



MANUAL: **Emergency**

SECTION: **CODE RED**

SUBJECT: **Fire Drills**

POLICY

It is the policy of Schlegel Villages to provide a safe and secure environment for all Residents. To that end, Fire Drills will be performed monthly to test the Fire Plan and Supervisory Staff response.

PURPOSE

The purpose of a fire drill is to ensure that all staff members are familiar with the building's overall fire emergency and evacuation procedures. To maximize the benefits of fire drills, they will be scheduled and rotated throughout the year in such a way that the Team Members on all shifts employed at the facility will participate.

SCHEDULE

A minimum of one (1) comprehensive and two (2) of either silent or table talk/walkthrough fire drills will be completed monthly in both LTC and Retirement.

A minimum of one fire drill will be completed on each shift in order to involve as many team members as possible.

The location/scenario of the drill should be rotated to test a variety of situations and responses.

PROCEDURE

1. The local Fire Services and Alarm Monitoring Services should be notified of the Fire Drill with Alarm Monitoring Services put on bypass until the drill is complete. After the drill is completed, the Fire Services should be notified and Alarm Monitoring Services put back online.
2. The fire proxy will be placed anywhere in the facility and staff are expected to react as if the proxy was the location of a fire. The fire proxy may be a safety cone, poster or other prop that clearly signifies the location of the fire.
3. A smoke detector may be activated or a Team Member asked to pull a fire alarm pull station closest to the proxy to initiate the drill.



4. The Director of Environmental Services, or designate, will observe the drill, write a fire drill report, and discuss the results with Team Members immediately after the drill.
5. The Fire Drill report will be signed and all Team Members who participated in the drill will fill out the Fire Drill Attendance form.



FIRE DRILL AND/OR INCIDENT REPORT

(Form Revised: April 2016)

DATE:		TIME:		LOCATION:			
	dd/mm/yy		hrs				
			Use 24 hr format				
TYPE OF DRILL:	<input type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> SILENT	<input type="checkbox"/> WALKTHROUGH	<input type="checkbox"/> TABLE TALK			
SCENARIO DESCRIPTION:							
Who discovered the fire location?					YES	NO	N/A or TT
1.	Did they activate the alarm (only if scenario required this action)?						
2.	Did they communicate the location to another Team Member?						
3.	Did they evacuate Residents in immediate danger?						
4.	Did they close and latch the door to confine the smoke and fire?						
5.	Were the rooms across and beside evacuated next?						
6.	Were markers used to indicate the rooms were clear?						
7.	Were all the Residents in the affected zone evacuated?						
8.	Was an attempt made to extinguish the fire?						
COMMENTS & OBSERVATIONS:							
At the Control Centre:					YES	NO	N/A or TT
1.	Was a Team Member designated to call 911?						
2.	Was a Team Member designated to go to the Front Entrance?						
3.	Was the location/condition of the fire communicated to the Charge/Lead Nurse?						
4.	Did they communicate that the door to the room was closed?						
5.	Did they communicate that the room was/was not evacuated?						
6.	Were Team Members put in groups: Evacuation, Transport, Receiving?						
7.	Was a Holding Area cleared/made ready to receive Residents?						
8.	Did all available Team Members arrive from all areas/departments?						
9.	Were all Residents accounted for after the affected zone was cleared?						
COMMENTS & OBSERVATIONS:							
Miscellaneous:					YES	NO	N/A or TT
Was the Charge/Lead Nurse announcement clear and correctly stated?							
Did the Alarm System and Fire Doors work correctly?							
Were corridors clear and unobstructed?							
Were stoves and dryers shut off?							
COMMENTS & OBSERVATIONS:							
MANAGER:				CHARGE/LEAD NURSE:			