |
| 19 | Service desk | |
| 20 | Medical Archives | |
| 21 | ICT | 4 |
| 22 | Human resources (HR) | 1 |
| 23 | Finance | 1 |
| 24 | Management | |
| 25 | Hygienic and infection control (HIC) | |
| 26 | Management Support | |
| 27 | Cleaning (outsourced) | |
| 28 | SLS Laboratory (external organization) | |
| 29 | Security (outsourced) | |
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| Manager Facilities | | INTENDED USERS: Hospital Wide | |
| Others see cover page | | | |

**Appendix 6 Fire/Evacuation
First Floor plans: Sample.**



In case of FIRE:

- R** – Rescue patients immediately
- A** – Alarm, call '0', give *your location*
- C** – Contain, close all doors to rooms and corridor
- E** – Extinguish and evacuate

In case of CODE BLUE:

- Start CPR
- Let someone call for help
- Dial: **4111**
- Message (repeat 2 times): CPR *your location*
- Call ICU nurse: 1222 or 1223
- Message (repeat 2 times): CPR *your location*
- Have someone stand outside to direct CPR Team.

Legend

-  Your location
-  Fire extinguisher
-  Escape route
-  Assembly point

| | | | | |
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| Manager Facilities | | INTENDED USERS: Hospital Wide | | |
| Others see cover page | | | | |

Appendix 6 Fire/Evacuation Ground Floor plans: Sample

In case of FIRE:

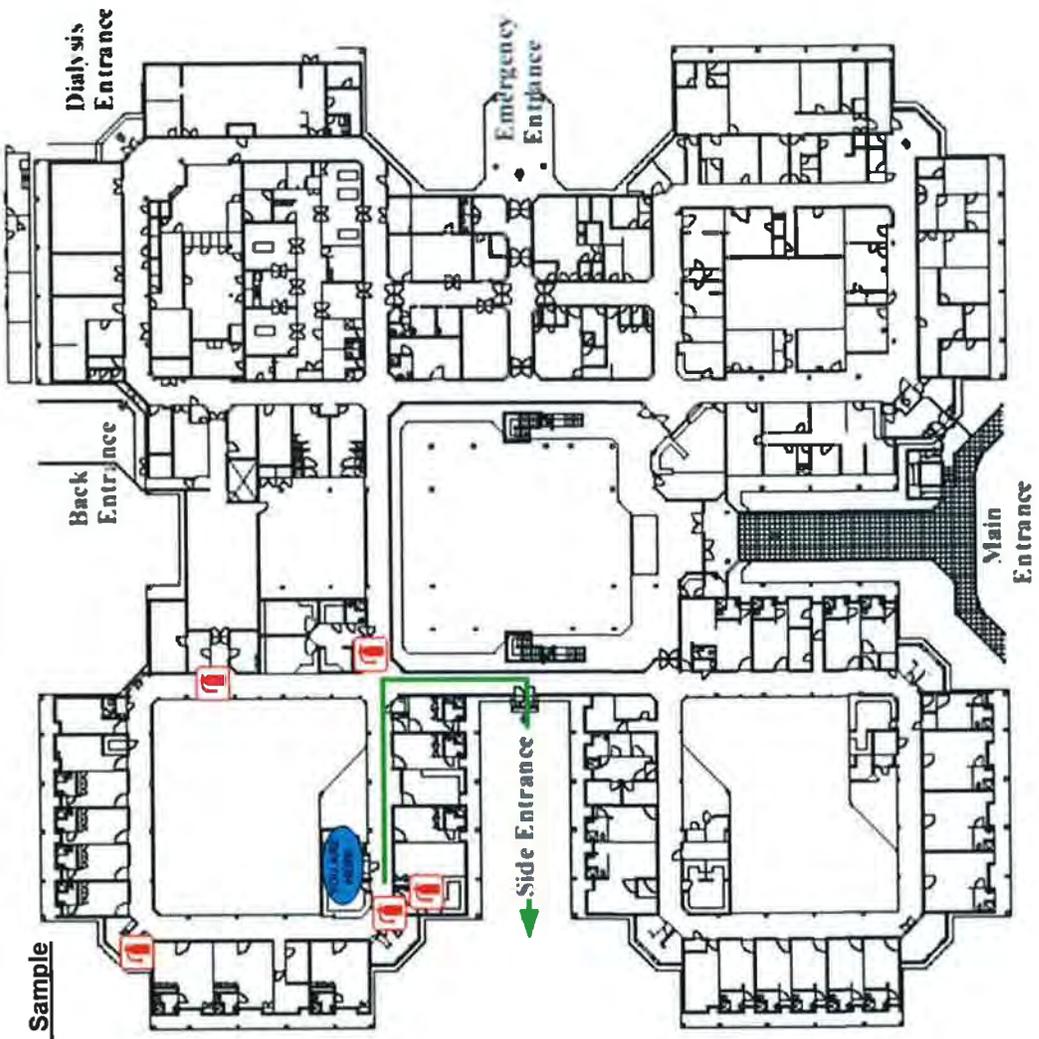
- R** – Rescue patients immediately
- A** – Alarm, call '0', give *your location*
- C** – Contain, close all doors to rooms and corridor
- E** – Extinguish and evacuate

In case of CODE BLUE:

- Start CPR
- Let someone call for help
- Dial: 4111
- Message (repeat 2 times): CPR *your location*
- Call ICU nurse: 1222 or 1223
- Message (repeat 2 times): CPR *your location*
- Have someone stand outside to direct CPR Team.

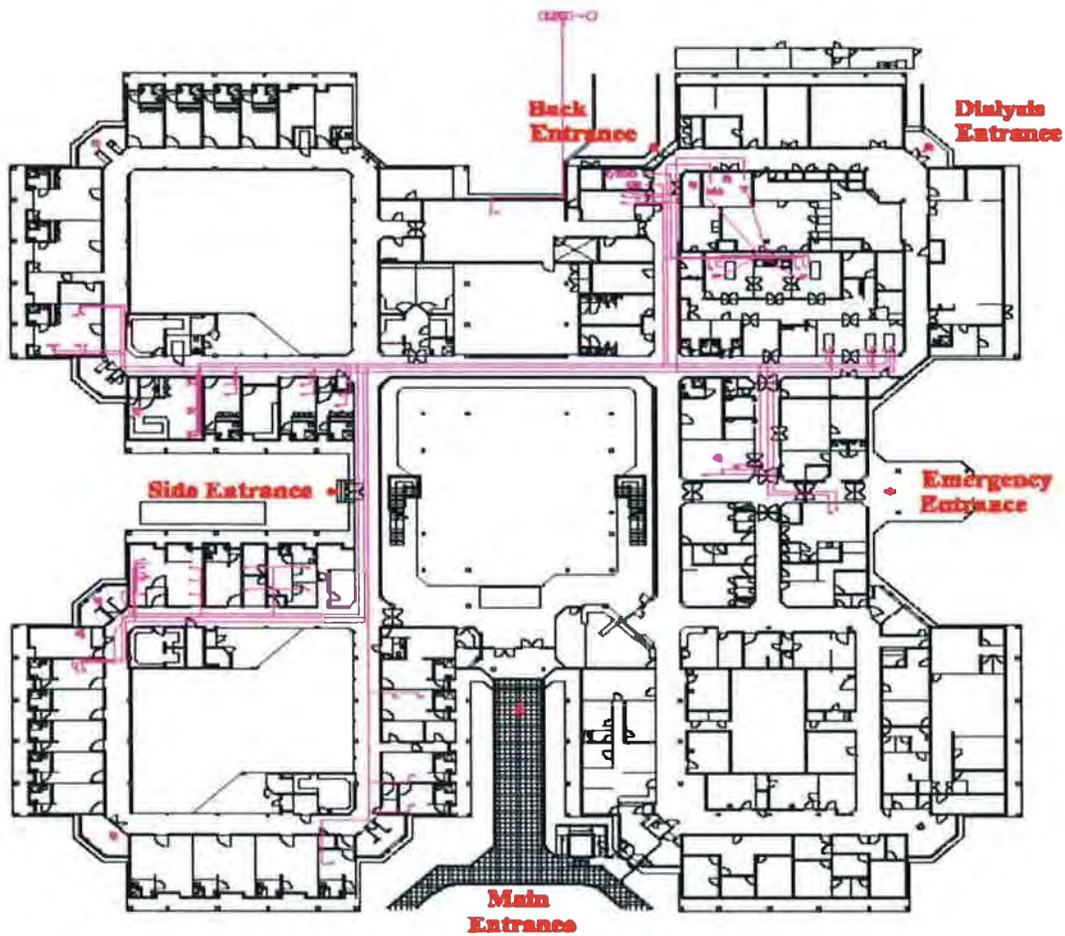
Legend

-  Your location
-  Fire extinguisher
-  Escape route
-  Assembly point

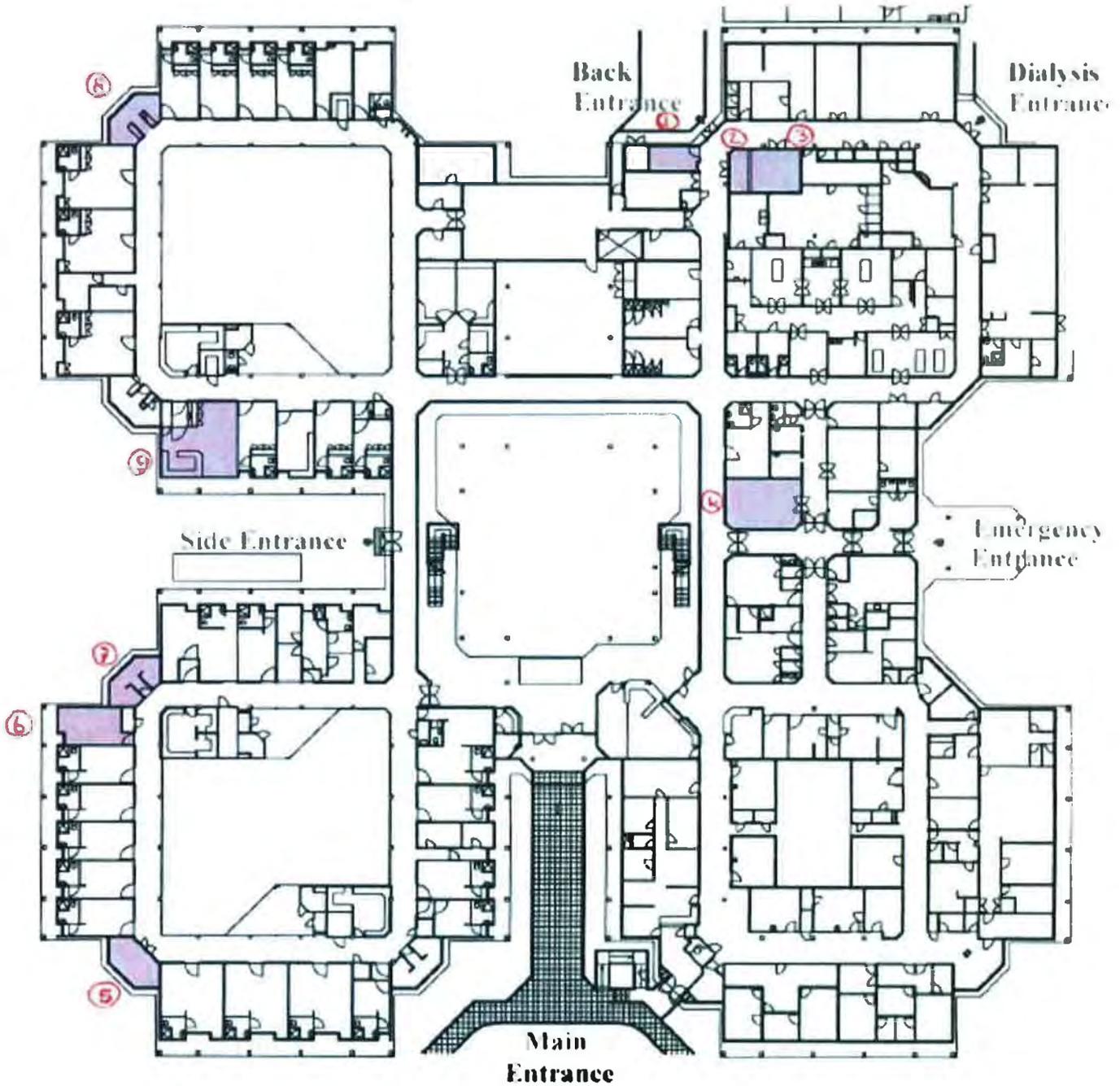


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| | | INTENDED USERS: Hospital Wide | |

Appendix 7 Gas Shut-off Valves and Bottled Gas locations:



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| | | INTENDED USERS: Hospital Wide | |



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| DEPARTMENT: FACILITIES DEPARTMENT | | EFFECTIVE: March 15, 2017 | | | | | |
| APPROVED BY: |  | REVISED: Every 2 years | | | | | |
| <i>Manager Facilities</i> <i>Others see cover page</i> | | INTENDED USERS: Hospital Wide | | | | | |

Appendix 7 (continued) Gas Shut-off Valves and Bottled Gas locations:

1) Central Medical Gas Banks;

- 2x 12 Oxygen cylinders (220 or 330 Cu/Ft) connected in an active and stand-by bank.
This system supply central Oxygen through SMMC per copper lines.
- 2x2 Nitrous Oxide cylinders are connected in an active and stand-by bank.
This system supply central Nitrous Oxide to OR per copper lines.
- Storage of Air cylinders (40 Cu/Ft).
- Storage of Oxygen cylinders (40 Cu/ft).
- Storage of Oxygen cylinders (220 or 330 Cu/Ft).
- Storage of all empty cylinders.

Main valves at this location indicated with stickers. Note, check with OR, ICU, Pediatric ward before shut down valve.

- 2) Medical gas storage;** storage of Carbon Dioxide cylinders (40 Cu/Ft).
- 3) Vacuum and Medical Air compressor;** central Vacuum and Medical Air compressors supply central through SMMC per copper lines. Main valves at this location indicated with stickers.
- 4) ER crash room;** storage of Oxygen cylinders (40 Cu/Ft) for ER Department.
- 5) Boiler room;** storage of Oxygen cylinders (220 Cu/Ft) for OBGYN ward.
- 6) Treatment room #16;** storage of travel incubator with Air and Oxygen cylinders (40 Cu/Ft) for Pediatrics ward.
- 7) Storage area PED;** location of regulator box for the Medical Air room # 23 (incubator room).
- 8) Storage area MedSurg;** storage of Oxygen cylinders (40 and 220 Cu/Ft) for MedSurg ward.
- 9) ICU;** storage of Oxygen cylinders (40 Cu/Ft).

Medical gasses in SMMC:

| Medical Gas | Color coding cylinder (USA) | Chemical Formula |
|-------------------------|-----------------------------|------------------|
| Medical Oxygen | Green | O ₂ |
| Medical Carbon Dioxide | Grey | CO ₂ |
| Medical Nitrous Oxide | Blue | N ₂ O |
| Compressed Air | Yellow | Air |
| Liquefied Petroleum Gas | n/a | LPG |

| | | | |
|---|---|-------------------------------|-------|
| SUBJECT: FIRE SAFETY AND EVACUATION PLAN | | REFERENCE: FM 101-1 | S M |
| DEPARTMENT: FACILITIES DEPARTMENT | | EFFECTIVE: March 15, 2017 | |
| APPROVED BY: <i>Manager Facilities</i> <i>Others see cover page</i> |  | REVISED: Every 2 years | M C |
| | | INTENDED USERS: Hospital Wide | |

Appendix 7 (continued) Gas Shut-off Valves and Bottled Gas locations:

NOTES:

- Only locations where a large number of cylinders are stored, are indicated at the layout.
- Central location of Oxygen (O2), Vacuum (V), Medical Air (MA), Nitrous Oxide (N2O) and (LPG) are indicated at drawing.
- Valves are indicated with ∞

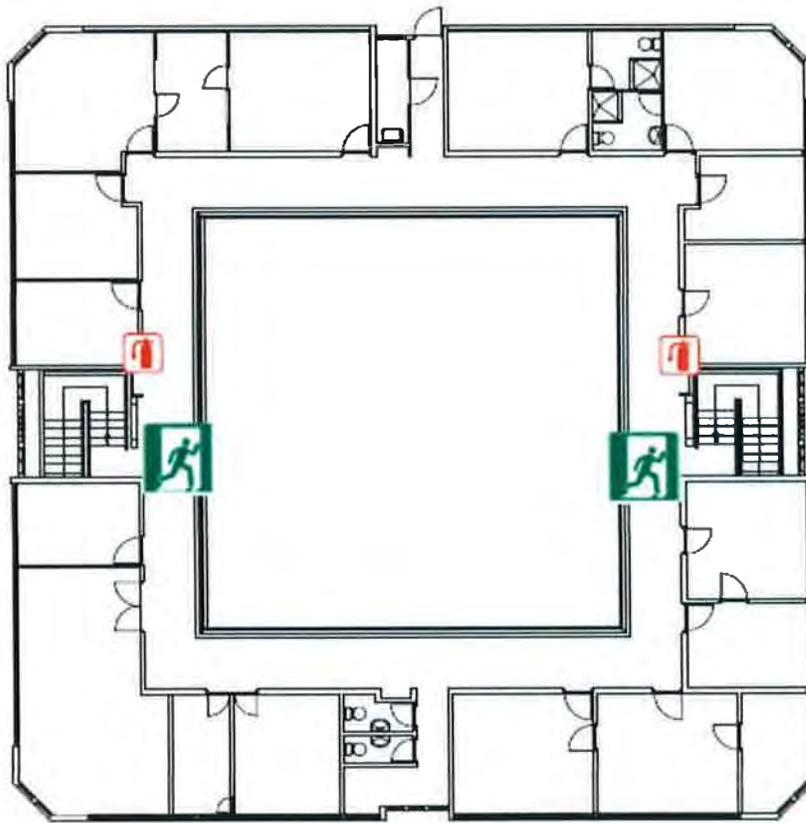
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| | | INTENDED USERS: Hospital Wide | |

Appendix 8

VICTIM RELOCATION SITES:

| | | | |
|---|---|-------------------------------|-------|
| SUBJECT: FIRE SAFETY AND EVACUATION PLAN | | REFERENCE: FM 101-1 | S M |
| DEPARTMENT: FACILITIES DEPARTMENT | | EFFECTIVE: March 15, 2017 | |
| APPROVED BY: <i>Manager Facilities</i> <i>Others see cover page</i> |  | REVISED: Every 2 years | M C |
| | | INTENDED USERS: Hospital Wide | |

Emergency Exits First Floor



APPENDIX C: STAKEHOLDER ENGAGEMENT AND COMMUNICATIONS PLAN

C-1. Introduction

Overview

This Stakeholder Engagement And Communications Plan (SECP) sets out the approach that the St. Maarten Medical Center (SMMC) will follow in order to engage and communicate with stakeholders over the life of the New General Hospital in St. Maarten (herein after the 'Project'). Consultation is undertaken in order to interact and incorporate the viewpoints of Affected Parties. Special consideration will be given to vulnerable groups, including with relation to engagement and consultative activities.

This plan is organized as follows:

- Section 2 outlines the objectives of stakeholder engagement;
- Section 3 introduces the Stakeholder Engagement Plan and related methods, in addition to previous and future activities;
- Section 4 introduces the Communication Plan and outlines its goals and objectives;
- Section 5 describes roles and responsibilities for grievance redress;

C-2. Objectives of Stakeholder Engagement

The activities of engagement are guided by good international industry practice, as well as all applicable laws and regulations in St. Maarten. The objectives of stakeholder engagement, outlined in this plan, are to:

- Promote the development of respectful and open relationships between stakeholders and the Project proponent (SMMC) and other relevant parties in the pre-construction and future phases;
- Identify Project stakeholders and understand their interests, concerns and influence in relation to Project activities, particularly during the construction phase;
- Provide stakeholders with timely information about the Project, in ways that are appropriate to their interests and needs, and also appropriate to the level of expected risk and potential adverse impacts;
- Support alignment with financing standards and guidelines for stakeholder engagement, as necessary in the pre-construction phase; and
- Record and resolve any grievances that may arise from Project-related activities through a Grievance Mechanism.

C-3. Stakeholder Engagement Plan

Stakeholder Analysis

Stakeholders and Affected Parties of the Project are identified based on the following information:

- Stakeholders and Affected Parties identified during analysis of the immediate surroundings of the project
- Stakeholders and Affected Parties in attendance at the public stakeholder consultation meeting held on 26 November 2018 after the Draft ESMP is made publicly available via the SMMC website.

The following stakeholders and Affected Parties were identified for this project (to be adjusted after Consultation meeting)

- **Businesses** ANTEK, BZSE, Emerald Funeral Home, Belair Community Center, Dental Care Clinic, Alpha Health Care Services, Bearing Point, SLS Laboratory, Fire Dept., Ambulance Dept., Raoul Illidge Sports Complex
- **Schools** Learning Unlimited, NIPA, Hillside Christian School
- **Church** Jehovah Witness
- **Residents** Belair Residents Association, Hamster Drive contact person (Denicio Richardson)
- **Patients and their family, other visitors SMMC**
- **SMMC management & staff**

Stakeholder Engagement Methods and Materials

The engagement process encourages meaningful participation by stakeholders. The SMMC will employ a range of methods and channels for disclosing information in order to tailor disclosure to the interests and needs of the various stakeholder groups and will also produce materials appropriate for specific stakeholders and types of engagement. This may include typical disclosure and engagement methods, such as:

- Local Newspaper Articles, Radio or Digital Media – Used to convey information to local audiences about proposed Project activities and progress.
- Internet/Website/Social Media - Used to promote information or invite stakeholder queries and comments via email.
- Grievance Mechanism - Used by the public to obtain information, ask questions or report and get responses to grievances.

The stakeholder engagement process includes two-way targeted engagement related to specific potential Project impacts. However, engagement activities will continue to be organized around specific topics of interest and known concerns of stakeholders.

Feedback mechanisms are adapted to suit the needs and preferences of different stakeholders and their physical locations. A Grievance Mechanism will be established to provide a dedicated

mechanism for interested stakeholders to provide Project-related feedback discussed in Section **Error! Reference source not found.**).

C-4. Communication Plan

The Communication Plan defines the communication goals and methods that the SMMC and INSO will pursue in order to communicate with stakeholders throughout the life of the Project. This plan sets out a framework to ensure consistent, efficient project communication throughout the Project planning and implementation process.

Objectives

It is important that communication with the public about the Project is consistent and easily understood by diverse audiences. Interest and knowledge levels will vary greatly – from highly-engaged individuals and organizations, to members of the general public that have limited familiarity and/or information about the project. Regardless of the interest and knowledge level of any individual, the objective is to provide easily digestible and practical information for the public to augment a smooth Project implementation process.

Communication Goals

The specific goal of this Communication Plan is to provide a strategic guide to:

- Proactively engage stakeholders with up-to-date information regarding Project development, construction timeline, and any changes in scope or delays
- Stress the Project’s commitment to minimal disruptions to daily life in Bel Air / Cay Hill and adherence to Project construction timeline
- Establish public trust through credible, consistent, and open communication
- Provide a variety of information tools and points of contact to satisfy a diverse public audience

Key Messages

This section will include key Project messages. Messages should address the following themes and/or categories:

- Project benefits for St. Maarten and its future resilience
- Public involvement opportunities
- Key actors (SMMC, Construction Firm)
- Other TBC

Key messages should be developed internally and socialized with all Project staff as required for the audiences they might encounter such as Board of Directors, Management Team and Project Spokespersons, to construction site supervisors and social outreach team members.

Communication Methods

Communication methods should be developed to convey information to target audiences and the public at large, maintain consistent messaging, and provide the public with the opportunity to offer feedback.

Potential platforms and materials include:

Informational Materials

Clear, accurate, and comprehensive informational materials for use with stakeholders during formal consultation events and informal interactions will be produced. These materials will be updated as the Project evolves and supplemented with additional materials and can include:

- Project fact sheet
- Frequently Asked Questions
- Advertisements for public meetings
- Project maps
- Handouts/flyers
- Periodic direct e-mailings to stakeholders
- Video (via monitor) of construction site
- Physical signs near sites of Project components with visualizations and key information (purpose and dates for completion)

All materials should include a link to the Project website (as part of the SMMC.sx website) where further information can be obtained as well as a point of contact for questions or concerns (as described below).

Project Contact Vehicles

To give stakeholders easy and convenient access to the Project, the following contact vehicles will be put in place:

- Direct number for general Project inquiries of the PMU (Project Management Unit) which will be available 24/7 for urgent situations/complaints, PMU may wish to consider Whatsapp capabilities to provide easier access,
- General e-mail address (PMU@smmc.sx); and
- Mailing address (current SMMC address) and physical office location (Care Complex office of PMU).

The contact vehicles will be monitored regularly and response protocols should be developed to ensure all inquiries are tracked for reporting purposes and that responses are provided. Monitoring will also allow for modifications or ramping up of certain contact vehicles should one method prove more effective than others.

Stakeholder Point of Contact

A community and social coordinator for the Project should be established as a single point of contact for stakeholders. This person will be tasked with providing information and responding

to questions, or should they not be able to adequately address enquiries, forwarding the question to a relevant authority.

Information and Communications with Specific Stakeholders

As Project development advances and specific construction plans are in place, the community and social coordinator should be responsible for conducting specific outreach with key stakeholders. The primary purpose of this outreach is to share information, answer questions and obtain stakeholders input on issues and concerns that need to be addressed. These meetings will also help to identify any new stakeholders to include in future outreach activities. Meetings can take place in many formats, from one-on-one casual conversations to small focused meetings.

Public Information and Communications

Beyond specific stakeholders, the public at large should be informed of the Project, its purpose, and key information that may affect daily life in the area. The key messages should always be reiterated during such efforts, in addition to addressing logistical Project updates. Formats for public information and communications should include:

- Public Meetings
- Media engagements especially via most-used media sources (print, radio, local television, online etc.)
- Presentations to key stakeholder groups
- Project milestone press releases to local media
- Project website (part of SMMC.sx) with up-to-date information
- Updated information via SMMC social media (Facebook, LinkedIn)

C-5. Contact with Complaint Committee (Grievance Mechanism)

Feedback Process

Stakeholders will be able to contact the Complaint Committee by letter, phone, or email. Also contact details for urgent matters will be made available. Contact information will be made available through the SMMC website and also on external publications and communications (including newspapers, leaflets, etc.).

Stakeholders are invited to provide feedback and report grievances about the Project. This will allow the SMMC to monitor how the Project is doing, and will help to identify areas of improvement. The SMMC will treat all types of feedback with professional consideration and respect, and base its responses on open and honest communication. Feedback and grievances, where appropriate and necessary, will be investigated and closed out, and stakeholders will be informed of resulting decisions.

Grievance Mechanism

The SMMC will establish prior to construction a Complaint Committee (CC) to address any feedback and complaints associated with Project activities in good faith through a transparent and impartial process. The internal complaint handling policy described above is also applicable.

Specific objectives of the Grievance Mechanism are to:

- Help identify issues and concerns early, so that they can be addressed quickly and proactively;
- Continuously improve Project performance; and
- Demonstrate the SMMC's commitment to meaningful stakeholder engagement, and respect for local opinions and concerns.

The CC provides opportunities for the receipt, investigation, and resolution of complaints at the Project level during the pre-construction through operations phases. Stakeholders will be notified about the CC in external publications and communications (including newspapers, leaflets, on the website, etc.). A dedicated telephone number and email option for public enquiries and feedback will also be shared.

The SMMC will also undertake broader stakeholder engagement activities, including monitoring and reporting.

Grievance Mechanism Structure and Process

The following structure and process will be followed by the CC:

| Process | Description | Time frame | Responsibility & remarks |
|---|---|--|--|
| Establish composition of Complaint Committee members & procedures | Set up of Complaint Committee (CC); Publish article in newspaper and on SMMC website: start date of works and contact information for complainants | 2 weeks before start of civil work | Committee exists of Manager facilities, New Hospital Project Manager, Legal Counsel |
| Identification of grievance | Complaints can be filed face to face, via phone, via letter, or via e-mail, or recorded during public/community interaction | Day of receipt complaint | complaints@smmc.sx; phone: 543 1111 ext: 2500 Postal address: Welgelegen road 30, Cay Hill, Sint Maarten. Attn. Complaint Committee |
| Grievance assessed and logged | Significance assessed and grievance recorded or logged (i.e. in a log book) | 4 - 7 Days upon receipt complaint | Significance criteria Level 1 - one off event; Level 2 - complaint is widespread or repeated; Level 3- any complaint (one off or repeated) that indicates breach of law or applicable policy/regulation |
| Grievance is acknowledged | Acknowledgement of grievance to complainant | 4 - 7 Days upon receipt complaint | Secretariat confirms receipt of the complaint to the complainant via e-mail or letter |
| Development of response | -Grievance assigned to appropriate party for resolution -Proposal response with input from management and BOD SMMC | 4 - 7 Days upon receipt complaint 10 - 14 Days upon receipt complaint | CC |
| Response signed off | Redress action approved at appropriate levels | 14 - 18 Days upon receipt complaint | CC and for level 2 and 3 complaints also Board of Directors (BOD) SMMC |
| Implementation and communication of response | Redress action implemented and update of progress on resolution communicated to complainant Redress action recorded in grievance log book | 18 - 24 Days upon receipt complaint | Project Management Team to implement redress action Legal Counsel to communicate resolution to complainant |
| Complaints Response | Obtain confirmation complainant that grievance can be closed or determine what follow up is necessary | 24 - 30 Days upon receipt complaint | CC |

| | | | |
|-----------------|---|-------------------------------------|--|
| Close grievance | Record final sign off grievance If grievance cannot be closed, obtain expert advice third party, refer to mediation or ultimately court of law | 30 - 34 Days upon receipt complaint | Final sign off by CC and for level 2 and 3 complaints the BOD SMMC |
|-----------------|---|-------------------------------------|--|

Recording and Assessing Complaints/Feedback

All feedback/complaints are forwarded on to the CC. The CC will file the feedback in the Feedback Management System (comprising a Feedback Intake Form, **see below**, and a logging system) and determine the feedback’s initial categorization and severity.

Severity levels for prioritization of feedback are as follows:

- Level 1 – Low Priority: Isolated or ‘one-off’ feedback (within a reporting period of one year) and essentially local in nature;
- Level 2 – Medium Priority: A feedback which is widespread and repeated
e.g. dust or noise from construction vehicles; and
- Level 3 – High Priority: A feedback that has resulted in a serious breach of laws or regulations, has led to or has the potential to lead to negative media coverage and/or is in breach of the SMMC’s own policies and procedures. E.g. a serious accident or a pollution incident. A Level 3 feedback will be referred to directly to the Project Coordinator.

Assigning the Complaint/Feedback to a Responsible Party

The CC will investigate the feedback or assign it to a qualified party in order to investigate it and seek resolution (if necessary). The investigative process can include (but is not limited to) site visits, face-to-face meetings, and interviews. All such activities will be documented.

Resolving the Feedback

After investigating the feedback, a resolution will be adopted. In some cases, the Project Management Unit can immediately address the feedback, while in other cases the feedback might need to be elevated to higher level management.

Monitoring and Evaluating the Grievance Process

The CC will be responsible for monitoring and evaluating the overall Grievance Mechanism and process. Using and maintaining a logging system, the CC will quarterly review the feedback process to assess that key milestones are met and feedback are closed out within 30 - 34 days of receipt.

The system will allow for aggregation of data including:

- Number of feedbacks received;
- Types of feedback raised;
- Who / what caused the issue;
- Average resolution times; and
- Feedback from complainants regarding satisfaction of the resolution.

Monitoring these indicators will allow the CC to identify trends and to evaluate the effectiveness of the mechanism and identify areas for improvement. It may also allow for the identification of recurring issues that could warrant discussion and action by the Project Management Unit.

- Feedback Intake form**

| FEEDBACK RECORD | | | |
|--|---|---|--------------------|
| FEEDBACK REFERENCE NUMBER: | DATE / TIME RECEIVED: | TARGET DATE FOR RESOLUTION: | |
| NAME OF SUBMITTER: | | ADDRESS AND CONTACT DETAILS: | |
| FEEDBACK RECEIVED BY: | | NAME OF PERSON IN CHARGE / EMPLOYEE DEALING WITH THE GRIEVANCE: | |
| TYPE OF ISSUE/ TOPIC (E.G. NOISE, LAND, POLLUTION, VERBAL ABUSE ETC.): | DESCRIPTION OF FEEDBACK (INCLUDE DETAILS ON WHO / WHAT CAUSED THE ISSUE AND LOCATION OF ISSUE): | | |
| ASSESSMENT OF FEEDBACK PRIORITY LEVEL (TICK RELEVANT BOX) | HIGH PRIORITY | MEDIUM PRIORITY | LOW PRIORITY |
| SIGNATURE AND ROLE OF EMPLOYEE | | | DATE: |
| ACTIONS TO RESOLVE FEEDBACK | | | |
| DELEGATION TO: | | | |
| ACTION | WHO | WHEN | COMPLETED Y/N/DATE |
| | | | |
| | | | |
| RESPONSE/RESOLUTION: | | | |
| STRATEGY TO COMMUNICATE RESPONSE: | | | |
| SIGN-OFF: | | | |
| DATE: | | | |
| CONCLUSION | | | |
| IS SUBMITTER SATISFIED? (Y/N) | | COMMENTS FROM EMPLOYEE DEALING WITH THE FEEDBACK: | |
| SUBMITTER COMMENTS REGARDING RESOLUTION: | | | |
| FEEDBACK CLOSED? | Y/N | FEEDBACK RESUBMITTED? | Y/N |
| SIGNATURE AND ROLE: | | DATE: | |
| DATE: | | NEW FEEDBACK NUMBER: | |

**Appendix 7:
Stakeholder Meeting Report**