

# Sullivan County Department of Public Health

<b><u>Title:</u></b> Fire Drill	Original Approval: 5/90
<b><u>Number:</u></b> AG-23	Reviewed/ revised: 6/93, 9/99, 11/15, 6/16, 11/22, 4/24
<b><u>Page Number:</u></b> 1 of 2	

**Statement/ Purpose:**

To critique staff knowledge and evaluate staff's state-of readiness to carry out the facility's fire procedures, in order to ensure safety of staff and patients.

**Authority:**

**Application:**

All SCDPH staff

**Terminology:**

**Responsible Party:**

Director of Patient Services

**Cross-Reference:**

**Procedure:**

1. The DPW Supervisor for the Liberty Human Services Complex will conduct fire drills on a quarterly basis. The drills should be conducted at various times, and simulate (as closely as possible) a fire situation in a particular location within the building. General staff will be notified a week prior that a drill will be conducted the following week; the specific drill date and time will be unannounced. Pre-notification with the specific date and time of the fire drill be made only to the necessary staff, such as the Public Health Director, Director of Patient Services, or Administrative Assistant.
2. Staff will be expected to carry out all aspects of the fire procedures. The fire drills will be generated by either staff responding to an activated fire alarm or the staff will be expected to initiate a drill by being presented with a fire scenario (ex: pulled fire box, or activated smoke detector).
3. The person conducting the drill will act as an observer only. Any directions to the staff will be expected to come from the Fire Marshall at the time.
4. The person conducting the drill will evaluate the staff's actions and conduct a short critique with the staff at the conclusion of the drill. The drill will be documented in writing on the attached form and submitted to the Public Health Director as soon as possible after the incident.
5. Each quarterly fire drill will be entered into the fire drill log in the Building Maintenance Binder located in the office of the administrative assistant.

Sullivan County Department of Public Health

Fire Incident Report

Date and time started: \_\_\_\_\_

Area involved: \_\_\_\_\_

Probable cause: \_\_\_\_\_

Alarm sounded by: \_\_\_\_\_

If drill, how was the drill initiated?      Smoke Detector \_\_\_\_\_ Pull Box \_\_\_\_\_

Number of persons responding: \_\_\_\_\_

Doors and windows closed: \_\_\_\_\_

Locations announced by assist Fire Marshall: \_\_\_\_\_

Evacuation of Patients in clinic areas and lobby: \_\_\_\_\_

Date and time secured: \_\_\_\_\_

Fire company responded: \_\_\_\_\_

Answering service called: \_\_\_\_\_

Emergency Services responded (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire Marshall Signature: \_\_\_\_\_