

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Behavioral Health-Four Winds Lodge

**Policy Number:** HHS-BH-FW 4713

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**Policy Title:** Automatic Fire Alarm System and Fire Watch

**Attachments:** Four Winds Lodge Fire Watch Checklist

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**Revision History:**

**Revised by/Date:** Nicole Anderson 1/7/2018

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**Approved by:**

Nicole Anderson, Four Winds Treatment Director

**Date:**

3-26-2018

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**Approved by:**

Rebecca St. Germaine, Commissioner of HHS

**Date:**

4/12/18

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**POLICY STATEMENT:** Mille Lacs Band of Ojibwe Four Winds Lodge will provide training for all employees in the operation of the fire alarm system and fire watch policy.

**PURPOSE:** The purpose of this policy is to provide fire and smoke protection at Four Winds Lodge.

**PROCEDURES:**

- 1) **Automatic Fire Alarm System** is a system that will give an alarm in the earliest stages of combustion.
  - A. Whenever an alarm is activated, it will also instantly sound the alarm system at the SIEMENS MONITOTORING COMPLANY 1-977-859-4135 and the Brainerd Fire Department who will be dispatched to the fire alarm location. The monitoring company will then call the building to verify the alarm. Should it be a false alarm we are to notify them of this. We then call the dispatch (9-911) and notify them of the details. We are then to reset the alarm.
  - B. Fire alarm instructions:
    1. When the alarm goes off, follow RACE. Evacuation may initially be behind a fire door away from the fire, then to the outside designated area away from the building if necessary.
    2. If there is more than one person available the other person shall check the "control panel" located in the front lobby or the nurses station of the building and locate the alarm.
    3. Go to the area indicated to determine the nature and extent of the fire, carrying a fire extinguisher with you.
    4. After the problem is located or the fire is put out, silence the alarm.
      - a. Open control panel
        1. Push alarm knowledge
        2. Push audible silence
        3. Push reset (only push until light goes solid)

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5. The fire alarm shall be reset AFTER the building has been cleared by the Brainerd Fire Department or the person in charge of the building.

- C. Remember- time is important! If there is a fire, prompt, fast action is needed to save lives.
  - D. Report all fires/false alarms to the Four Winds Lodge Treatment Director and Health and Human Services (HHS) Safety Program Manager.
  - E. Report all fire alarm problem immediately to Four Winds Treatment Director and Health and Human Services (HHS) Safety Program Manager.
  - F. All fire alarm equipment shall be inspected by a fire alarm vendor per NFPA code requirements and an alarm system inspection report filed with the Four Winds Treatment Director and Health and Human Services (HHS) Safety Program Manager.
  - G. Deficiencies noted on the inspection report shall be repaired in an expedient manner by the building owner/fire alarm vendor and a completion report given to the Four Winds Treatment Director and Health and Human Services (HHS) Safety Program Manager.
  - H. In the even that it is necessary to shut off an automatic alarm system due to repairs or malfunctions, all employees shall be informed of the situation and status of the alarm system/systems prior to shut off.
- II) **Fire Watch** is a required procedure to follow when the alarm system is out of service for more than four (4) hours in a twenty four (24) hour period.
- A. Fire watch criteria includes:
    - 1. The fire alarm is not working properly.
    - 2. Is shut down for testing or maintenance is required.
    - 3. A determination has been made that it is needed because of high risk of someone starting fires.
    - 4. When building code deficiencies' are identifies and cannot be immediately corrected, or during renovation or construction activities, the safety of the patients, staff and visitors is diminished.
  - B. Procedure
    - 1. A competent individual shall walk the building every 30 minutes continuously looking for fire in locked and unlocked rooms. If it requires more than 30 minutes to check the building than 2 individuals are required.
    - 2. Individual shall have a cell phone or 2-way radio, if 2-way radio, the nurses station shall have the other radio to call in emergency.
    - 3. Individuals shall keep a log of each round.
    - 4. Individuals shall be trained in the duties of a fire watch.
    - 5. Individuals shall not perform any other duties except fire watch.
    - 6. All fire/smoke doors shall be kept closed during the outage.

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- C. The person designated to perform the Fire Watch is assigned by the RN Supervisor.
- D. The person designated to perform the Fire Watch shall:
  - 1. Check the entire building.
  - 2. Document after each round (see attached form).
  - 3. Report immediately any problems found.
- E. The RN Supervisor is responsible for replacing the Fire Watch person during breaks and shift changes.
- F. Documentation of the Fire Watch shall be sent to the HHS Safety Program Manager.

**III) Notification:**

- A. If the Fire Alarm System is malfunctioning or not working properly, the designated person in charge shall contact the buildings Supervisor and notify HHS Safety Program Manager.
- B. The designated person in charge shall contact the Brainerd Fire Department and Deputy State Fire Marshall.

<b>Internal and/or External References</b>	
<b>Compliance - Posting Date</b>	4/12/2018
<b>Replaces – Policy Number</b>	
<b>Next Review - Due Date</b>	4/12/2021



## Four Winds Fire Drill Report/ Actual Fire Report

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Was the event due to:** Fire drill false alarm actual fire alarm check other (circle one)

**Drill location, simulated conditions or unusual conditions :**

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**How was the fire drill activated:**

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**Did alarm sound:** Yes/No      **Did fire doors close:** Yes/No

**Was the fire extinguisher brought to the site:** Yes/No

**Did someone call the fire Department and/or monitoring service before the drill and again after the drill to ensure signal was received?** Yes/No      **Time monitoring service received signal** \_\_\_\_\_

**Number of occupants evacuated:** \_\_\_\_\_ **(Were they instructed to meet in front parking lot to be accounted for?)** Yes/No

**Were all rooms checked in all 3 halls:** Yes/No

**Elapsed time between onset of fire drill or actual event at which all clients/staff were safely evaluated** \_\_\_\_\_

**Fire alarm reset?** \_\_\_\_\_

**Total time of drill <5 min?** \_\_\_\_\_

**Staff actions & Critique things to improve:** \_\_\_\_\_

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**List all staff members on duty and participating:**

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