PURPOSE
FirstHealth of the Carolinas (FHC) shall strive to assure that their facility is functionally safe and maintains a secure, sanitary, and fire-safe environment for patients of all ages, visitors, employees, volunteers, and licensed independent practitioners (LIPs) by requiring and supporting the establishment and maintenance of an effective Fire Safety Management Program (FSMP).

The purpose of the fire safety management plan is to assure that all facilities are designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. Because the safety of occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire is provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

- Design, construction, and compartmentation
- Provision for detection, alarm, and extinguishment
- Fire prevention and the planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building

The objective of the Fire Safety Management Program is to design processes to prevent fires and protect patients, staff and visitors in the event of a fire.

SCOPE
The scope of the Fire Safety Management Plan is to provide a physical environment free of hazards related to life safety. FHC’s Fire Safety Management Plan provides for continuous protection of all patients, visitors, and staff from the effect of fire and the products of combustion and provides for the safe use of the buildings and grounds. The Fire Safety program encompasses all fire safety aspects of building design, all fire detection and suppressions systems and the facility fire response policies and procedures.

FHC has established and maintains an effective Fire Prevention/Safety Risks Management Plan to provide a fire-safe environment of care.

1. FHC develops and maintains a written management plan describing the processes it implements to effectively manage fire safety.
2. FHC identifies and implements proactive processes for protecting patients, staff, and others coming to the organization's facilities, as well as protecting property from fire, smoke, and other products of combustion.
3. FHC identifies and implements processes for regularly inspecting, testing, and maintaining fire protection and fire safety systems, equipment, and components.
4. FHC develops and implements a fire response plan that addresses the following:
   1. Facility wide fire response
   2. Area-specific needs including fire evacuation routes
3. Specific roles and responsibilities of staff, licensed independent practitioners (LIPs), and volunteers at a fire's point of origin
4. Specific roles and responsibilities of staff, LIPs, and volunteers away from a fire's point of origin
5. Specific roles and responsibilities of staff, LIPs, including when and how to sound fire alarms
6. Specific roles and responsibilities of staff, LIPs, on how to contain smoke and fire
7. Specific roles and responsibilities of staff, LIPs, on how to use a fire extinguisher
8. Specific roles and responsibilities of staff, LIPs, and volunteers in preparing for building evacuation to area of refuge

5. FHC reviews proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations, and other equipment for fire safety.

6. Each building in which patients are housed or receive care, treatment, or services complies with the LSC, NFPA 101® 2000. When life safety code deficiencies are discovered and cannot be corrected within 45 days, they are entered into the hospital’s TJC Connect™ extranet eSOC™ account as a Plan for Improvement implementation item and continued progress in completing an acceptable Plan for Improvement.


8. FHC conducts fire drills in all required buildings that the organization owns as indicated in the elements of performance and intent process section of this plan.

9. The hospital implements Interim Life Safety Measures (ILSM) as indicated in the ILSM section of this plan.

10. FHC does not allow patients to smoke in the buildings or on the hospital campus as defined in the hospitals “Tobacco Free Environment Policy”.

The scope of the Fire Safety Management Program applies to all employees and departments at the hospital campus.

ORGANIZATION AND RESPONSIBILITY:
The Chief Operating Officer/President appoints a safety officer responsible for developing, implementing, monitoring, administering and directing an ongoing, organization-wide process to collect information about opportunities for improvement in the FHC Fire Safety Management Program. Leadership through experience and education and credentials determines the qualifications of the safety officer. The Safety Officer has the authority and duty to take immediate and appropriate action in the event that a hazardous condition occur which poses threat of life, personal injury / illness, or the threat of damage of property. The Board of Directors receives regular reports of the activities of the Fire Safety Management Program from the Performance Improvement/Risk Management Committee. The Board of Directors reviews reports and, as appropriate communicates concerns about identified issues and regulatory compliance. The Board of Directors provides support to facilitate the ongoing activities of the Fire Safety Program.

The Facilities Director/designee is responsible for the day to day life safety function. The Safety Committee approves fire plan policies and procedures and addresses life safety issues as they are identified. Each department director is responsible for orienting new staff members to the department and job specific fire
safety procedures. Employees are expected to know how to prevent fires, sound the alarms, and defend in place or evacuate, if necessary.

It is the responsibility of the Facilities Director/designee to ensure that the fire drill program is coordinated. There will be no exceptions to required testing or drill schedules.

OBJECTIVES
The objectives of the Fire Safety Risk Management program are as follows:

A. Conduct an annual evaluation of all areas of the hospital buildings to determine the level of Life Safety Code compliance during safety rounds and bi-annual environmental safety self assessment checklists.
B. Determine the need for Interim Life Safety Measures (ILSM) for identified Life Safety Code deficiencies, or construction, renovation, maintenance or building improvement projects.
C. Maintain the electronic Statement of Conditions.
D. Maintain the fire alarm system, detection and extinguishing systems in accordance with the appropriate NFPA codes.
E. Conduct fire drills for each area of the hospital at least once per quarter, for each shift and at least annually for business occupancy buildings.
F. Conduct fire drills once per shift per quarter in each building defined as a health care occupancy by the LSC.
G. Conduct quarterly fire drills in each building defined as an ambulatory health care occupancy by the LSC.
H. Conduct fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.
I. Conducts one fire drill per quarter, per shift in areas under Interim Life Safety measures, as required.
J. Train all staff, including LIPs physicians, volunteers and students in the desired fire response plans to promote fire safety awareness.
K. Establish a Fire Department liaison to support fire inspections, fire responses and approval of building plans as required.
L. Use performance information to identify key problems, failures and user errors, which require attention and action.
M. Measure performance using relevant standards and report findings to the Safety Committee.
N. Identify opportunities to improve building designs, preventive maintenance activities, emergency response or staff training.
O. Maintain current drawings, plans, or diagrams for life safety assemblies, components or systems.
P. Conduct an annual evaluation of the objectives, scope, performance and effectiveness of the Fire Safety Program and report the findings to the Safety Committee.
Q. Provide an environment that is free from fire hazards.
Provisions:
The Fire Safety Management Plan includes provisions for the inspection, maintenance, repair and interim measures for the following life safety systems according to applicable NFPA codes:

1. Fire detection and fire alarm systems.
2. Smoke and fire dampers.
3. Smoke and fire doors.
4. Automatic fire suppression systems.
5. Fire sprinkler pumps.
6. Kitchen hood fire suppression systems.
7. Clean agent suppression systems.
8. Fire extinguishers
9. Exit signs and other signage.

The Fire Safety Risks Management Plan also includes the Hospital-wide response to Code Red. All aspects of Fire Safety Management will be documented and all documentation will be kept on file in the Facilities Management office.

There is a planned, systematic, interdisciplinary approach to process design and performance measurement, analysis and improvement related to organization-wide safety. The FHC Safety/EOC Committee will develop and establish performance measures and related outcomes, in a collaborative fashion, based on those priority issues known to be associated with the healthcare environment. Performance measures and outcomes will be prioritized based upon high risk; high volume, problem prone situations and potential or actual sentinel event related occurrences. Criteria for performance improvement measurement and outcome indicator selection will be based on the following:

- The measure can identify the events it was intended to identify
- The measure has a documented numerator and a denominator statement or description of the population to which the measure is applicable;
- The measure has defined data elements and allowable values;
- The measure can detect changes in performance over time;
- The measure allows for comparison over time within the organization or between the organization and other entities;
- The data intended for collection are available;
- Results can be reported in a way that is useful to the organization and other interested stakeholders.

The Safety Committee on an ongoing basis monitors performance regarding actual or potential risk related to one or more of the following:

- Percent of staff able to demonstrate their knowledge, skill and level of participation in the fire safety management program.
- Monitoring and inspection of activities
- Emergency and incident reporting
- Inspection, preventative maintenance and testing of safety equipment

Should the Safety Committee feel a team approach is necessary for performance and process improvement to occur, the Safety Committee will formulate a team. Determination of team necessity will be based on those priority issues listed (high risk, volume and problem prone situations and sentinel event occurrence). The Safety Committee will review the necessity of team development, requesting team participation only in those instances where it is felt the Environment of Care’s contributions toward improvement would be
limited (due to specialty, limited scope and/or knowledge of the subject matter). Should team development be deemed necessary, primarily, team members will be selected on the basis of their knowledge of the subject identified for improvement, and those individuals who are “closest” to the subject identified. The team will be interdisciplinary, as appropriate to the subject to be improved.

The Hospital manages fire safety risks:

**EC.02.03.01**
The hospital minimizes the potential for harm from, smoke, and other products of combustion.

FHC will protect its patients, employees, visitors, and property by providing appropriate fire protection equipment, employee training and interim life safety measure. The Hospital is equipped with a fire detection system that is inspected in accordance with the appropriate NFPA code.

Employees are inserviced on the general fire safety instructions for their departments, where fire extinguishers are located along with the oxygen shutoffs (and who is authorized to shut off the valves during a fire) and evacuation routes.

The hospital is equipped with appropriate portable fire extinguishers. They are located throughout the hospital. It is each of the employee’s responsibility to know how to use and the location of these extinguishers.

The main oxygen shutoff valve is located outside the boiler room at Moore Regional Hospital, across from the Administrative offices at Montgomery Memorial Hospital, and in the Engineering Department at Richmond Memorial Hospital. It is the responsibility of the highest ranking clinical person to shut this valve off if he/she deems it necessary.

**Fire Emergency Pre-Plan:**

- Know the location of the nearest fire alarm.
- Know the emergency number to dial at each facility.
- Know the location of fire extinguishers and how to use them.
- Know the location of all exits.
- Know proper evacuation procedures and routes.

**Maintaining building structural requirements for fire protection:**

The hospital and all buildings in which patients are seen or treated and are under the ownership or control of FirstHealth of the Carolinas Healthcare System will maintain compliance with the appropriate provisions of the Life Safety Code of NFPA. Documentation of all life safety requirements will be maintained on an ongoing visible basis. The Facilities Director/designee is responsible for maintaining and managing all structural elements of life safety.

FHC is a tobacco free environment and is established under FHC policy C-0000-800.

The hospital will maintain free and unobstructed access to all exits. The hospital will conduct on a regular basis environmental rounds to ensure compliance.
The hospital has a written fire response plan (Code Red). The hospital will maintain a written fire response plan. Emergency procedures will be coordinated between the Safety Officer and department directors. Each department director will develop department specific emergency procedures according to the need of their patient population. A copy of department specific fire emergency procedures is located in each department for employee reference. The department director is responsible for reviewing the content of emergency procedures at least annually and address:

- Facility-wide fire response needs,
- Area specific needs including fire evacuation routes,
- Specific roles and responsibilities of staff, licensed independent practitioners, and volunteers at a fire’s point of origin,
- Specific roles and responsibilities of staff, licensed independent practitioners, and volunteers away from a fire’s point of origin, and
- Specific roles including when and how to sound fire alarms
- Specific roles including how to contain smoke and fire
- Specific roles including how to use a fire extinguisher
- Specific roles and responsibilities of staff, licensed independent practitioners, and volunteers in preparing for building evacuation to an area of refuge.

(10) The written fire response plan describes the specific roles of staff and licensed independent practitioners at and away from a fire's point of origin, including when and how to sound fire alarms, how to contain smoke and fire, how to use a fire extinguisher, and how to evacuate to areas of refuge.

The following emergency procedures will be implemented in the event of a fire:

- R = Rescue patients immediately from fire or smoke area.
- A = Pull fire alarm station (pull stations) and call emergency number, give exact location.
- C = Contain the smoke or fire by closing all doors to rooms and corridors.
- E = Extinguish/Evacuate.

Specific roles and responsibilities of personnel, licensed independent practitioners and volunteer’s at a fire’s point of origin and away from a fire’s point of origin.

Education and training regarding general Fire Safety Management policies and procedures are provided to hospital personnel upon initial hospital orientation. Education and training regarding department specific Fire Safety Management policies and procedures are provided during the first 90 days of employment, or as soon as practical, for new employees. It is the responsibility of the employees’ director to train and educate the new employee in the aspects of the department specific life safety issues.

Specific Roles and responsibilities of other personnel who must participate in the fire plan, such as volunteers, LIPs, and students:

- Education and training regarding general Fire Safety Management policies and procedures are provided to hospital volunteers, students upon initial hospital orientation. It is the responsibility of the volunteer or student’s director to train and educate the new individual in the aspects of the department specific life safety issues.
- LIPs: LIPs receive initial education regarding Fire Safety emergency procedures in a physician orientation packet. Continuing education regarding Fire Safety emergency procedures pertinent to the medical staff is provided at the appropriate medical staff committees.

General instructions for all employees including volunteers, LIPs and students:
- Keep telephone lines clear for fire control.
- Do not use elevators.
- Make sure all fire, corridor and room doors are closed.
- Clear all corridors and exits of unnecessary traffic and obstructions.
- All nursing personnel shall report to their areas and remain their for instructions.
- All other personnel shall report to their areas and await emergency assignment as needed if not at the origin of the fire.
- Assure patients, if any are aware of the fire. Inform that the alarm has been turned in, the emergency plan is in effect, there is an abundance of help to assist as needed.
- Know evacuation routes.

Roles and responsibilities in preparing for building evacuation:

Evacuation will be conducted horizontally to the adjacent fire/smoke compartment by all staff members. When given instruction by administration or the local fire department all staff personnel will evacuate patients down fire stairwells using backboards, wheelchairs or assisting ambulatory patients or elevators with fire department assistance.

Building Compartmentalization:

The building is divided between fire and smoke compartments which activate during the fire alarm annunciation system. Employees are instructed to close all doors during a fire.

Orientation and Education to the Fire Safety Program:

All personnel (including physicians and other licensed independent practitioners) will have knowledge of their specific role and responsibilities at the point of origin of a fire and away from the point of origin, use and functioning of fire alarm systems, containing smoke/fire with building compartmentalization, roles and responsibilities of preparing for building evacuation and the location and proper use of equipment to evacuate or transport patients to a safe area. In addition to the hospital orientation, all employees will be scheduled for inservices on life safety annually. Ongoing education will be provided during the fire drill process as staff are questioned about the various aspects of fire safety, alarm activation, response to location of fire, etc. The R.A.C.E. acronym (Rescue, Alarm, Contain, and Extinguish or Evacuate) will be used.

Effectiveness of the education and training program will be evaluated via ongoing review of fire drill critiques and performance improvement activities conducted related to the critiques. An annual evaluation of training effectiveness will be performed annually through aggregated data obtained from fire drill critiques and evaluations, as well as ongoing performance improvement monitoring outcomes and safety walk questions.

**EC.02.03.03 The hospital conducts fire drills.**
The hospital conducts fire drills once per shift per quarter in each building defined as a health care occupancy by the Life Safety Code. The hospital conducts quarterly fire drills in each building defined as an ambulatory health care occupancy by the Life Safety Code.
Note 1: Evacuation of patients during drills is not required.
Note 2: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

Fire drills are conducted quarterly on all shifts in healthcare occupancies and quarterly in ambulatory occupancies as identified on the yearly schedule kept in the Facilities Management department.

The hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated. Note: In leased or rented facilities, drills need be conducted only in areas of the building that the hospital occupies.

Fire drills in freestanding buildings classified as business occupancies will be conducted every 12 months as identified on the yearly schedule kept in the Facilities Management department.

Quarterly fire drills test all primary elements of the fire response plan.
At least 50% of the required drills are unannounced.

Fire drills are conducted monthly and at least 50% of fire drills are unannounced. Facilities Management has the Fire Drill book in the office.

Staff who work in buildings where patients are housed or treated participates in drills according to the hospital’s fire response plan.

Fire drills are conducted in all areas and staff from all areas respond to the alarm as required in the fire response plan. Evaluation of staff knowledge is done with our fire drill form and tools. We also evaluate multiple floors at the time of the drill with our fire evaluation tool. In-services are given at the time of the drill for any identified staff knowledge deficiency.

The hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented.

Fire drills are critiqued after each drill. Any necessary education is provided at the time of the fire drill. Critiques are submitted to the safety committee on a quarterly basis.

During the annual evaluation of the Fire Safety Plan, the effectiveness of the fire drill response training is reviewed and modified as necessary.

The hospital reviews proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations and other equipment for fire safety:

All purchases of hospital furnishings and equipment will be reviewed to determine if they meet fire retardant characteristics and flame spread necessary for continued fire safety. All materials must meet the requirements of the NFPA. Flame spread book kept in Facilities Management.

The Facilities Director/designee and the Director, Materials Management are responsible for reviewing new products to verify they meet code requirements. The Facilities Director/designee is responsible for the installation of fire rated products during constructions. The Facilities Director/designee will maintain
records on all products installed during construction projects. The Director, Materials Management will maintain records on all replacement products that are fire rated which department director’s request.

**LS .01.01.01**
The organization designs and manages the physical environment to comply with the Life Safety Code.

FHC designs and manages the physical environment to comply with the 2000 edition of the NFPA “Life Safety Code 101”.

The hospital assigns an individual(s) to assess compliance with the Life Safety Code, complete the electronic Statement of Conditions (e-SOC), and manage the resolution of deficiencies.

FHC utilizes the Facilities Director/designee with no less than five years experience and/or a life safety code expert (consultant) with no less than five years experience in Life Safety Code compliance and has prepared e-SOCs.

The hospital maintains a current electronic Statement of Conditions (e-SOC).

The Statement of Conditions hard copy book is kept in the Facilities Management Department as well as maintained electronically in the TJC Connect™ extranet eSOC™ account.

When the hospital plans to resolve a deficiency through a Plan for Improvement (PFI), the hospital meets the time frames identified in the PFI accepted by The Joint Commission.

All PFI progresses regarding time frames are managed with corrections and completions reported to the Safety Committee monthly.

**LS.01.02.01**
The organization protects occupants during periods when the Life Safety Code is not met or during periods of construction.

FHC’s Interim Life Safety Measures Policy provides for the following activities:

- The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building.
- The hospital posts signage identifying the location of alternate exits to everyone affected.
- The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction, renovation, or maintenance. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk.
- When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, renovation, or maintenance, the hospital does the following: Inspects exits in affected areas on a daily basis. The need for these inspections is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Provides temporary but equivalent fire alarm and detection systems for use when a fire system is impaired. The need for equivalent systems is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Provides additional fire-fighting equipment. The need for this equipment is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Uses temporary construction partitions that are smoke-tight, or made of noncombustible material or made of limited-combustible material that will not contribute to the development or spread of fire. The need for these partitions is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Increases surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices. The need for increased surveillance is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Enforces storage, housekeeping, and debris-removal practices that reduce the building’s flammable and combustible fire load to the lowest feasible level. The need for these practices is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Provides additional training to those who work in the hospital on the use of fire-fighting equipment. The need for additional training is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Conducts one additional fire drill per shift per quarter. The need for additional drills is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- The hospital conducts education to promote awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety. The need for education is based on criteria in the hospital's interim life safety measure (ILSM) policy.
- The hospital trains those who work in the hospital to compensate for impaired structural or compartmental fire safety features. The need for training is based on criteria in the hospital's interim life safety measure (ILSM) policy.

The hospital follows FHC’s policy in Interim Life Safety Measures.
1. The policy Interim Life Safety Measures includes written criteria for evaluating various deficiencies and construction hazards.
2. Evidence of Interim Life Safety is located in the Facilities Management Department in the Interim Life Safety Book.

**EC.02.03.05**
The hospital maintains fire safety equipment and fire safety building features.

The following fire alarm and detection equipment is tested as required by NFPA 72, 1999:

Initiating devices and fire detection and alarm equipment are tested as follows:
1. All supervisory signal devices (except valve tamper switches) are tested at least quarterly.
2. All valve tamper switches and water flow devices are tested at least every 6 months.
3. All duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes and smoke detectors are tested at least every 12 months.
4. Occupant alarm notification devices, including all audible devices, speakers and visible devices are tested at least every 12 months.
5. Off-premises emergency services notification transmission equipment is tested at least quarterly.
6. For water-based automatic fire-extinguishing systems, all fire pumps are tested at least weekly under no-flow conditions.
7. For water-based automatic fire-extinguishing systems, main drain tests are conducted every 12 months at all system risers.
8. For water-based automatic fire-extinguishing systems, all fire department connections are inspected quarterly.
9. For water-based automatic fire-extinguishing systems, all fire pumps are tested every 12 months under flow.
10. Every 5 years, the hospital conducts water-flow tests for standpipe systems.
11. Kitchen automatic fire-extinguishing systems are inspected for proper operation every 6 months (actual discharge of the fire-extinguishing system is not required).
12. Carbon dioxide and other gaseous automatic fire-extinguishing systems are tested for proper operation every 12 months. (actual discharge of the fire-extinguishing system is not required).
13. All portable fire extinguishers are clearly identified, inspected at least monthly.
14. Every 12 months, the hospital performs maintenance on portable fire extinguishers.
15. All fire and smoke dampers are operated one year after installation and at least every six years (with fusible links removed where applicable) to verify that they fully close.
16. Every 12 months, the hospital tests sliding and rolling fire doors for proper operation and full closure.

PERFORMANCE STANDARDS MONITORING & MEASURES

Performance improvement monitoring and outcome activities will be presented to the Safety Committee by the Safety Officer at least on a quarterly basis, with a report of performance outcome forwarded to the Performance Improvement/Risk Management Committee.

The following performance measures for 2010 are:

1. Staff Knowledge of Life Safety Questions – During environmental tours, questions will be asked about specific life safety questions. A percent of total questions asked against the number of correct answers will be tracked bi-annually against a benchmark of 95%.

   Numerator = Number of Code Reds
   Denominator = Number of unscheduled Code Reds

The following quality measures for 2010 are:

1. Fire drills will be completed once a month, a different shift each month. Each shift will be completed four times per year.
2. Fire Inspection Equipment – All fire equipment fire inspections will be done 100% of the time.
3. Unscheduled Code Reds – Unscheduled alarms of the fire inspection equipment will continue to be monitored as a quality measure.
4. Statement of Conditions – The statement of conditions will be completed according to the scheduled timeframe.
ANNUAL EVALUATION OF THE FIRE SAFETY PLAN

Every 12 months an evaluation of the Fire Safety Program will include a review of the scope according to the current TJC standards to evaluate the degree in which the program meets accreditation standards and the current risk assessment of the hospital. A comparison of the expectations and actual results of the program will be evaluated to determine if the goals and objectives of the program were met. The overall performance of the program will be reviewed by evaluating the results of performance improvement outcomes. The overall effectiveness of the program will be evaluated by determining the degree that expectations where met.

The performance and effectiveness of the Fire Safety Program shall be determined by the Safety Committee, and the Performance Improvement/Risk Management Committee. FHC will include representatives from clinical, administrative, and support services in the analysis of the environment of care data.

GOALS FOR 2010

- To assure contract and vendor training according to hospital policy
- Educate staff, volunteers, and LIPs on the use and function of fire alarm systems when preparing for building evacuations
- Continue to educate staff, volunteers, and LIPs on RACE