I. PURPOSE
This procedure establishes the steps required for off-site Business occupancy locations to perform the required annual fire drill and disaster drill reports as required by the Joint Commission Environment of Care (EC) standards.

This policy does not apply to the URMC Surgical Center at 180 Sawgrass Drive, Pluta Cancer Center @ Red Creek Drive, Strong West ASC and ER at 156 West Ave. They will follow EH&S procedure FS022.

II. PERSONNEL AFFECTED
Fire Safety Coordinator for patient care areas
Off-site location Managers
Ambulatory Service Office

III. DEFINITIONS
Fire Drill – A test of staff’s ability to understand and work through a fire related scenario using their Off-site Emergency Response procedures.

Disaster Drill- A test of staff’s ability to understand and work through a significant untoward event using their Off-site Emergency Response procedures.

IV. RESPONSIBILITIES
The Fire Safety Coordinator will email the required blank report forms out to all the recorded off-site locations found on the matrix which is maintained by the Fire Safety Coordinator in conjunction with Real Estate Services at the beginning of each calendar year. This matrix is updated throughout the year as new sites are added or deleted. The reports include a cover letter explaining the process and requirements (Appendix 1), a fire drill form (Appendix 3) and a disaster drill form (Appendix 4). As drills are completed, the Fire Safety Coordinator will record on the matrix which locations completed the required drills. In June of said calendar year, the Fire Safety Coordinator will email out the same forms to off-site locations that have not completed the drills per the matrix (Appendix 2). The Fire Safety Coordinator will review for completeness and ensuring critique and corrective action plan is identified. Fire Safety Coordinator will return a copy to the manager of the site for incomplete drill forms needing resolution.

Off-Site Managers will perform the drills as required during the calendar year and return the completed forms (Appendix 3 and 4), including critique to the Fire Marshal’s Office and Ambulatory Care Service Office. If the site wishes to have the Fire Safety Coordinator come out for the drill, they will contact the Fire Safety Coordinator to schedule the appointment. Each site has one (1) calendar year to complete both drills and not at the same time.
V. PROCEDURES

1. The Fire Safety Coordinator emails the forms and cover letter to the off-sites indicated on the off-site drill matrix. The initial mailing date is also marked for each off-site at that time.

2. As drills are completed an off-site representative will observe the drill and critique the performance of staff. They will write down on the form strengths and opportunities for improvement. Those areas that have been identified as an opportunity for improvement will also have a corrective action plan.

3. Once the form has been filled out, it shall be returned to the Fire Safety Coordinator for review and to ensure a staff critique is done. If not, the forms are returned to the site to complete that section. If the forms are filled out and critique is done, record the drill(s) as completed and indicate on the June notification column a “N/A” indicating no 6 month notification is required.

4. Off-site staff is requested at each notification period to update the site contact person as personnel changes to ensure the most accurate notification system. The Fire Safety Coordinator will update the fire drill matrix as necessary throughout the year as required.

5. Off-sites are required to maintain a copy of each drill at their locations for internal and external audits throughout the year if the records are requested to be viewed.

6. An additional copy of each completed drill is sent by the off-site to the Ambulatory Service Office in addition to the Fire Marshal’s Office (new requirement established in Sept/Oct 2010).

7. If the off-site requests the presence of the Fire Safety Coordinator to observe the drill, they are responsible for contacting and scheduling the appointment. The Fire Safety Coordinator does not observe the off-site drills unless requested to attend.

VI. REFERENCES

FCNYS Chapter 4 Emergency Planning and Preparedness
TJC EC Standard EM.03.01.03
VII. APPENDICES/FORMS

Appendix 1: January Cover Letter
Appendix 2: June Cover Letter
Appendix 3: Fire Drill Form
Appendix 4: Disaster Drill Form

VIII. REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>10/19/10</td>
<td>New</td>
<td>Initial development of policy</td>
</tr>
<tr>
<td>11/2/2014</td>
<td>1</td>
<td>Update forms, add Strong West ASC and ER</td>
</tr>
</tbody>
</table>
To: Strong Health Offsite Managers and Occupants

From: Bill Wood
Fire Safety Coordinator

Date: January XXXX

RE: Annual Fire Drill and Disaster Drill Evaluation Forms

IX. The Joint Commission requires that all off-site facilities, which are classified as Business occupancies, conduct and document a minimum of one fire AND one disaster drill annually. Strong Health off-sites accomplish this by filling out the forms attached in the email, and then return a copy of each form to the Fire Marshal’s office and the Ambulatory Service Office through intramural mail, fax or email. Please complete these drills separately, as they will be recorded as individual drills. A reminder email will be sent out in June if the Fire Marshal’s office has no record of your site completing either of the drills for the current year.

Fire Marshal Office Contact information:
Phone number: 275-8415 (Bill)
Fax number: 274-0001
Intramural mail: RC Box 278878
Email address: wwood@safety.rochester.edu

Ambulatory Service Office Contact Information:
Fax Number: 273-1371
Intramural mail: Box 619-23

In addition to sending the completed forms to our office and the Ambulatory Service Office, we request that each site maintains a copy of the fire and disaster drill completed for the current year. This will be used as proof of completion for visiting regulatory agencies conducting inspections, as well as review by the Environment of Care survey group.

Please forward this notification to the proper contact people for the off-site if you have received this notice in error, or contact me through email or voice mail so I can correct the information.

Thank you for your cooperation in this matter.
Appendix 2:

To: Strong Health Offsite Managers and Occupants
From: Bill Wood
     Fire Safety Coordinator
Date: June XXXX
RE: Annual Fire Drill and Disaster Drill Evaluation Forms- Reminder Notification

X. The Joint Commission requires that all off-site facilities, which are classified as Business occupancies, conduct and document a minimum of one fire AND one disaster drill annually.

You are receiving this notification because the University of Rochester Fire Marshal’s Office has not received a copy of a completed fire drill and disaster drill for 201x. Please do these drills as soon as possible, or if you have completed the drills, please send the forms to the Fire Marshal’s Office and Ambulatory Care Service Office. Addresses for both offices are listed on the Instruction Form attached with this notification email.

Please forward this notification to the proper contact people for the off-site if you have received this notice in error, or contact me through email or voice mail so I can correct the information.

Thank you for your cooperation in this matter.

Appendix 3:
Strong Health Off-site Fire Drill Form

Date: _______________  Phone Number: ______________________________

Site Name: __________________________________________________________
Address: ____________________________________________________________

Drill Scenario: ________________________________________________________________________________

Charge Person Name: ____________________________________________________________

1. Knowledge of RACE
   R=___________  A=_________________  C=_________________  E=_______________
   (Fire Plan)
2. Knowledge of PASS
   P=___________  A=_________________  S=_____________  S=_________________
   (Fire extinguisher use)

3. What are two locations of fire extinguishers? 1. _______________________________  
   2. _______________________________

4. What are two locations of pull stations? 1. _______________________________  
   2. _______________________________

5. What are two locations of building exits? 1. _______________________________  
   2. _______________________________

6. Where is the location of your emergency response plan?  
   ________________________________________________________________________________

7. Where do you evacuate patients to?  
   ________________________________________________________________________________

8. Was the evacuation path clear and did doors in the path open properly?  YES  NO

9. Is the emergency call list up to date with the proper information?  YES  NO

CRITIQUE (Explain what went well, what could be done differently, what needs to be improved upon)

PLAN (Explain any follow-up required for action items)
<table>
<thead>
<tr>
<th>Policy No.: FS023</th>
<th>Approved by: Mark Cavanaugh</th>
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</thead>
<tbody>
<tr>
<td>Title: Patient Care Off-Site Fire &amp; Disaster Drills</td>
<td>Date: 11/2/2014</td>
</tr>
<tr>
<td>Revision No.: 1</td>
<td>Page 7 of 9</td>
</tr>
<tr>
<td>Prepared by: Bill Wood</td>
<td></td>
</tr>
</tbody>
</table>

Participating staff please sign on the back of this form. Return one copy each to the following locations:

Fire Marshal’s Office (Fax: 274-0001) or intramural mail to RC Box 278878
Ambulatory Care Service Office (Fax: 273-1371) or intramural mail to Box 619-23

Environmental Health & Safety
RC Box 278878
Rochester, NY 14627

Appendix 4:
Strong Health Off-site Disaster Drill Form

Date: ___________________  Phone Number: ________________________

Site Name: ______________________________________________________

Address: _______________________________________________________

Drill Scenario: __________________________________________________

Charge Person Name: _____________________________________________

1. For Medical or Police emergencies, what is the emergency number to call? __________

2. For loss of building power, what is the landlord emergency number? __________

3. Where are the MSDS (Material Safety Data Sheets) kept for this site? __________

4. Does staff know where to obtain back-up MSDS information? (Circle correct answer)
   A. A binder located at that off-site
   B. Environmental Health & Safety website (safety.rochester.edu)
   C. Security
   D. A and B

5. Does staff know who to contact for curtailment of services? (Circle correct answer)
   A. Clinical Director of Ambulatory Care
   B. Helpdesk
   C. Local municipality
   D. 1-800 number

6. Does staff know who to contact for loss of phone service? _______________________

7. Does staff know who to contact for loss of computer service? _____________________

8. Does staff know the location of the Emergency Preparedness plan? ___________________

CRITIQUE (Explain what went well, what could be done differently, what needs to be improved upon)

PLAN (Explain any follow-up required for action items)

Participating staff please sign on the back of this form. Return one copy each to the following locations:

Fire Marshal’s Office (Fax: 274-0001) or intramural mail to RC Box 278878

Ambulatory Care Service Office (Fax: 273-1371) or intramural mail to Box 619-23

PARTICIPATING STAFF: (PLEASE PRINT NAME CLEARLY)

____________________  ____________________  ____________________
____________________  ____________________  ____________________
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Reviewed by: ____________________ (Fire Marshal’s Office)