JUPITER PRIME

Consulting • Training • Advisory

جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Advanced Hospital Firefighting and Patient Evacuation Training Course

17 – 28 January 2027
Kuala Lumpur

jupiterprime.uk

info@jupiterprime.uk

Registered in the United Kingdom and Saudi Arabia

Advanced Hospital Firefighting and Patient Evacuation Training Course

Ref: 764_28792 **Date:** 17 – 28 January 2027 **Location:** Kuala Lumpur **Fees:** 8000 GBP

Hospital Firefighting and Patient Evacuation is a 2-week advanced training course for hospital fire wardens, facility safety officers and emergency response teams, built around a Ward Fire Response and Evacuation Plan that each participant drafts. Health facilities hold patients who cannot walk, piped oxygen and continuous treatment, so a fire demands staged, defended movement. Jupiter Prime Training delivers this course on hospital firefighting and patient evacuation.

Why Hospital Firefighting and Patient Evacuation Matters Now

Three forces shape hospital fire response today. Patient acuity keeps rising, so more beds hold ventilated, sedated or bariatric patients who depend on staff to move them. Buildings are larger and more mixed, with theatres, laboratories, kitchens and plant rooms sharing compartments with wards. A facility that handles fire well contains smoke within a compartment, keeps critical care running and moves patients only as far as needed; one that handles it badly loses patients to smoke, not flame. The course rests on the defend-in-place principle, progressive horizontal evacuation and the Incident Command System ICS.

Who Gains Most from Hospital Firefighting and Patient Evacuation

- Fire wardens responsible for first response, alarm raising and compartment checks
- Facility safety officers who own fire risk assessments, detection and suppression systems
- Emergency response team members who attack incipient fires
- Nurse leaders in charge of a ward or unit who decide when and how patients move
- Estates engineers who maintain fire doors, dampers, medical gas valves and sprinkler zones

A hospital site gains most when wardens, nurse leaders and estates engineers attend together and agree their decisions in advance.

Hospital Firefighting and Patient Evacuation Capabilities

Participants leave able to read a burning ward as a sequence of compartments, gas zones and patient dependencies, and to act on that reading under pressure.

- Assess fire growth, smoke spread and compartment integrity in clinical buildings — the decision to defend in place or move
- Select extinguishing agents and techniques for electrical, oxygen-fed and kitchen fires — first responders and estates teams
- Apply horizontal evacuation methods for non-ambulant and ventilated patients — nurse leaders and porters
- Specify isolation of medical gases and protection of oxygen-rich areas — estates engineers and clinical leads
- Build an incident command structure for a ward fire — site managers and arriving fire crews
- Design and debrief ward fire drills that test real staffing levels — safety committees and executives

Key Hospital Firefighting and Patient Evacuation Terms

- Defend in place — a strategy that keeps patients within their protected compartment while the fire is contained.
- Progressive horizontal evacuation — moving patients sideways through fire doors into the next compartment on the same floor.
- Fire compartment — a section of a building enclosed by fire-resisting walls, floors and doors to slow the spread of fire and smoke.
- Oxygen-enriched atmosphere — air with raised oxygen around beds, masks or cylinders, which makes materials ignite more easily and burn faster.
- Zone valve — a medical gas valve that isolates oxygen supply to one area.
- Evacuation aid — equipment such as a ski sheet, carry chair or bed mover used to transfer a patient who cannot walk.

Hospital Firefighting and Patient Evacuation Day by Day

Day 1: Fire Risk in Health Facilities

- Patient Dependency Profiles — Who Needs Staff to Move
- Hospital Fire Incident Patterns — Where Ward Fires Usually Start
- Fire Risk Assessment for Clinical Areas — Priorities for Control Measures
- Building Layout and Compartment Plans — Refuge Routes Between Wards
- Roles of Wardens, Nurses and Estates — Clear Ownership at Alarm

Day 2: Fire Behaviour and Smoke

- Fire Triangle and Tetrahedron — Breaking the Chain Early
- Growth Stages and Flashover Signs — When to Withdraw Staff
- Smoke Toxicity and Visibility — Why Smoke Kills Before Flame
- Stack Effect in Shafts and Stairwells — Vertical Smoke Risk
- Fire Loads in Stores and Linen Rooms — Housekeeping Priorities

Day 3: Extinguishing Agents and Equipment

- Water, Foam, Powder and Carbon Dioxide — Matching Agent to Fire Class
- Wet Chemical Units for Kitchens — Catering Fire Response
- Extinguisher Technique and Approach — Safe Attack Distances
- Fire Blankets and Hose Reels — When Staff Should Stop
- Equipment Siting and Inspection — Readiness on Every Floor

Day 4: Detection, Alarm and Suppression Systems

- Addressable Detection and Cause-and-Effect Matrices — Alarm Logic
- Staged Alarms and Silent Alerts — Avoiding Panic on Wards
- Sprinkler Zones and Gaseous Systems in Server Rooms — Isolation Choices
- Fire Doors, Dampers and Hold-Open Devices — Compartment Integrity
- False Alarm Analysis — Reducing Unwanted Calls to Crews

Day 5: Oxygen-Rich Areas and Medical Gases

- Oxygen Concentrators, Cylinders and Piped Supply — Ignition Hazards
- Zone Valve Isolation Procedures — Who Shuts Oxygen and When
- Theatre and Surgical Fires — Fuel, Oxidiser and Ignition Control
- Critical Care Fire Response — Keeping Ventilated Patients Supported
- Cylinder Storage and Transport — Protecting Corridors and Lifts

Day 6: Horizontal Evacuation Methods

- Defend-in-Place Decision Criteria — Holding Versus Moving Patients
- Progressive Horizontal Evacuation Routes — Next Compartment First
- Ski Sheets, Carry Chairs and Bed Movers — Choosing Evacuation Aids
- Bariatric and Ventilated Patient Transfers — Staffing per Patient
- Vertical Evacuation and Evacuation Lifts — Last-Resort Planning

Day 7: Incident Command on Site

- Incident Command System Roles — Fire Controller and Ward Lead
- Fire Control Point and Information Boards — Shared Situation Picture
- Handover to Attending Fire Crews — Plans, Keys and Gas Status
- Radio Discipline and Message Formats — Clear Orders Under Stress
- Patient Tracking and Headcounts — Accounting for Every Bed

Day 8: Continuity of Care During Fire

- Receiving Ward Arrangements — Beds, Monitors and Medicines
- Clinical Handover After Relocation — Avoiding Missed Treatment
- Laboratory and Pharmacy Fire Hazards — Chemicals and Solvents
- Smoke Damage and Re-Occupation Checks — Safe Return to Wards
- Communicating with Families and Visitors — Calm, Accurate Updates

Day 9: Ward Fire Drills and Exercises

- Drill Scenario Design — Night Shifts and Reduced Staffing
- Tabletop Exercises for Senior Managers — Escalation Choices
- Live Evacuation Rehearsals with Simulated Patients — Timing Moves
- Drill Observers and Scoring Sheets — Evidence for Improvement
- Hot Debrief and Corrective Actions — Closing Gaps Quickly

Day 10: Practising the Ward Fire Response and Evacuation Plan

- Applying Fire Risk Findings to One Ward — Priority Controls
- Applying Gas Isolation and Agent Choices — Area-Specific Actions
- Applying Horizontal Evacuation Routes — Staff and Aid Allocation
- Applying Command Roles to the Ward — Who Directs Each Stage
- Completing the Ward Fire Response and Evacuation Plan — Sign-Off Ready

Applying Hospital Firefighting and Patient Evacuation After the Course

- Run a night-shift horizontal evacuation drill on one ward using ski sheets and bed movers, scoring the time and staffing each dependent patient needs.
- Walk the zone valves, fire doors and compartment lines of a critical care unit with estates engineers and correct any gap in the isolation procedure.

Hospital Firefighting and Patient Evacuation Questions FAQ

What is hospital firefighting and patient evacuation, and why does it matter now?

It is the discipline of containing fire in clinical buildings and moving dependent patients safely. It matters now because acuity is rising and buildings mix high-risk areas with wards.

Which roles gain most from hospital firefighting and patient evacuation training?

Fire wardens, facility safety officers, emergency response teams, ward nurse leaders and estates engineers gain most. Each holds part of the response.

How does hospital firefighting and patient evacuation differ from general fire safety training?

It goes beyond extinguisher use and building exit routes. General fire awareness assumes people walk out; this course centres on patients who cannot, on oxygen-rich areas and medical gases, and on commanding a staged, compartment-by-compartment evacuation while care continues.

What will you bring back from hospital firefighting and patient evacuation training?

You bring back a ward-level plan covering fire risks, agent choices, gas isolation, evacuation routes and aids, command roles and drill design.

Hospital Firefighting and Patient Evacuation: The Way Forward

The Ward Fire Response and Evacuation Plan first informs whether a chosen ward can defend in place or must be ready to move patients sideways at short notice. Wardens, nurse leaders and estates engineers use it together at every alarm. After its first live drill, the staffing assumptions for ventilated and bariatric patients are the perspective most worth revisiting.