



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

FIRE, EMERGENCY AND DISASTER PLAN

Effective Date: January 25, 2016

Policy: ER-02

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I. PURPOSE:

- A. To ensure proper response by Montana State Hospital (MSH) and the Forensic Mental Health Facility (FMHF) personnel in the event of a fire or other emergency situation.
- B. To ensure all patient occupied buildings at MSH and FMHF have preplanned evacuation routes and relocation sites.

II. POLICY:

- A. It is the policy of MSH and FMHF to maintain a safe environment for employees, visitors and patients. In order to achieve the most effective response during emergency situations, MSH will maintain a *Fire, Emergency and Disaster Plan, which includes FMHF*.
- B. All patient occupied buildings must have a fire and emergency evacuation plan which will include a building diagram with pre-determined evacuation routes clearly identified.
- C. The fire and emergency evacuation plan shall be permanently posted in each distinct section of the applicable building (floors, wings, etc.) with the applicable evacuation routes highlighted.
- D. The Quality Improvement Department will conduct an annual review of the MSH *Fire, Emergency and Disaster Plan*.

III. DEFINITIONS:

- A. ***Fire, Emergency and Disaster Plan:*** A written document outlining procedures to be taken in the event of a variety of internal or external disasters.
- B. ***Evacuation Plan:*** A written floor plan clearly identifying evacuation routes from all patient occupied buildings.
- C. ***Relocation Site:*** An area where all patients, staff, and visitors relocate to in the event of a fire or other emergency.

IV. RESPONSIBILITIES:

A. Safety Officer will:

1. Assist the Quality Improvement Department to ensure the *Fire, Emergency and Disaster Plan* is updated annually or as needed.
2. Ensure disaster drills are conducted live and/or tabletop annually.

B. The Safety Officer will ensure all patient occupied buildings have a floor plan that identifies evacuation routes. A relocation site for each patient occupied building must also be identified.

C. Supervisors must ensure all staff are aware of evacuation routes and relocation sites.

V. PROCEDURE:

A. Nurse Managers and the Safety Officer will review unit fire and emergency evacuation plans for their units on an annual basis. The Safety Officer will submit a summary of the annual review to the Quality Improvement Committee. The annual report will identify any changes made to the previous plan.

B. The Safety Officer will conduct an annual review of evacuation plans and relocation sites with supervisory staff in all non-patient occupied buildings. The Safety Officer will submit a summary of the annual review to the Quality Improvement Committee. The annual report will identify any changes made to the previous plan.

C. Supervisors must ensure all employees are aware of their responsibilities in the event of a fire or other emergency.

D. All new employees and interns must receive instruction regarding the procedures contained in the Fire, Emergency & Evacuation plan as part of orientation for all new employees. Regular training will be provided to current employees.

VI. REFERENCES: NFPA101-1008; ARM 37.106.1615.

VII. COLLABORATED WITH: Safety Officer; Director of Quality Improvement; Director of Nursing.

VIII. RESCISSIONS: ER-02, *Fire, Emergency, and Disaster Plan* dated August 7, 2014; ER-02, *Fire, Emergency, and Disaster Plan* dated July 15, 2011; ER-02, *Fire, Emergency, and Disaster Plan* dated May 2, 2008; ER-02, *Fire, Emergency, and Disaster Plan* dated May 2, 2005; ER-02, *Fire, Emergency, and Disaster Plan* dated January 28, 2002; Policy ER-02 -- *Fire, Emergency, and Disaster Plan* dated February 14, 2000.

IX. DISTRIBUTION: All hospital policy manuals.

- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** MSH Safety Officer.
- XII. ATTACHMENTS:** For internal use only.
- A. Fire, Emergency & Disaster Plan – As updated January 2016. *[Accessible via the computerized version of the Policy and Procedure Manual. Hard copies are also readily accessible in all work areas of the hospital.]*

Signatures:

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Hospital Administrator

Thomas Gray, MD
Medical Director