

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING
INSTRUCTION 32-2003**



19 AUGUST 2015

Civil Engineering

**FIRE SAFETY MANAGEMENT AND
RESPONSE PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 32-20, *Fire Protection*. This instruction establishes the procedures and responsibilities to ensure an effective program of fire response planning, training, area protection, response and possible patient evacuation within the 59th Medical Wing (MDW) to include outlying medical and dental facilities. The acronym for rescue, alarm, confine and extinguish (RACE) is used as a guide to enhance the fire response planning. The fire safety management planning and response is consistent with the most current version of the Life Safety Code® (LSC). This instruction compliments 59 MDW Medical Contingency Response Plan (MCRP), Appendix 1 to Annex J, *Fire Evacuation and Protection Plan*. This instruction applies to all personnel, military and civilian, assigned, attached or under contract to the 59 MDW, except those assigned to the 359th Medical Group, and the 959th Medical Group. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 32-2003 includes: updated information to clarify manual fire watch requirements and designate the Security Team, Facility Management, and CEW Craftsmen to jointly conduct manual fire watch in the event the fire alarm system is down longer than eight hours in a twenty-four hour period. .

1. General.

1.1. The general concept for fire response planning in building 4550 is to defend in place and/or horizontal relocation to safeguard patients, visitors, and staff.

1.2. The Joint Base San Antonio (JBSA)-Lackland Fire Department (502 CES/CEF) is the designated authority having jurisdiction to implement fire safety management program in all 59 MDW facilities.

1.3. The Director of Facilities Management implements the requirements of the 59 MDW fire safety management program and is designated the 59 MDW Fire Marshal; the 59 MDW Safety Manager serves as the Deputy Fire Marshal.

1.4. Squadron commanders will ensure that section supervisors through the Zone Master program accomplish fire prevention training annually within their area of responsibility. The Zone Master will review the zone Fire Reaction Plan and brief personnel in the use and location of fire extinguishers and pull stations. Annual refresher training will be accomplished by the supervisor or base fire inspectors and documented on Air Force Form 55, *Employee Safety and Health Record*, located in the Competency Assessment Folder.

1.5. Each zone master is responsible for preparing and updating a fire reaction plan and evacuation plan for work sections in their assigned zone. This may require coordination between zone masters. Work section specific fire reaction plans will be developed for all areas and must address any special requirements of the particular work area.

1.6. Changes in the Fire Reaction Plans are authorized, where necessary, to meet the section operational requirements. These plans will be sent to the flight commander and then the 59 MDW Fire Marshal or deputy for review and signature. Approved plans will be posted on section safety bulletin boards and used as guides by employees. Outlying 59 MDW facilities will utilize a modified Fire Reaction Plan Guide to meet their unique fire protection requirements. The Fire Reaction Plan must be dated for the current year.

2. Fire Response and Prevention Training.

2.1. Supervisors will ensure all staff (military, civilian, and contractors) will be provided formal annual fire prevention response training. Generalized fire response training is provided through web based (i.e. Advanced Distributed Learning Service), Swank Health training, Newcomers Orientation, and through recurring safety training by the section safety representative. The specific fire response training for a particular work section will be provided by the immediate supervisor, Zone Master, or section safety representative. Fire response training will be oriented around the approved RACE concept (defined in paragraph 5) and follow the section's specific Fire Reaction Plan.

2.2. The fire response plan will be regularly evaluated through drills for effectiveness of the work section or area fire response plan. The drills will be consistent with Accreditation

Association Ambulatory Health Care (AAAHC) guidance that requires one drill, per quarter for each working shift. Additional drills will be conducted for areas under an interim life safety measure.

2.3. Newly assigned personnel, including volunteers and contract employees, will be trained by their supervisor or zone master on the work section's fire reaction plan. This training will be incorporated into the worker's job safety orientation and documented in accordance with current Air Force directives. This briefing will also cover staff roles away from a fire scene (i.e., be prepared to assist with evacuation, as required).

2.4. The fire inspector will provide on-the-spot training to correct deficiencies noted during inspections.

3. Fire Prevention.

3.1. All personnel, military and civilian assigned, attached to or under contract with the 59 MDW will become familiar with the location and use of available firefighting equipment for possible patient evacuation.

3.2. Zone Masters will ensure staff checks any electrical equipment and appliances and general outlet condition periodically to ensure they do not pose a possible fire hazard. Zone Masters will also evaluate the condition of all electrical equipment during their monthly inspections

3.3. Personnel involved in the use and storage of compressed gas cylinders will comply with the safety requirements outlined in 59 Medical Wing Instruction (MDWI) 91-204, *Oxygen Safety and Oxygen Enriched Atmosphere Areas* or other applicable Air Force guidance. .

3.4. All buildings assigned to the 59 MDW are "smoke-free" facilities. Trash containers throughout the 59 MDW facilities will be non-combustible. The smoking policy for the 59 MDW is contained in 59 MDWI 40-101, *Tobacco Use at the 59th Medical Wing*.

4. Fire Safety Review of Interior Furnishings and Decorations.

4.1. Facility Management with support from 59 MDW Safety will ensure that acquisitions of interior furnishings (bedding, window coverings, furnishings, decorations, and other equipment) are assessed for fire safety.

4.2. During the acquisition process for interior furnishing outfitting, Facility Management will make a deliberate selection to assure compliance with National Fire Protection Association (NFPA) requirements. 59 MDW staff or volunteer organizations shall formally request inspection of specialized interior furniture or decorations not acquired by Facility Management.

4.3. The JBSA-Lackland Fire Department inspector and/or 59 MDW Safety Office will conduct ad hoc inspections as required and may dictate item removal.

4.4. Decorations in the interior or exterior of all buildings belonging to Wilford Hall Ambulatory Surgical Center shall be either non-combustible or flame-retardant. Specific instructions regarding holiday decorations are included in Attachment 2.

5. Rescue, Alarm, Confine, Extinguish (RACE) Implementation Procedures.

5.1. The acronym RACE will be used throughout the 59 MDW to facilitate fire reaction training and to emphasize the actions to be taken during an actual fire emergency. Code RED is the term used to alert personnel of a real or suspected fire without causing undue alarm to patients and visitors.

5.2. "R" stands for rescue. Every reasonable attempt will be made to remove patients from the fire threat area. When conditions (actual smoke, flames, etc.) or the Medical Control Center (MCC) dictate evacuation of patients from the fire area, this action should be accomplished simultaneously with other actions.

5.3. "A" stands for alarm. All personnel will ensure that all fires are promptly reported regardless of size or location. Failure to report could lead to a more dangerous condition being allowed to progress out of control.

5.3.1. Ensure a verbal alarm is sounded, call out "Code RED" or "Code RED," Exercise, Exercise, Exercise to alert and summon other staff members.

5.3.2. Pull the fire alarm, and phone the fire department at extension 911. Give exact location of fire: building, floor, room, your name, and phone number. If you are reporting a fire drill, ensure you specify Exercise Code RED. Do not hang up until the fire department has all pertinent information.

5.4. "C" is for confine. Closing doors and windows in the fire zone can confine the spread of smoke and fire. This action should be taken whenever fire alarms sound, even if smoke or flames are not visible. More patients have died from smoke inhalation than from any other fire-related cause. If the affected area is served by medical gases, especially oxygen, the staff should identify and shutoff oxygen supply to the affected room. If time permits turn off lights and appliances or unplug fans before closing doors.

5.5. "E" is for extinguish. Staff in the area experiencing the fire should assess the severity and quickly determine if use of a fire extinguisher is adequate. If it is determined to "defend in place," staff will man fire extinguishers. They will attempt to confine and extinguish the fire by smothering or reducing the oxygen supply to the fire with the available firefighting equipment and by closing doors to the room.

5.6. When Energy Management and Control Systems (EMCS), Facility Management, Hospital Automated Resource Protection System (HARPS), or the Medical Control Center receives a call of smoke, fire, or unusual smell etc., or that Facility Management will be conducting fire drills, the MCC and or HARPS will announce over the central paging system, "May I have your attention please, there is a Code Red or Exercise Code RED/in (name of location)." The message will be repeated at least three times to ensure to eliminate confusion between an actual or exercise Code RED. Do not improvise or use new wording. HARPS, Facility Management, or the MCC, will utilize the Red Phone during duty hours to notify all appropriate agencies such as Wing Safety and the Command Section.

5.6.1. When directed by the on scene Fire Chief the MCC or HARPS will announce termination of the exercise or actual Code RED using the following, "May I have your attention please, the Code RED/Exercise Code RED in (name of location) has been terminated." Repeat the message and don't change the wording.

5.7. Upon notification of a exercise or actual Code RED, the MCC will activate and implement the Code RED Checklist. During non-duty hours, HARPS will perform MCC duties and make appropriate notification using information available in the MCC/HARPS checklist.

5.7.1. When necessary, the MCC will notify the Primary Response Team to establish a triage area for treating casualties.

5.7.2. When conditions require, the MCC will direct evacuation in coordination with the on scene fire chief and 59 MDW Wing leadership.

5.7.3. After the senior on-scene Fire Chief terminates firefighting operations and a medical review of conditions in the fire area determines the area is safe for staff and patients to return, the MCC or HARPS will announce termination of the exercise or actual Code RED.

6. Interim Life Safety Measures.

6.1. Interim Life Safety Measures (ILSM) are a series of eleven (11) administrative actions required to be taken to temporarily compensate for the hazards posed by existing LSC deficiencies or construction activities.

6.2. Implementation of the ILSM is required in or adjacent to all construction areas. ILSM apply to all personnel, including construction workers. Implementation of ILSM must begin upon project development and be continuously enforced through completion of any construction project.

6.3. The ILSMs are intended to provide a level of life safety comparable to that described in chapters 1-7, 31 and the applicable occupancy chapters of the 2000 edition of the Life Safety Code (NFPA 101). ILSMs are to be instituted anytime an area is going to be compromised for 24 hours or longer. Each ILSM action must be documented.

6.4. ILSMs consist of the following actions:

6.4.1. Ensuring exits provide free and unobstructed egress. Personnel shall receive training if alternate exits must be designated.

6.4.2. Ensuring a free and unobstructed access to emergency services and emergency forces.

6.4.3. Ensuring fire alarm detection and suppression systems are not impaired. A temporary, equivalent, system shall be provided when any fire system is impaired. Temporary system must be inspected and tested monthly.

6.4.4. Ensuring temporary construction partitions are smoke tight and built of noncombustible materials.

6.4.5. If required, provide additional firefighting equipment and user training for personnel.

6.4.6. No smoking is allowed within the 59 MDW main and associated buildings. This policy includes contractors.

6.4.7. Development and enforcement of storage, housekeeping and debris removal, along with procedures that reduce the flammable and combustible fire load to the lowest level necessary for daily operations.

6.4.8. Conducting a minimum of two (2) additional fire drills per shift, per quarter in the affected areas.

6.4.9. Increased surveillance hazard of buildings, grounds and equipment with special attention construction areas, construction storage and excavations.

6.4.10. Training of personnel when structural or compartmentalization features of fire safety are compromised.

6.4.11. Conducting organization-wide safety education programs to ensure awareness of any Life Safety Code deficiencies, construction hazards for the ILSM.

6.5. The Fire Inspector, Director Facilities Management Flight, Wing Safety Manager or their designated representative will determine if construction or other conditions reduce life safety features and what ILSMs need to be implemented. When advised as to which ILSM actions are to be taken, squadron commanders will ensure those actions are accomplished in a timely manner and documented.

6.6. Determine if the impact is significant. In general, projects less than a week in length which do not reduce the level of life safety below Life Safety Code minimum requirements are not significant.

6.6.1. Activity which takes place in a room with an intact door and which does not penetrate walls generally does not require ILSM.

6.6.2. Activity that affects doors or walls for less than one shift generally does not require ILSM.

6.6.3. Activities which blocks or compromises exit stairs, required exit corridors, or exit discharge areas for more than one shift generally requires ILSM.

6.7. Document and submit findings to the Facilities & Environment Committee or designated sub-committee.

6.8. When ILSMs are indicated, use the ILSM Planning Worksheet to develop the plan. If ILSMs are deemed necessary, each of the 11 items (paragraphs 6.4.1 through 6.4.11) must be considered. All items impacted by the project must be included in the Implementation of Life Safety Measures Plan.

6.9. Staff training and additional fire drills are generally required as part of every ILSM plan.

6.10. Enforcement of each required ILSM must be documented using the following schedule.

Table 6.1. ISLM Schedule

Inspection Period	Activity
Daily	Inspection of exiting for access, integrity, and discharge
Weekly	Inspection of construction site for barrier integrity, smoking, storage, debris removal, fire system integrity, and extra fire-fighting equipment
Monthly	Double fire drills and evaluation of staff knowledge of the ILSM plan
Project Initiation and As Needed	Training for all facility staff

7. Fire Reaction Drills.

7.1. Exercise Code RED is used to exercise fire reaction plans and will be accomplished at a minimum of once per working shift per quarter in building 4550, by facilities management and assisted by civil engineering personnel. Building custodians, outside of building 4550, will conduct annual fire evacuation drills.

7.1.1. Fire drills in building 4550 will involve maximum staff participation, except those involved in immediate direct patient care. All available staff members will meet evaluator(s) at rally point and explain fire response procedures in accordance to zone's fire reaction plan.

7.2. Fire reaction drills will be documented, and a roster of all staff who participated will be maintained within the facility management flight. Fire Drills will be scored utilizing the 59 MDW Fire Safety Checklist. Sections that score in the Red > 38 will be required to conduct refresher training for their section and will be redrilled within 10 working days.

8. Fire Evacuation.

8.1. The NFPA LSC standards establish higher levels of construction for healthcare facilities. These facilities are separated into fire compartments by walls, doors and corridors that provide at least one-hour fire separation from adjacent compartments and floors that are constructed to provide a minimum of two hours protection to occupants. This permits patients to be moved from the fire compartment to a safe location on the same floor or to the floor below. Total evacuation may be required in severe fires, but the NFPA LSC construction standards provide a critical element, TIME--time for firefighters to attempt to extinguish the fire and time for the safe relocation or evacuation of patients. When the fire alarm sounds staff members will assist patients and visitors in an orderly evacuation of the affected area. Evacuation procedures for building 4550 are different, as this building supports ambulatory surgical patients, and staff members will follow the procedures listed below.

8.2. If fire alarm sounds and no smoke or fire is present, rally in place, close doors and prepare to relocate.

8.3. If relocation is necessary, ambulatory patients will be evacuated in a single file staying to the right side of the hall or stairway and the group will be accompanied by at least one staff member. Evacuation will be horizontal, on the same floor, past the fire doors. Each section will have an approved Fire Reaction plan that details a Primary and Alternate relocation point on their same floor.

8.4. Patient care and non-patient care areas are divided into fire and smoke compartments. The type of wall and door construction determines if the compartment will resist the spread of smoke, fire, or both and for how long. Ambulatory care compartments are fire and or smoke rated for one hour. Blocking open fire doors allows fire and smoke to spread from one compartment to another; keeping the fire doors closed helps prevent it.

8.5. If not possible to relocate to another horizontal location (wing) on the same floor through a smoke or fire door, evacuation will be down the nearest stairwell. If conditions or MCC dictate evacuation, move to the locations listed in Appendix 2 to Annex J of the 59 MDW MCRP or evacuation rally points (Attachment 3). Elevators will not be used unless cleared by the On-Scene Fire Chief.

8.6. Clinical areas that have medical gas must turn off the gas and oxygen valves before evacuating the area for an actual Code RED. The on duty supervisor of the area will appoint available staff to accomplish this task.

8.7. When fire alarms are activated in B4550 they automatically cause release of magnetic hold close devices on all interior and exterior doors.

9. Responsibilities.

9.1. The Fire Marshal or Deputy will:

9.1.1. Ensure that all 59 MDW buildings, structures, and surroundings are inspected at intervals required by Life Safety Code® 2000, unique to the AAAHC requirements, to identify potential fire hazards and assess fire safety management programs.

9.1.2. Review and approve local Fire Reaction Plans.

9.1.3. Ensure that a program is in effect which will ensure all fire incidents, regardless of loss or size, are properly reported and required actions are taken. Prepare a written report on the fire incident, when requested by the Base Fire Chief. The report will include findings or actions taken to preclude recurrence of similar incidents, and recommendations, if any.

9.1.4. Advise the supervisor whose area experienced the fire, to be prepared to conduct a briefing when requested by the group or squadron commander. The briefing will contain an outline of the fire prevention program within the section, the cause of the fire, and actions taken to preclude recurrence. The briefing may require attendance by personnel involved in the fire incident, their supervisors, zone master, section chiefs, and other personnel.

9.1.5. Establish an investigative committee after a fire incident to review cause, action taken during fire, actions to preclude recurrence of similar incidents, and recommendations. Follow-up on resulting programmed actions will be reported to the 59 MDW Facilities and Environment Committee.

9.1.6. Ensure Appendix 1 to Annex J of the MCRP is current or updated as necessary.

9.2. Zone Masters and Section Supervisors will:

9.2.1. Complete a fire reaction plan for their section and post it on safety bulletin board.

9.2.2. Ensure all workers are familiar with and capable of implementing the section fire reaction plan and the meaning of RACE.

9.2.3. Ensure required personnel are trained in the use of patient evacuation equipment (i.e. Evacusleds®)

9.2.4. Conduct monthly combined fire prevention and spot safety inspections. When conducting monthly fire extinguisher inspections ensure that all extinguishers in their area have been inspected and signed off by the current government contractor. Evacuation equipment and Evacusleds® will be inspected annually. These inspections will be in conjunction with safety spot inspections and documented on Air Education and Training Command (AETC) Form 69, *Safety Inspection Report*. Serious fire or safety deficiencies will be reported immediately to Facilities Management and Wing Safety Manager.

9.3. Review the current copy of the 59 MDW MCRP. It establishes various action teams, describes their function and establishes emergency procedures to be followed in a peacetime emergency.

10. Manual Fire Watch.

10.1. A manual fire watch will be initiated by the EMCS operator when any fire alarm system is out of service more than 8 hours. Where required, mitigating measures acceptable to the authority having jurisdiction shall be implemented for the period that the system is impaired. The operator will inform the Medical Control Center during duty hours (0730-1630) and HARPS during non-duty hours when a manual fire watch is required. The manual fire watch will be announced to all personnel and include the specific areas under manual fire watch. During this watch, 59 MDW personnel will:

10.2. Zone Masters should emphasize and increase surveillance of their areas to detect fires or fire producing situations. Be aware that fire detection systems, i.e., smoke alarms, sprinkler systems activation and pull station alarms, may be disabled for a period of time, and may not be relayed to the fire department. Therefore, it is imperative that the fire department and other agencies listed in the Section Fire Reaction Plan be notified promptly for any fire related emergencies.

10.3. The MCC will activate the Security Team to perform manual fire watch duties for the areas under manual fire watch that do not have restricted access. Security Team members will be briefed on their responsibilities and conduct 30 minute checks on their assigned area and document the checks on the 59 MDW manual fire watch log sheet. Facility Management and CEW Craftsmen will conduct check of other restricted access areas such as mechanical rooms for the duration of the manual fire watch.

11. Installation/Use of Alcohol Based Hand Rub Dispensers (ABHR).

11.1. Facilities Management and JBSA-Lackland Fire Department are responsible for managing and ensuring compliance with ABHR guidance in 59 MDW facilities. Zone Masters are responsible for compliant placement and storage requirements of ABHR gels and solutions. Executive oversight of compliance is maintained through the Facilities Environment Committee and through periodic reporting to Board of Directors.

11.2. Consistent with Life Safety Guidance (January 2009) and Lackland Air Force Base Fire Department (502nd CES/CEF) guidance the use of ABHR dispensers at 59 MDW facilities shall follow the guidance below:

11.2.1. Wall mounted ABHRs dispensers can be installed in any tiled egress corridors (with or without fire sprinklers).

11.2.2. Wall mounted ABHRs dispensers can only be installed in carpeted egress corridors that have full area fire sprinklers.

11.2.3. Wall mounted ABHR units dispensers shall have a minimum horizontal spacing of 4 ft (1.2m).

11.2.4. ABHR dispensers shall not be installed over or directly adjacent to an ignition source. (i.e. at least 6 inches from a light switch or electrical outlet).

11.2.5. ABHRs (wall mounted or bottle dispenser) units can be installed in any patient care room whether they have fire sprinklers or not.

11.2.6. Wall mounted ABHRs units must have a drip catch pan.

11.2.7. The maximum ABHR dispenser unit fluid capacity shall be 33.8 ounces (1.2 liters).

11.2.8. Not more than 10 gallons (37.8 liters) [~31 current dispenser units] of ABHR gel shall be located in a smoke compartment.

11.2.9. Not more than 5 gallons (18.9 liters) [~ 15 refill bags] in storage in a designated smoke compartment. Functions should track/modulate quantities ordered from Medical Logistics.

11.3. For building 4550, most smoke compartments match the fire zones, so for a typical clinic, the maximum number of ABHR dispensers in the area would be 31, with 15 bags in storage in a locked storage room with fire sprinklers.

12. Space Heaters. Space heaters are not authorized in 59 MDW facilities unless there is a prolonged (several days) heating problem in the facility that is verified by the facilities management flight. Space heaters will be permitted by personnel with a medical condition verified in writing from a competent medical authority. The heater must be inspected and approved by 59 MDW/SE, and authority having jurisdiction.

MICHAEL W. GLASS, Colonel, USAF, MSC
Administrator

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 32-20, Fire Emergency Services, 21 June 2012

AFI 32-2001, Fire Emergency Services Program, 27 February 2014

AFI 91-203, Air Force Consolidated Occupational Safety Instruction, 15 June 2012

59MDWI 40-101, *Tobacco Use at the 59th Medical Wing*, 10 February 2014

59MDWI 41-218, *Electrical Safety Program*, 30 May 2014

59MDWI 91-203, *Medical Wing Safety Program*, 7 January 2014

59MDWI 91-204, *Oxygen Safety and Oxygen Enriched Atmosphere*, 3 April 2009

Life Safety Handbook, National Fire Protection Association (NFPA) Standard 101, 2000 and 2014

Adopted Forms

AF Form 55, *Employee Safety and Health Record*

AF Form 847, *Recommendation for Change of Publication*

AETC Form 69, *Safety Inspection Report*

Abbreviations and Acronyms

AAAHC—Accreditation Association for Ambulatory Health Care

ABHR—Alcohol Based Hand Rub Dispensers

AETC—Air Education and Training Command

EMCS—Energy Management and Control Systems

HARPS—Hospital Automated Resource Protection System

IAW—In Accordance With

ILSM—Interim Life Safety Measures

JBSA—Joint Base San Antonio

LSC—Life Safety Code

MCC—Medical Control Center

MCRP—Medical Contingency Response Plan

MDW—Medical Wing

MDWI—Medical Wing Instruction

NFPA—National Fire Protection Association

RACE—Rescue, Alarm, Confine, and Extinguish

UL—Underwriters Laboratories

Attachment 2

GUIDELINES FOR HOLIDAY DECORATIONS

A2.1. Trees.

A2.1.1. Artificial trees must be flame-retardant or fire-resistant. If you buy one, look for a statement specifying this protection. Flocked and metallic trees are combustible and are not allowed. Metallic trees can become charged with electricity from faulty lights, and any person touching a branch could be electrocuted!

A2.1.2. Cut live trees are not allowed in a healthcare environment because a dry tree becomes a fire hazard. Real trees may only be used if they are living, potted, maintained in a fresh condition and not allowed to become dry. Live potted trees are acceptable in an office or business occupancy, and clinic waiting rooms, but not patient care areas.

A2.2. Decorations.

A2.2.1. Make certain that decorations are not arranged so that they obstruct the view of egress to corridors/exits or block exits or access to exits. Decorations should never be placed where they reduce the size of travel paths below 36 inches, or obstruct sprinkler heads or exit signs.

A2.2.2. Use of flammable/combustible decorations such as cardboard boxes, wood products, straw, hay, or similar products for festive decorating is prohibited.

A2.2.3. Fire equipment must not be blocked by holiday decorations.

A2.2.4. Do not attach flammable/combustible items to walls.

A2.2.5. Do not cover doors with wrapping paper. The maximum amount of any non-fire-rated door that can be decorated with wrapping paper or any other holiday decoration is 10%. Any decoration on a door must be located such that it does not interfere with the normal operation of the door.

A2.2.6. Do not use food products as decorations i.e., string popcorn.

A2.2.7. Do not hang anything for smoke/fire detectors, sprinkler heads or ceiling.

A2.3. Wreaths. Wreaths must be made of flame-retardant or fire-resistant material. DO NOT use hay or straw, bamboo, dry moss, wood shavings, dry leaves, wood bark, corn stalks and corn shucks, saw dust, tumbleweed, flammable powders or liquids, plastic sheeting/pallets, cotton batting, flock, paper streamers or confetti in large quantities. USE foil decorations such as satin balls or holiday ribbon.

A2.4. Lights.

A2.4.1. Christmas tree lights must be approved with a label, stamp, or seal from Underwriters Laboratory (UL) and of the type that does not produce heat. You should be able to hold a bulb between your fingers without discomfort for an indefinite period of time. Check each set of lights, new or old, for broken or cracked sockets, frayed or bare wires, or loose connections. Discard damaged sets or repair them before using.

A2.4.2. Do not use "bubbling" lights. These lights with their bright colors and bubbling movement can tempt curious children to break candle-shaped glass, which can cut, and attempt to drink liquid, which contains a hazardous chemical.

A2.4.3. Never use lighted candles on a tree.

A2.4.4. The temporary use of extension cords is usually unavoidable. Please ensure extension cords are UL listed, be a minimum of 16-gauge wire and properly plugged into a wall outlet. Use no more than three standard-size sets of lights per single extension cord, follow manufacturer's guidance. Do not run extension cords from one room to another, and never string cords across doorways or walkways.

A2.4.5. Lights may be attached to the front of desks. Do not attach or string lights to walls or ceiling.

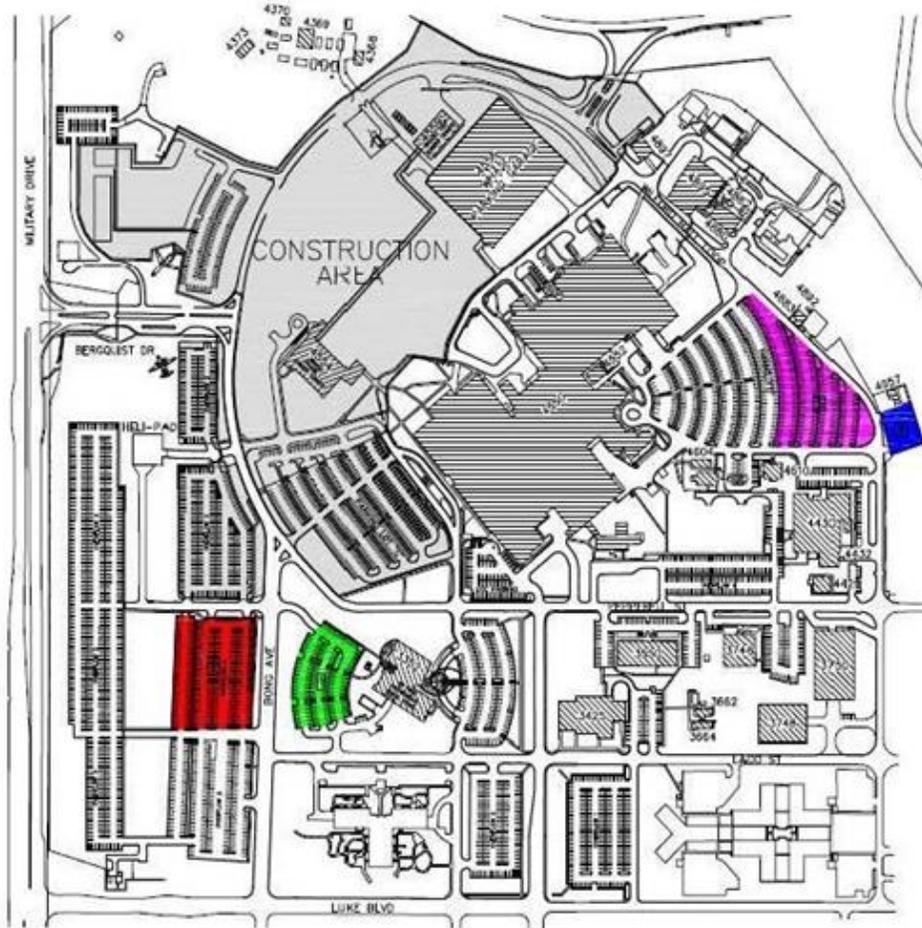
A2.4.6. Do not leave lights on and unattended. Turn off all lights on trees and other decorations when you leave for the day. Lights could short and start a fire.

A2.4.7. Remove trees promptly after the holidays.

Attachment 3

BUILDING EVACUATION RALLY POINTS MAP

Figure A3.1. Building Evacuation Rally Points Map



- 1 WING STAFF, DG
- 2 MDOG
- 3 MDSG, 559th
- 4 CORE MANPOWER TEAM

NOTE:
 OUTLYING FACILITIES WILL EVACUATE TO THE NEAREST SAFE POINT A MINIMUM OF 75 FEET FROM THEIR FACILITY ENSURING THEY DO NOT OBSTRUCT ANY FIRE HYDRANTS

DATE	REVISION
01 JUN 11	ADDED DG TO AREA 1
19 JAN 12	CHANGED 4550 LABEL
05 SEP 12	ADDED 559th
21 DEC 12	MOVED 559th TO AREA 5
25 FEB 13	MOVED 959 MDG TO AREA 1 RELOCATED AREAS 1 AND 2 RENUMBERED AREAS 4,5,6 TO 2,3,4
18 JUN 14	REMOVED (SPG) AND 959 MDG