

STAFF TRAINING

Certification requirements

NFPA 101(00), Sec. 18.7.1.1/19.7.1.1 requires that the administration of every healthcare occupancy have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building where necessary. Further, NFPA 101(00), Sec. 18.7.1.3/19.7.1.3 requires that all employees receive periodic instruction and be kept informed with respect to their duties under the plan.

State licensure requirements

MSFC(07), Sec. 406.2 requires that employees receive training in the contents of the facility's fire safety and evacuation plans and their duties under those plans as part of new employee orientation and at least annually thereafter. Records must be kept of this training and must be made available to the fire code official upon request.

As outlined in MSFC(07), Sec. 406.3, the employee training program must, at a minimum, include the following:

1. Employees must be made aware of the potential fire hazards associated with their particular area of the facility and must be instructed in what they can do to eliminate and/or correct hazardous conditions in the conduct of their regular duties.
 - Examples of potential hazards would include smoking, space heaters, use of electrical extension cords, improper storage of combustibles, blocked exits, improper storage/use of oxygen, cooking, soiled linen storage, etc.
 - Nursing staff are keenly aware of what's happening in their assigned areas and can be trained to keep a watchful eye for problems affecting patient/resident safety. Kitchen and laundry personnel must be made aware of the hazards associated with their particular work areas (e.g. cooking/clothing fires, dryer fires/spontaneous combustion, etc.). Housekeeping and maintenance personnel typically travel throughout the facility and can be trained to watch for hazards on a facility-wide basis.
 - Staff must not only be trained to identify hazards, but also in the procedure to follow to report them so that they can be corrected as quickly as possible.
2. Employees must be familiarized with the fire alarm and evacuation signals, their assigned duties in the event of an alarm or emergency, evacuation routes, areas of refuge (if any), exterior assembly areas and procedures for evacuation.
3. Employees expected to fight fires using portable fire extinguishers must be trained to know the locations and proper use of those extinguishers – in some cases, this task is assigned to maintenance personnel only.

Employee training – General

To make it easier for staff to remember what to do during an emergency, the acronym RACE (Rescue...Alarm...Confine...Extinguish) is commonly used (Note: The specific circumstances of a fire and/or the number of staff available may dictate that these actions occur in a different sequence or may even occur simultaneously.)

- **R**escue of persons in immediate danger should always be a Number One priority.
- **A**ctivate the building fire alarm to warn other building occupants and summon help.
- **C**onfine the fire by closing the door to the room of origin.
- **E**xtinguish the fire **only** if safe to do so.

Personnel expected to be directly involved in evacuation must be properly trained in how to move patients/residents safely and identify those persons who have special needs (e.g. persons with limited mobility, non-ambulatory, visually and/or hearing impaired, developmentally/mentally impaired, non-English speaking and visitors).

Ambulatory persons may need only minimal assistance and direction. Mobile persons (e.g. those using wheelchairs, walkers, etc.) may need assistance in initiating an evacuation, but, again, may be able to complete the evacuation with only minimal assistance and direction. Other persons may need to be physically moved to complete a successful evacuation. Staff, therefore, need to be trained in the types of equipment (e.g. carts, evacuation chairs, etc.) and carries (e.g. cradle drop/blanket carry, extremity carry and swing carry) that can be safely used to execute a timely evacuation while minimizing the potential for injury to themselves and the patients/residents.

Training must address the type of response expected by not only staff in the immediate area of origin, but also staff in other smoke compartments and/or on other floors. It is unlikely that a smoke compartment can be evacuated in a safe and timely manner without assistance from staff in other areas of the building (this is especially true during night shifts where staffing levels are typically lower).

It's important that employees know about and understand not only the *defend-in-place* strategy, but also the function and use of the building systems (e.g. fire alarm and fire sprinkler systems) and construction features (e.g. smoke barriers) that make that strategy possible.

Obviously, this only scratches the surface – there is much more that needs to be covered as part of new employee orientation and annual staff training. In the end, the goal is to have a properly trained staff that can perform its duties efficiently, while ensuring that they provide for their own safety and do not create a hazard to others in the performance of those duties.

Finally, employees must be made aware of whom they can contact for further information or explanation of their duties under emergency conditions.

DOCUMENT your training

Almost as important as conducting the training is documenting the fact that it occurred. A sample form has been developed to serve as a guide that you can use in creating your own training record.

It's important that at least two people in your facility know where your training records are kept to increase the likelihood that they can be readily provided if requested during an inspection. It is recommended that these records be maintained for at least three years.

[Click Here for Sample Staff Training Record](#)