DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

MEDDAC Regulation
No. 420-90
Facilities Engineering

JAN 26 2007

Fire Emergency And Prevention Plan
Supplementation of this regulation is prohibited

History. This regulation supersedes MEDDAC Regulation 420-90, dated March 2006.

Summary. This regulation covers the responsibilities, objectives and procedures for fire emergencies and for the prevention of fires.

Applicability. The policies and procedures established in this regulation apply to all sections within the MEDDAC/DENTAC/VETCOM.

Proponent and exception authority. The proponent of this regulation is the Safety Office, Logistics Division. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling directives.

Army management control process. This regulation is not subject to the requirements of AR 11-2, as it contains no internal management control provisions.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Chief, Logistics Division, ATTN: MCXE-LOG-FM Fort Carson, CO 80913-4604.

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*This regulation supersedes MEDDAC Reg 420-90, March 2006

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1. **PURPOSE.** This regulation prescribes responsibilities, measures and procedures for fire emergencies and for the prevention of fires.

2. **SCOPE.** The provisions of this regulation in its entirety are applicable to all sections and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM at Fort Carson, CO. It is also applicable to all MEDDAC personnel at Pueblo, Pinon Canyon, CO. and Dugway, Tooele, Deseret, UT. All personnel assigned or attached to the MEDDAC/DENTAC/ VETCOM are required to become familiar with this regulation so that they understand the fire prevention program and are able to react appropriately during a fire emergency. Fire safety training is required to be conducted annually for all employees.

3. **REFERENCES:**

a. AR 420-90, Fire Protection.

b. National Fire Protection Association (NFPA) Codes.

c. FC and 4D Reg 420-5, Fire Prevention and Protection.

d. AR 600-63, Army Health Promotion

e. Joint Commission on Accreditation of Health Care Organizations (JCAHO), Management of the Environment of Care Standard, current edition.

4. **GENERAL.** All personnel assigned or attached to the MEDDAC/DENTAC/VETCOM are required to become familiar with this regulation so that they understand the fire prevention program and are able to react appropriately during a fire emergency. Fire safety training is required to be conducted annually for all employees.

5. **RESPONSIBILITIES.**

a. The Hospital Maintenance Contractor is responsible for the maintenance of installed fire fighting equipment in the MEDDAC owned buildings at Fort Carson and for providing technical assistance regarding elimination of fire hazards. The Department of Public Works (DPW) has this responsibility in other MEDDAC occupied buildings on Fort Carson and the clinics in Pueblo, CO., Tooele, UT., Dugway, UT., and Deseret, UT.

b. The Hospital Maintenance Contractor is responsible for inspecting, testing and repairing the engineered smoke control and fire alarm systems, and all installed fire suppression and extinguishing systems within Evans U.S. Army Community Hospital, Building 7500. The DPW has this responsibility in other MEDDAC occupied buildings on Fort Carson and the clinics in Pueblo, CO., Tooele, UT., Dugway, UT., and Deseret, UT.

c. The MEDDAC Safety Manager is designated as the Fire Marshal for the MEDDAC/DENTAC/VETCOM. He/she is responsible to the Commander for implementation, compliance and surveillance of the Fire Emergency and Prevention Program to include:

(1) Perform management and oversight review of the life safety program.

(2) Review submitted plans for emergency evacuation procedures and for fire exit drills with the appropriate officials.

(3) Assist the department in-service coordinator and/or conduct, upon request, mandatory annual life safety training for employees.

(4) Assist the Fort Carson Fire Inspector, when necessary, in conducting walk-through inspections of all buildings, structures and grounds within MEDDAC/ DENTAC/VETCOM responsibility.

(5) Prepare a written reply to the Fort Carson Fire Prevention Inspection Report. Reply is forwarded to the Fort Carson Fire Prevention Branch no later than the suspense date posted, complete with corrective actions taken for all life safety hazards documented during the fire inspection.

(6) Maintain life safety documentation required by Joint Commission on Accreditation of Health Care Organizations (JCAHO), i.e., training, fire exit drills, fire reports and Interim Life Safety Measures (ILSM).

(7) Review/update this regulation as needed, but at least every three (3) years.

d. Area Fire Marshals will:

(1) Be the NCOIC or supervisor of the area or section unless designated, on orders, to another. A copy of the designation orders will be forwarded to the MEDDAC Fire Marshal. The OIC will notify the MEDDAC Fire Marshall of any changes regarding Area Fire Marshal appointment.

(2) Render assistance to the MEDDAC Fire Marshal.

(3) Assist the Fort Carson Fire Inspector in conducting walk-through inspections of their area of responsibility.

(4) Inspect and maintain all assigned areas for the avoidance, detection and elimination of fire safety hazards on a daily basis.

(5) Conduct monthly inspections of the assigned fire extinguishers within their work area IAW Appendix B.

(6) Evaluate area(s) during fires and fire exit drills to help ensure appropriate action is taken by staff, patients and visitors. Ensure exit(s) from the area is well lit and accessible. Record noted data on the Exit Drill Report (Appendix I) and fax to the Safety Office within 24 hours (Fax # 6-7771). Area Fire Marshals will work in close coordination with the MEDDAC Fire Marshal and supervisor/NCOIC to ensure corrective action is taken for all problems identified.

(7) Conduct monthly area fire inspections utilizing a Monthly Fire Prevention Inspection Checklist (Appendix C). Inspection documentation must be maintained for 12 months.

(8) Create, maintain, update their fire evacuation plan/map.

(9) Insure annual training is conducted for all personnel.

e. Supervisors will:

(1) Ensure that all personnel are familiar with this regulation and are aware of their individual responsibilities during a fire emergency.

(2) Take charge during fire emergencies and conduct an orderly evacuation of patients, visitors and staff, if required. When a fire occurs which requires either horizontal or vertical movement/relocation of bed ridden patients within the hospital or from the hospital, procedures outlined in Appendix D & E will be followed.

(3) Ensure new personnel are trained within the first two weeks of employment, on fire prevention and response procedures for their particular area.

(4) Assist the MEDDAC Fire Marshal and Fort Carson Fire Department during fires and/or fire exit drills, if required.

(5) Ensure that all fire safety requirements are included in purchase requests for all materials and equipment ordered, i.e., chemicals, compressed gases, electrical and non electrical machinery, furniture, draperies, curtains, decorations, etc. Contact the MEDDAC Fire Marshal for guidance when necessary.

6. **INSPECTIONS.**

a. The MEDDAC Fire Marshal conducts fire safety inspections of MEDDAC/DENTAC/VETCOM facilities every 6 months for patient care areas and at least annually for all other areas.

b. Monthly Fire Prevention Checklist, Appendix C, is designed to be used by Area Fire Marshals to conduct their monthly inspection. The checklist is utilized to help ensure worksites are free of recognized hazards.

7. **FIRE ALARM SYSTEM.**

a. In Evans U.S. Army Community Hospital, Building 7500, no assumption can be made that a fire alarm signal is received at the Fort Carson Fire Department when the alarm is activated. In all cases of alarm activation in your zone, immediately dial 911 and give all pertinent information. Do not hang up until fire dispatcher receives all required information.

b. In DENTAC/VETCOM and outlying MEDDAC facilities, fire alarm signals may not be directly linked to the Fort Carson Fire Department. Therefore, it is imperative that 911 be called immediately. Caller will give all pertinent information. Do not hang up until fire dispatcher receives all required information. If calling 911 from a cell phone, you will get the Colorado Springs Police, let them know you are on Fort Carson and they will transfer you.

c. In the Health Clinics located at Pueblo, Tooele, Dugway, and Deseret, fire alarm signals may not be directly linked to the Installation Fire Department. Therefore, it is imperative that 911 be called immediately.

8. **FIRE EXIT DRILL PROCEDURES.**

a. To the extent possible, fire exit drills are conducted as if a true emergency existed. Fire exit drills are conducted once per quarter, per shift (at a minimum) for patient care occupancies and annually (at a minimum) for business occupancies.

b. Prior to a fire exit drill being conducted in a facility at Fort Carson, the following offices are notified by the MEDDAC Fire Marshal:

(1) The Hospital Maintenance Project Manager (for Building 7500).

(2) The Fort Carson Fire Dispatcher (for all buildings).

(3) The Hospital Communication Room (for Building 7500).

c. The procedures described in Appendices D, E, F, G, and H of this regulation are followed during any alarm condition. Patient evacuation is not required for in-patient areas/wards during fire exit drills.

d. The MEDDAC Fire Marshal maintains documentation of all fire exit drills within the MEDDAC/DENTAC/VETCOM at Fort Carson. Fire exit drills will be documented on a Fire Exit Drill Report, Appendix I. The NCOIC/Supervisor will maintain the reports for the Pueblo, CO. and Utah Clinics.

e. Patients on in-patients wards, medical care providers actively involved in an invasive treatment/examination of a patient, patients being treated/examined, and Department of Pathology technicians analyzing sensitive samples/ specimens are not required to physically evacuate in a fire exit drill evacuation procedure. All other staff and patients will go through the process in preparation for evacuation.

9. **PROCEDURES DURING A FIRE.**

a. Building 7500: Procedures outlined in Appendix D, E, F, and G will be followed during all CODE RED (fire alarm activation) conditions. Staff in all areas of the hospital located away from the fire point of origin will follow procedures outlined in Appendix E. Procedures are required to be followed during any alarm condition (actual or drill).

b. MEDDAC/DENTAC/VETCOM Occupied Areas in Buildings other than Building 7500: Procedures outlined in Appendix H will be followed during all CODE RED conditions. Procedures are required to be followed during any alarm condition (actual or drill).

10. **EVACUATION.** The Hospital Commander, his designated representative, or the senior person on the scene has the authority to direct a limited evacuation of patients, staff, and visitors at any MEDDAC facility. The Hospital Commander, his designated representative, and/or the Fort Carson Fire Department have complete authority to evacuate the entire hospital, Building 7500.

11. **ELEVATORS.** Elevators will not be used during a fire emergency unless directed by the Fort Carson Fire Department. Stairs will be used.

12. **WHEELED CARTS/EQUIPMENT.** In-use carts/equipment (janitorial carts, food service carts, and crash carts) on wheels may be located within egress corridors on the same side. Carts/equipment must be relocated to designated areas in the event of a fire emergency. Employees must be trained on specific location where carts/equipment are to be relocated in the event an actual fire emergency occurs.

13. **INTERIM LIFE SAFETY MEASURES (ILSM).** Interim Life Safety Measures (ILSM), as outlined by Joint Commission on Accreditation of Health Care Organizations (JCAHO), are a series of eleven (11) administrative actions required to be taken to temporarily compensate for hazards posed by existing Life Safety Code (LSC) deficiencies. Implementation of the ILSM is required in and adjacent to all construction/renovation areas. ILSM Matrix, Appendix J, will be utilized by Facilities Management for all construction/renovation projects. Matrix will be used to determine which ILSM's apply. Copies are maintained in the Safety Office.

14. **SMOKING/TOBACCO POLICY.** A strict NO SMOKING/NO TOBACCO (No exceptions) policy is in effect throughout MEDDAC/DENTAC/VETCOM facilities.

a. Designated tobacco use areas will be at least fifty (50) feet from common points of ingress/egress or inside designated break shelters, and will not be located in areas which are commonly used by nonsmokers.

b. Health care providers will not smoke in the presence of patients IAW AR 600-63, Army Health Promotion. The break shelter located outside the South loading dock is the only one employees may use. This applies to Active Army, Army National Guard, U.S. Army Reserve, and civilians employed by the Army. The provisions of chapter 14 apply to all visitors, contractors and their personnel, and personnel of other agencies or businesses that operate within or visit Army workplaces.

c. Per agreement with the local Union, the only designated smoking/tobacco use area for personnel working in building 7500 is the break/smoke shelter outside the Logistics loading dock (south side of building).

d. A break/smoke shelter is provided outside the Dining Facility (west side of building) for visitors and/or patients use.

e. Signs designating authorized tobacco use areas will be posted.

f. Tobacco use material will be disposed of in approved containers, e.g., ashtrays and butt cans.

g. Any person found to be using tobacco within the facilities will be reported to their supervisor. If the individual is not an employee, they will be made aware of the no tobacco policy.

h. Supervisors will take appropriate actions (i.e. counseling) to insure the incident is not repeated.

15. **OXYGEN ENRICHED ATMOSPHERIC HAZARDS.**

a. In areas such as operating rooms, areas containing supplied oxygen, infant incubators, oxygen respirators, and anesthesia machines, actions (as listed here) must be taken to limit oxygen content in the environment. An increase in the atmospheric oxygen content increases the likelihood of ignition and rate of flame propagation in a combustible material.

b. Static electricity is eliminated from the rooms by maintaining the humidity level above 50%.

c. Use of combustible materials in an oxygen-enriched atmosphere is kept to an absolute minimum. Storage of such materials is not permitted in an oxygen-enriched atmosphere.

d. Preventing Surgical Fires – For information on the Prevention of Surgical Fires, refer to MEDCOM Reg 40-48, Fires Associated with the Performance of Surgical Procedures.

16. **DESIGNATION OF PATIENT CARE AREAS.**

a. The following areas are designated as critical care areas: The Emergency Department, Operating Suites, Recovery, Same Day Surgery, New Born Nursery, Intensive Care Unit, Labor and Delivery, Oral Surgery and procedure rooms in the Gastroenterology, Urology, and Surgical Clinic. Patients in these areas are subject to invasive procedures and connected to line-operated, patient-care-related electrical devices.

b. The following area is designated as a wet location: Room 1824, Physical Therapy Clinic. Patients in this area are subjected to wet conditions including standing water on the floor and/or routine dousing/drenching of the work area.

c. All patient care areas not identified in a and b are designated as General Care Areas. General care areas are patient bedrooms, examination rooms, treatment rooms, clinics, and similar areas in which it is intended that the patient will come in contact with ordinary appliances such as a nurse-call system, electric beds, examination lamps and telephones. Patients in such areas could be connected to patient-care-related electrical appliances such as heating pads, electrocardiographs, drainage pumps, monitors, otoscopes, ophthalmoscopes, intravenous lines, etc.

17. **FLAME-RETARDANT MATERIAL.**

a. All textile-based materials such as curtains, linen, carpeting, and wall coverings, whether obtained by procurement or donation, must be of a flame-retardant material. The flame-retardant quality must not be compromised when laundered or cleaned.

b. No cork boards may be used in corridors, egresses, and/or open areas.
Exception: Cork boards enclosed in glass, which limits the flame spread and smoke release, may be used in the corridors and other restricted areas.

c. Cork boards may be used in enclosed spaces (i.e. offices and exam rooms) as long as the aggregate surface area of the cork board plus any other exposed flammable material attached to the walls does not exceed 10% of the aggregate wall surface of the room.

d. Hand Sanitizer dispensers may not be placed in corridors/egresses, adjacent to electrical outlets and/or electrical switches, and may not be placed over carpeting. Locations will be approved by the Safety Manager with input from the Infection Control Nurse.

18. **EXIT SIGNS, DOORS, DETECTORS AND OTHER FIRE SYSTEM DEVICES.**

a. No fire system sign or device will be blocked, covered or in any way obstructed from sight or use.

b. Fire doors will not be blocked or held open except by an electro-magnetic device, which will de-activate upon fire alarm activation.

c. Decorations may not block, hang off of, or in any way impede or impair a fire alarm device.

19. **HOLIDAY DECORATIONS.** Holiday Season decoration policy for safety of all MEDDAC staff, patients and visitors during the holiday season and to protect our facilities from damage are as follows:

a. Do not set up trees prior to the second week of December. Remove trees not later than the second regular workday in January.

b. Use only artificial trees. Trees and decorative material must be labeled flame resistant; do not remove the labels.

c. Do not use cuttings of real evergreen branches or any natural material.

d. Only UL decorative lights allowed and they must be unplugged when personnel are out of the area.

e. Do not place trees or decorations near any heat source.

f. Do not block or obstruct doors, hallways, exits, paths of egresses (corridors), line of sight of Fire Alarm Devices, or access to fire extinguishers, exit signs, or sprinklers with decorations of any type.

g. Do not use candles or any decoration that utilizes an open flame or other heat source.

h. Tape, nails, tacks, etc., may not be used to hang decorations on any painted surface; the use of removable plastic adhesive is authorized. The use of tape is acceptable on glass surfaces. All adhesive material must be removed when decorations are taken down.

i. Decorations may not be hung from, or on, any fire prevention appliance, i.e., fire extinguishers, fire doors, exit signs, sprinkler heads, etc.

j. Crepe paper and its likeness will not be used anywhere in any medical treatment or medical headquarters facility located on Fort Carson, Pueblo, Dugway, Tooele, and/or Deseret.

k. Doors and/or walls may not be wrapped in paper.

l. Streamer-type decorations may not run the length of halls/corridors.

m. No decorations of any kind may be displayed in Health Care Occupancy Corridors (All Hospital Tower Corridors) unless the decorations are within an enclosed display case.

n. Plastic decorations will not be used anywhere in any medical treatment or medical headquarters facility located on Fort Carson, Pueblo, Dugway, Tooele, and / or Deseret...unless it can be proven that the plastic is treated with flame retardant chemicals or not constructed from pyroxylin plastics.

o. Documentation must be on hand to present to either the safety manager or JCAHO inspector as proof that the decorations meet the flame retardant specifications.

20. **FLAMMABLES.**

a. Flammable liquids will not be used for cleaning purposes.

b. Containers of paint and flammable liquids will be kept tightly closed and stored in accordance with NFPA requirements, i.e., flammable storage cabinet.

c. No exposed heating elements, no smoking, no open flames or other sources of ignition is permitted in areas where flammables are used or stored.

d. Lawn equipment, other gas powered equipment and gas cans will not be stored in any occupied building. Storage buildings for flammables will be clearly marked "FLAMMABLE" NO SMOKING WITHIN 50 FEET.

e. Aerosol cans must be turned in as Universal Waste. A Universal Waste container is located with the Facilities Maintenance Contractor and the Housekeeping Contractor.

f. The following guidance for Alcohol Based Hand Rubs supersedes any previous guidance issued.

g. All requests for ABHR (Alcohol Based Hand Rub) dispensers (new and relocates) will be submitted through the IC FMT and forwarded to Logistics Division for approval. Final approval authority is the responsibility of the Deputy Commander for Administrative Services in conjunction with the Deputy Commander for Health Services.

h. The location of ABHR dispensers will be based on and will follow the NFPA Codes.

1. Healthcare Occupancies (existing and new):

a) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm).

b) The maximum individual dispenser fluid capacity shall be as follows:

1) 0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors

2) 0.52 gal (2.0 L) for dispensers in suites of rooms

c) The dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm).

d) Not more than an aggregate 10 gal (37.8 L) of alcohol based hand-rub solution shall be in use outside of a storage cabinet in a single smoke compartment.

e) Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code.

f) The dispensers shall not be installed over or directly adjacent to an ignition source.

g) Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments.

2. Business Occupancies: No NFPA Standards exist.

i. The location of ABHR dispensers will be based on and will follow the written JCAHO interpretation below. Exceptions to the JCAHO interpretation will be sent through the IC FMT to Logistics and a risk assessment will be completed by IC prior to installation of the dispensers that are not in compliance with JCAHO. The decision authority on risk assessment waivers is the responsibility of the Deputy Commander for Administrative Services in conjunction with the Deputy Commander for Health Services; however, no exceptions to the NFPA Codes will be allowed.

NOTE: The JCAHO interpretation states it applies to "Healthcare Organizations". Since there is no differentiation between occupancy classifications, the following is applicable to the entire organization.

1. ABHR dispensers may be placed outside of patient rooms in egress corridors under the following conditions:

a) Corridor width is six (6) feet or greater.

b) Dispensers are at a minimum four (4) feet apart.

c) Dispensers are not installed over or directly adjacent to an ignition source, i.e., electrical outlet or switch. Adjacent means at least six (6) inches from the center of the dispenser to an ignition source.

d) Dispensers that are located directly over carpeted surfaces are allowed only in sprinklered smoke compartments.

2. Permissible Volumes of ABHR Gel are as follows:

a) Maximum aggregate of 10 gallons (37.8 liters) of ABHR gel in dispensers. (per smoke/fire compartment)

b) Maximum five (5) gallons (18.9 liters) in appropriate storage areas/cabinets approved for flammable materials.

c) Individual dispensers for rooms, corridors, areas open to corridors:
Maximum capacity of 0.3 gallons (1.2 liters).

d) Individual dispensers in areas defined as suites of rooms:
Maximum dispenser size – 0.5 gallons (2.0 liters).

j. Alcohol based hand sanitizers will be stored in flammable cabinets per NFPA 30.

k. Flammable cabinets will have a Chemical Inventory posted on the door of the cabinet.

l. Flammable cabinets will be accessible with no storage in front of or on top of the cabinet.

21. **STORAGE.**

a. Only rooms/areas designated (by Facilities Management Branch) may be used for storage. Facilities Management Branch will decide if area is appropriate based on definitions outlined by NFPA.

b. An eighteen (18) inch clearance must be maintained between the sprinkler/ceiling (whichever is lowest) and the items within the room. This is applicable to all areas, even storage on top of bookcases. Exceptions may be granted, in accordance with NFPA, by the Safety Manager and C, Facilities Management Branch.

c. No items may be stored in corridors. The only items allowed, per NFPA, to be kept in corridors are: Crash Carts; Janitor Carts in Use; and Food Service Carts in Use.

d. The three approved items above must be on wheels and removed from corridors upon activation of the fire alarm system.

22. **BATTERY SERVICE AND STORAGE.**

a. Hydrogen gas is formed during the functioning of wet cell storage batteries. Hydrogen gas is highly flammable, much lighter than air, and will rise to the highest available space. The area used for service or storage of such batteries shall be designed to vent the gas to exterior atmosphere and prevent ignition of such gas, which may not be completely vented.

b. No hazardous chemicals shall be stored or used in the recharging area.

c. Recharge areas must be approved by the MEDDAC Fire Marshal.

d. No special requirements are required for the disposal of alkaline batteries. Batteries can be disposed of as general trash.

e. All used non-alkaline batteries are considered Universal Waste. These will be turned into Equipment Management Branch.

APPENDIX A

Electrical Safety

1. All electrical medical equipment will be inspected and documented by the Equipment Management Branch IAW MEDDAC Reg 750-1.

2. A variety of non-medical electrical equipment will be visually inspected during Standard Army Safety and Occupational Health Inspections (SASOHI's) conducted by the MEDDAC Safety Manager. Deficiencies will be annotated on inspection report and forwarded to NCOIC/supervisor for action, if necessary.

3. Extension cords and adapter requirements:

a. Extension cords and adapters are not authorized to be used in place of fixed wiring.

b. Electrical cords will not be spliced, tacked, stapled or fastened to woodwork, walls, etc., and never tied or draped over pipes or other supports.

c. Extension cord use must be approved by the MEDDAC Fire Marshal unless being used by the Equipment Management Branch as a temporary measure for a critical mission requirement.

d. Electrical cords will not be placed in common walkways, run under floor coverings, through doorways or windows. When possible, furniture will be arranged to eliminate the cords across paths of travel. When not possible, cord protectors will be used.

e. Use of extension cords or adapters with patient or medical equipment may be authorized by the Chief, Equipment Management Branch as a temporary measure for a critical mission requirement. All extension cords and adapters will be 16 wire gauge or heavier, grounded (3 prong), and will not exceed ten (10) feet in length. They will meet Underwriters' Laboratory, Inc. (UL) standards.

f. Surge suppressers, with their own reset breaker, are authorized for use to protect computer systems or other electrical items from electrical surges.

4. All non-medical electrical appliances utilized in the work place must be listed (UL) for such use. They may not be listed "household" or "for household use only".

5. All non-medical electrical appliances with a heating element, e.g., coffee pots, microwave ovens, etc., will be visually inspected annually IAW paragraph 5 and tagged by the section/area fire marshal/NCOIC/supervisor. The tags are available from the MEDDAC Fire Marshal. Date and

name of individual who inspected equipment will be annotated on tag. DO NOT USE WIRE TAGS.

6. The use of personal electrical equipment by patients is allowed if inspected and approved by the NCOIC/supervisor. No tag is required. Examples of personal electrical equipment include: small radios, electric shavers, hair dryers, electric clocks, etc. Equipment must meet Underwriters' Laboratory, Inc. (UL) standards.

a. NCOIC's must ensure all electrical equipment meets the following criteria:

(1) Cords must not be frayed, spliced, diced, cut or otherwise damaged.

(2) Cord must be securely fastened to the equipment.

(3) Plug must be physically intact and securely fastened to the cord.

(4) Plug must be checked for cracks and male contacts (prongs) secured tightly.

(5) Plug must be grounded, (3 prong) or for 2 prong cords, have one prong larger than the other.

(6) Any indication of an electrical short circuit such as blackening of the plug or blown fuse will preclude the use of the equipment.

(7) Meet UL Standards.

(8) All use of equipment not meeting the above criteria will be prohibited.

b. Battery operated transistor radios; calculators and electronic games used in wards, clinics, and administrative areas are exempt from these requirements.

7. Personal electrical equipment will not be permitted in any area where oxygen is in use unless certified as being safe by Equipment Management Branch.

8. A fully justified request must be approved by the Facilities Management Branch prior to purchase of any portable heating device. Portable heating devices, i.e., electric space heaters, must have an automatic "tip-over" shut-off, meet UL standards, and be approved by the MEDDAC Fire Marshal or the Equipment Management Branch prior to purchase or use.

9. Microwaves must be attended at all times when in use (cooking, warming, heating, etc).

10. Department of Division microwave that sets off a false fire alarm due to a lack of attention by any user will have their entire Department of Division microwave privileges withdrawn for at least 30-days for the first incident. All of the offending Department of Division microwaves would be turned in. Only those being used in direct patient support are excluded – these microwaves would not be used for staff use. Once your microwave privileges are withdrawn, the requirement for your Department of Division to have their microwave privileges reinstituted is contingent upon the following:

a. The Chief of the Department of Division will submit a plan of supervision for all Departmental or Division microwaves to their applicable Deputy CDR for approval.

b. If the plan is approved, the applicable Department's or Division's OICs or NCOICs will indicate the plan has been implemented.

c. Once the Department of Division Chief confirms the plan has been implemented the microwaves will be issued by the Logistics Division to the OICs or NCOICs.

d. In addition, action will be taken to hold the individual responsible for the false fire alarm accountable for the fire department response and any other associated response action costs.

In the event a second incident occurs in your Department or Division you can expect to lose your Department/Division microwave privileges for 90-days. The specific Department of Division microwave involved in the incident will be turned in to the Logistics Division for a period of 90-days (if not used in direct support of patient care). If the microwave in question is used in direct support of patient care, the OIC or NCOIC responsible for that microwave will sign for the microwave from the Logistics Division with a statement indicating they understand the microwave is not for staff use.

In the event a third incident occurs, you should expect the loss of all microwave use in your Department or Division for a 180-day period along with a meeting to occur between the Department or Division Chief and the Commander.

Those Departments/Divisions that lose their staff's access to microwave privileges can still use the Dining Facility microwaves or the AAFES microwave outside the Dining Facility entrance.

APPENDIX B

Fire Extinguishers

1. Fire extinguisher locations are determined by the Fire Prevention Branch of the Installation Fire Department. NFPA Codes and Standards, the current work activities, and building layout are utilized to make a determination of fire extinguisher requirements. When work activities change or building modifications take place, the Fire Prevention Branch must be contacted to make another inspection and determination of the fire extinguisher requirement.

2. For Fort Carson: Annual inspections will be conducted by the MEDDAC Fire Marshal. All portable fire extinguishers located in MEDDAC/DENTAC/VETCOM buildings/areas, except Building 7500 will be inspected/maintained in February. The annual inspection/maintenance for those in Building 7500 will be conducted in March. The annual inspection will be annotated by writing "annual" on the tag in the block in which the inspection occurred.

3. For Pueblo and Utah Clinics: The inspections are conducted by the Installation Fire Department.

4. When a fire extinguisher tag is full, a new tag will be affixed in the neck area by the MEDDAC Fire Marshal (at Fort Carson) or the Installation Fire Department (at Pueblo, Dugway, Tooele, and Deseret).

5. For Fort Carson:

a. At any time, a fire extinguisher which is identified as being in need of repair, general maintenance, six-year maintenance and/or twelve-year hydro-static and maintenance, will be pulled from service and replaced with one from the excess stock.

b. Excess stock, a minimum of eight portable fire extinguishers (ABC-dry chemical), will be maintained.

c. When an extinguisher from excess stock is placed in service, it will have an annual inspection prior to placement. The tag will be documented by writing "annual" in the month/year that the inspection is conducted. If there are any months for that year prior to placement, during which the extinguisher was not in use, "out of service" or "OOS" will be written in those months.

d. When at least seven (7) fire extinguishers are in need of repair, general maintenance, six-year maintenance, or twelve-year hydrostatic and maintenance, they will be turned in to a local fire extinguisher company for the necessary work.

6. Portable fire extinguishers in buildings or areas will not be moved or relocated from building to building or from one location to another within a building or area except by the MEDDAC Fire Marshal or the Installation Fire Prevention Office.

7. When inoperable or evidence of tampering is obvious; the MEDDAC Fire Marshal (for Fort Carson) and the Installation Fire Prevention Office (for Pueblo and Utah Clinics) must be notified. The fire extinguisher(s) will be exchanged and turned-in for servicing.

8. Fire extinguishers requiring any type of servicing will be turned-in to the MEDDAC Fire Marshal (for Fort Carson) and the Installation Fire Prevention Office (for Pueblo and Utah Clinics) for exchange.

9. The MEDDAC Fire Marshal will conduct monthly visual inspections on all fire extinguishers in service within Building 7500. Fire Marshals in outlying buildings (Fort Carson) will conduct the monthly inspection on fire extinguishers within their section/building. The Installation Fire Prevention Office will conduct the monthly inspection on fire extinguishers within the clinics at Pueblo and Utah. All monthly inspections will include the following:

a. Ensure the pin is in place and the seal is secure.

b. Inspect the gauge to ensure the needle is within the green. If it is not, contact the MEDDAC Fire Marshal (for Fort Carson) and the Installation Fire Prevention Office (for Pueblo and Utah Clinics) to exchange the extinguisher.

c. For Fort Carson, ensure each fire point has the portable fire extinguisher, a fire plan and a FC Poster 103. Other information pertaining to fire prevention may also be present.

d. Document the inspection on the tag by initialing the box for that month.

10. Any personnel noting a fire extinguisher that needs inspection will contact the MEDDAC Fire Marshal (for Fort Carson) and the Installation Fire Prevention Office (for Pueblo and Utah Clinics).

APPENDIX C

MCXE- _____ (Date) _____

MEMORANDUM FOR Safety Manager, Facilities Management Branch, Logistics Division

SUBJECT: Additional Duty Appointment – Fire Marshal/HazCom Manager

1. Effective on the date of this memorandum, the following individuals are assigned as the Fire Marshal/HazCom Manager for the _____
(Department, Division, Clinic, Section, etc.)

Primary Fire Marshal: _____
Rank/Grade, Last Name, First Name, MI

Alternate Fire Marshal: _____
Rank/Grade, Last Name, First Name, MI

Primary HazCom Manager: _____
Rank/Grade, Last Name, First Name, MI

Alternate HazCom Manager: _____
Rank/Grade, Last Name, First Name, MI

2. Authority: MEDDAC Regulation 420-90 and MEDDAC Regulation 385-10-1.

3. Purpose: To serve as the Fire Marshal/HazCom Manager for Zone(s) _____
or Building Number _____ (as applicable).

4. Period: Until officially relieved or released from appointment.

5. Special Instructions: Be familiar and comply with appropriate publications listed in para 2, above.

6. This appointment is in effect until superseded or rescinded by the undersigned position.

Signature Block
NCOIC/Supervisor or Higher

CF: Each Indiv Conc

APPENDIX D

Monthly Fire Prevention Inspection Checklist

Area: _____

Fire Marshal: _____ **Date Conducted:** _____

EXPLAIN "NO" UNDER REMARKS	YES / NO
1. Are all portable fire extinguishers mounted, unobstructed, and fully charged with seals intact?	_____
2. Are all illuminated exit signs properly lit?	_____
3. Do all exit doors open readily, swing fully and close and latch without assistance?	_____
4. Are aisles and corridors maintained clear, free of debris, furniture, housekeeping carts, etc.?	_____
5. Do all electrical cords comply with regulations?	_____
6. Have all non-medical heat producing and staff owned electrical items been inspected?	_____
7. Are all electrical outlet/switch cover plates in place and in good repair?	_____
8. Do all lights turn on properly and stay on?	_____
9. Has all staff received a briefing on "CODE RED" procedures?	_____
10. Has all staff received documented fire prevention training?	_____
11. Are coffee pots turned off and unplugged when not in use? (No timers or extension cords)	_____
12. Are fire evacuation plans current and posted (where required)?	_____
13. Are all personnel familiar with evacuation plans?	_____
14. Does a minimum of 18" exists between storage and sprinkler head? (Minimum of 18" clearance must be maintained below sprinkler head and top of storage).	_____
15. Where provided, are emergency lights operable? (Test for a minimum of 30 seconds)	_____
16. Are oxygen/gas cylinders stored/tagged properly?	_____
17. Was your fire inspection complete, covering all areas?	_____

REMARKS:

List Fire Extinguishers (cabinet numbers) Inspected:

_____

_____

_____

_____

APPENDIX E

Building 7500, Evans Army Community Hospital, Fire Plan

1. This fire plan is for Building 7500 and is in accordance with FC Reg 420-90, Fire Prevention and Protection.

2. In the event of a fire in this building, the following steps (**RACE**) should be taken immediately (in the active zone):

RESCUE - patients and staff in immediate danger.

ANNOUNCE - the fire by pulling the nearest pull station and calling 911.

CONFINE - the area by closing all doors.

EXTINGUISH/**E**VACUATE - extinguish the fire if it is small and you know how - evacuate immediate area.

3. If the fire is still in the early stage and the person has been trained on how to use a fire extinguisher, an attempt can be made to extinguish the fire. Use the "one-extinguisher rule", i.e., if it cannot be controlled with one extinguisher, do not get another. Evacuate!

4. First, evacuate horizontal to the closest safe smoke (fire) zone, i.e., area where chimes are not sounding. Second, evacuate vertically if horizontal exit is blocked. Evacuate to lower level – NOT higher.

5. In case of total evacuation, each section/department must refer to the Medical Emergency Management Plan.

APPENDIX F

Emergency Procedures for Areas Away From Fire Point Of Origin, Building 7500

1. When the fire alarm activates within the hospital, the fire marshals, supervisors and/or NCOICs in all areas outside the active fire zone, i.e., areas where fire alarm speakers do not continue to sound, will take the following steps **(CAROL)**.

CLOSE all doors throughout area/fire zone.

ASSIST with evacuations from the active zone as required by area policy.

REASSURE patients/visitors that the area is safe to occupy.

OBSERVE all areas/rooms for smoke and/or fire entering from an adjacent fire zone. If smoke or fire is present, pull the nearest fire alarm pull station and take appropriate action as outlined in Appendix D.

LISTEN for additional announcements over the public address system and react accordingly.

APPENDIX G

Announcement Procedures

1. Upon **activation** of the fire alarm, an automated general alarm announcement will be announced throughout the hospital. Chimes followed by a Code Red announcement will be given three (3) times. After the general alarm, the chimes will remain on only in the active fire zone. The strobe lights will continue throughout the building in all zones.

a. Fire Exit Drills: Fire exit drills will utilize the fire alarm general alarm announcement followed by the zone specific alarm during normal business hours. This will be accomplished by activating a pull station in the drill zone. After the general alarm has sounded for one iteration, the alarm will be silenced and the Hospital Operator will announce that the activation is a drill. Between the hours of 2100 and 0600, the fire exit drill will be simulated. The fire alarm system will not be activated during a simulated fire exit drill.

2. Upon **termination** of the CODE RED/fire exit drill:

a. Building 7500:

(1) For Fires: When the Fort Carson Fire Department Incident Commander determines the area to be safe, an "All Clear" announcement will be made by the Hospital Operator.

(2) For Fire Exit Drills: At the termination of the fire exit drill, the "All Clear" announcement will be made by the hospital operator over the public address system.

b. Other buildings: For Fires and/or Fire Exit Drills – the Fire Department (actual alarm or drill) or MEDDAC Safety Officer (drill) will announce an "all clear" at the termination of the drill or when deemed safe by the Fire Department.

APPENDIX H

Evacuation Procedures for Building 7500

1. **PATIENT EVACUATION.**

a. If the patient is immobilized in bed, in traction, or is on oxygen and a fire develops in the bed, cut traction devices and/or cut off oxygen, smother flames with a blanket, and get patient off the bed onto the floor. Use a blanket to drag the patient out of immediate area of danger.

b. If patient is not involved physically with the fire, walk, wheel or "blanket drag" patient to a safe area.

c. Evacuation out of the building is not ordinarily required. The fire wall configuration is designed to allow horizontal movement of patients to safety.

d. Types of Evacuation.

(1) Limited. When a small or limited fire emergency exists, a partial or horizontal evacuation is conducted to adjacent safe fire zones.

(2) General. When a large or general fire emergency exists, a complete or general evacuation is conducted vertically (downward) until such time that smoke, fire, or other hazards render these areas unsafe. The ambulance garage is used as temporary housing outside the hospital for non-ambulatory patients.

e. Classes of Patients to be evacuated.

(1) Ambulatory. Ambulatory patients are grouped and led to a safe area during a limited or general evacuation.

(2) Wheel Chair Patients. Wheel chairs are utilized to evacuate patients to other areas on the same floor. If a wheel chair is used to evacuate a patient to a safe area, the patient then yields his chair so that it may be returned and used to evacuate others.

(3) Litter Patients. Wheeled litters are utilized to evacuate patients to other areas on the same floor. Non-wheeled (Stokes) litters are utilized for transporting of surgical, orthopedic, or seriously ill patients, when vertical evacuation is required. Employ litter straps at all times when patients are being carried. Non-wheeled litters and straps are available for areas which may have a need for them.

2. **WARDS AND CLINICS:**

a. The senior individual on duty is responsible for the safe evacuation of all patients, staff, and visitors from the area.

b. The senior person directs the staff to evacuate patients to the nearest inactive (safe) fire zone IAW fire evacuation plan.

c. During the initial sweep, rescue patients, close all doors, call 911 and attempt to extinguish small fires if you can do so safely. Fire extinguisher procedure = PASS:

Pull the pin,
Aim at the base of the fire,
Squeeze handles to activate,
Sweep – move extinguisher in a sweeping motion.

d. After the initial sweep, evaluate the danger posed to the remaining staff and patients in the zone. Only in extreme cases will a patient be moved when movement may cause the patient further harm. When possible, the decision to move these patients will be made by Commander, DCAS, DCCS, DCHS, or the Fort Carson Fire Department Incident Commander.

e. In some cases additional staff may be required to evacuate the active fire zone. These requirements need to be directed to the Communications Room.

f. After all patients and staff have been evacuated, the senior person on duty will conduct a final sweep to ensure no personnel have been overlooked, all doors are closed, and the medical gases have been shut off (medical gases are shut off by pulling the handles toward you).

g. If at any time the situation becomes extreme, the senior person at the scene should exercise their judgment in evacuating the area.

3. **ADMINISTRATIVE AREAS:**

a. All personnel in administrative areas will evacuate to a safe fire zone immediately during an alarm condition.

b. The senior person on duty will conduct a sweep of the area to ensure all personnel have evacuated and all doors are closed. If the area has oxygen and/or medical gases, shut these off by pulling the handles toward you.

c. From a safe area, call 911 and brief the dispatcher on the situation. Do not hang up until the dispatcher receives all required information.

4. **COMPLETE EVACUATION:** In the event of a complete evacuation of the hospital refer to the Medical Emergency Management Plan. The Hospital Maintenance Contractor will shut-off main oxygen service to the hospital.

APPENDIX I

Evacuation Procedures for All MEDDAC/DENTAC/VETCOM Occupied Areas Other Than Building 7500

1. In the event of a fire in a MEDDAC/DENTAC/ VETCOM occupied area in a building other than Building 7500 (at Fort Carson, Pueblo, Dugway, Tooele, and Deseret), the following steps (**RACE**) should be taken immediately:

RESCUE - patients and staff in immediate danger.

ANNOUNCE - the fire by pulling the nearest pull station and calling 911.

CONFINE - the area by closing all doors.

EXTINGUISH/**E**VACUATE - extinguish the fire if it is small and you know how - evacuate the building.

2. If the fire is still in the early stage and the person has been trained on how to use a fire extinguisher, an attempt can be made to extinguish the fire. Use the "one-extinguisher rule", i.e., if it cannot be controlled with one extinguisher, do not get another. Evacuate!

3. The fire alarm signal may not be directly linked between the outlying buildings and the Fire Department. Person discovering the fire must dial 911 and give building number and location of fire. Do not hang up until fire dispatcher receives all required information. If necessary, make the call from a neighboring building. If calling 911 from a cell phone on Fort Carson, you will get the Colorado Springs Dispatch, let them know you are on Fort Carson and they will transfer you.

4. Fire Exit Drills: Fire exit drills will be conducted by the MEDDAC Fire Marshal at Fort Carson and by the Fire Department at the other locations and must be documented on Fire Exit Drill Report, Appendix J. When complete, an "All Clear" will be given and personnel allowed to return to the building.

APPENDIX J

EXIT DRILL REPORT

FACILITY/BLDG_____

ZONE/OCCUPANT OBSERVED: _____

APPROX # OF PEOPLE: _____ DATE/TIME/SHIFT: _____

ZONE/LOCATION OF PULL STATION ACTIVATED: _____

ACTION VERIFIED	YES	NO	N/A
ALL PERSONS MOVED OUT OF IMMEDIATE DANGER			
9-1-1 NOTIFIED			
DOORS CLOSED			
FINAL SWEEP OF AREA CONDUCTED			
ALL OBSTACLES REMOVED FROM EGRESS/CORRIDOR			
EXIT SIGNS ILLUMINATED			
AUDIBLE ALARMS HEARD THROUGHOUT			
VISIBLE ALARMS ILLUMINATED			
STAFF KNOW EVACUATION PROCEDURES			
STAFF KNOW ACCOUNTABILITY PROCEDURES (STAFF, PATIENT, AND VISISTORS)			
STAFF KNOW LOCATION OF GAS SHUTOFF VALVES			
STAFF KNOW EVACUATION ROUTES/PROCEDURES			
STAFF KNOW LOCATION OF STAIRWELLS			
STAFF KNOW LOCATION OF TRANSPORT EQUIPMENT			
STAFF KNOW LOCATION OF ASSEMBLY AREA			
STAFF KNOW LOCATION OF CLOSEST FIRE EXTINGUISHER			
STAFF COULD EXPLAIN P-A-S-S			

COMMENTS:_____

APPENDIX K

Interim Life Safety Measures EC 5.5

Revision 8/17/05

	Existing Significant Life Safety Deficiencies or Conditions as a Result of Construction	Interim Life Safety Measure														
		a) Ensuring Egress	**b)** Emergency Forces Access	**b)** *Emergency Forces Notification	**c)** Ensuring Operational Life Safety Systems	**d)** Temporary Construction Barriers	**e)** Additional Fire Fighting Equipment	**f)** Prohibit Smoking	**g)** Controlling Combustible Loading	**h)** Conducting 2 Fire Drills per Shift in All Areas	**h)** *Conducting 2 Fire Drills per Shift in Local Area	**i)** Increase Hazard Surveillance	**j)** Compartmentation Training of Personnel	**k)** Conducting Orginizational Training on Life Safety	**k)** Conducting Additional Training of Incident Response Team	**l)** Notify Area Supervisor of Modifications to Evacuation Procedures
1)	Patient room door latching problem						X	X	X		X	X	X			
2)	Lacking a code complying smoke barrier						X	X			X	X	X		X	
3)	Fire EXIT stairs discharge improperly			X				X		X			X	X	X	
4)	Excessive travel distance to an approved EXIT							X	X		X	X				
5)	Lack of two remote EXITS							X	X		X	X	X		X	
6)	Nonconforming building construction type						X	X	X	X		X		X		
7)	Improperly protected vertical opening							X	X	X		X	X			
8)	Large penetrations in fire barriers							X	X		X	X	X		X	
9)	Corridor walls do not extend to the structure							X	X		X	X	X			
10)	Hazardous areas not properly protected							X	X			X				
11)	Blocking of approved EXIT	X		X				X	X		X	X	X		X	
12)	Rerouting of traffic to emergency room		X	X												
13)	Major renovation of an occupied floor	X			X	X	X	X	X		X	X	X			
14)	Replacing fire alarm system (out of service)			X	X			X	X	X		X			X	
15)	Installing sprinkler system (out of service)			X	X		X	X	X	X		X		X		

16)	Significantly modifying smoke or fire barrier walls					X		X	X		X	X	X			
17)	Adding an addition to an existing structure	X	X	X	X	X		X		X				X	X	
18)	Taking a fire alarm system out of service			X	X			X							X	
19)	Taking a sprinkler system out of service			X	X			X							X	
20)	Disconnecting alarm devices			X				X			X					
21)	Disconnect / Disrupt smoke control system			X				X					X			X