North Dakota Long Term Care Association

Life Safety Review & Updates

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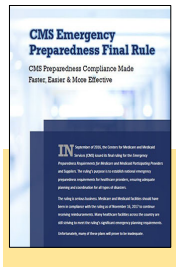

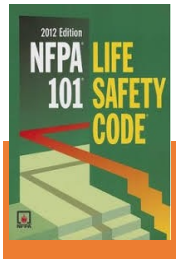

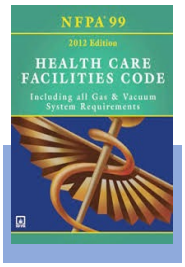

CMS

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Compliance Expectation

- Know your facility!
- Understand the systems and frequency for inspection, testing and maintenance
- Test your stuff on-time
- Document
- Account for the repairs
- Have it readily available for AHJs

3

Life Safety Expectations Have Changed!

Facility Maintenance Managers typically are saddled with the responsibilities of many departments:

- Maintenance
- Plant Operations
- Projects
- Environmental Services
- Security
- Laundry
- Life Safety
- AND…

4

It's Not Business as Usual

Preparing for survey can be time-consuming, which may lead the facility manager to rely on the results of previous surveys as a guide on preparation for future surveys.

For example; if the last survey did not reveal any deficiencies with the fire alarm test report, then the facility manager may decide not to review the current reports for compliance.

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WHO IS RESPONSIBLE?

THE OWNER IS RESPONSIBLE FOR Inspection, Testing and Maintenance

4.6.12.4 Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this *Code* or as directed by the authority having jurisdiction.

4.6.12.5 Maintenance, inspection, and testing shall be performed under the supervision of a responsible person who shall ensure that testing, inspection, and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.

6

grandfather clause noun

Definition of *grandfather clause*

: a clause creating an exemption based on circumstances previously existing

Grandfathered in refers to conduct that receives the benefit of a grandfather clause, allowing this conduct to receive the treatment of prior laws or rules.

Apply the Code

It does not matter how an earlier AHJ ruled (or not)..... The current AHJ must evaluate the situation and determine whether it is acceptable for continued use

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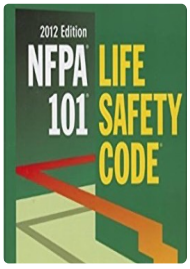
2012 Life Safety Code

- Promulgated by the National Fire Protection Association which is not a government agency
- It is a PREFORMANCE CODE and Code addresses those construction, protection, and occupancy features necessary to minimize danger to life from the effects of fire, including smoke, heat, and toxic gases created during a fire.
- It is NOT a building code. It focuses on safety of all persons in a building by protecting them from fire, smoke and toxic fumes



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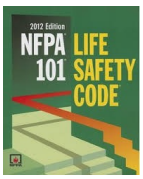
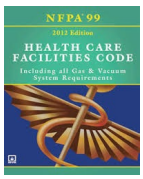
NFPA

Codes adopted effective July 5, 2016

101 Chapter 19 – Existing

101 Chapter 18 -New Facilities





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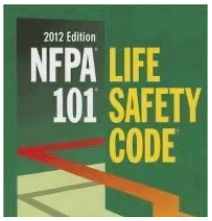
NFPA 101

- The 2012 101 LSC is structured:
- Introductory chapters, definition and applications (1-5
- Core chapters (6-10)
  - Chapter 6 – Hazards
  - Chapter 7 - Egress
  - Chapter 8 – Fire Protection Features
  - Chapter 9 – Service/ Fire Protection
  - Chapter 10 – Interior Finish, Contents/Furnishings
- Occupancy chapters (11-42)
  - Healthcare chapters 18 and 19
- Chapter 43 – Renovations (NEW)
- Annex
  - Further explains code but is not agreed to by consensus so is not 'part of the code'



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Additional NFPA Referenced Codes

- **NFPA 10** Standard for Portable Fire Extinguishers 2010
- **NFPA 13** Standard for Installation of Sprinkler Systems 2010
- **NFPA 25** Standard for the Inspection, Testing & Maintenance of Water Based Extinguishing Systems 2011
- **NFPA 54**, *National Fuel Gas Code,* 2012 edition.
- **NFPA 70** National Electrical Code 2011
- **NFPA 220** Standard on Types of Building Construction 2012
- **NFPA 72** National Fire Alarm Code 2010
- **NFPA 80** Standard for Fire Doors and Fire Windows 2010
- **NFPA 96** Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 2011
- **NFPA 101A** Guide on Alternative Approaches on Life Safety 2013
- **NFPA 105**, *Standard for Smoke Door Assemblies and Other Opening Protectives,* 2010 edition.
- **NFPA 110** Standard on Emergency and Standby Power Systems 2010

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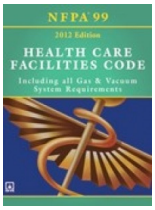
NFPA 99
Health Care Facilities Code

- Standard become a Code with 2012 edition
- The code for professionals involved in the design, construction, maintenance, and inspection of health care facilities (NFPA 101 Chapter 18-19 facilities)
- Applies to new and existing healthcare facilities
- Unique because the code is based on Risk and an assessment as determined by the facility leadership



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Fundamental Principles

- Multiple safeguards
  - No single feature relied upon
- Safeguards make sense
  - Based on occupancy and the ability of occupants
- Egress numbers
  - 2 means of egress unless to do so doesn't make sense
- Egress unobstructed
- Egress awareness

- Lighting
- Notification
  - Horn/ Strobes
- Vertical openings
  - Protected egress
- Testing and maintenance
  - Standards maintained

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Reasons for Increased Oversight

- It seems that there is an unprecedented level of attention on LSC issues in long term care.
- 31 Deaths in two fires in 2003
  - Tennessee
  - Connecticut
- GAO reports on Nursing Home Fire Safety
  - Building is not sprinklered
    - Fire originates in patient sleeping area
    - Door to room of fire origin is not closed or is reopened during the fire
    - Patient known to be outside the danger area during the fire found dead inside the danger zone after the fire

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Main Problem is "Time"

- Many residents cannot self-evacuate
- Delays in resident notification may occur
- Beds and care devices may need to be moved with residents
- People panic and behave differently in fire conditions
- Fire Protection, especially fire doors & smoke doors can buy some time

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Why do we care about doors?

Door closed and latched

Door left open

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Burning Bush Blamed for Nursing Home Fire

October 3, 2004

MORAINE, Ohio -- Fire investigators said a burning bush ignited the care facility, forcing senior citizens to evacuate. The fire happened at the Miami Shores of Moraine Rehabilitation and Nursing Home on Pinnacle Road in Moraine over the weekend.

Residents and neighbors saw fire and smoke billowing from the roof, while staff moved quickly to evacuate the 98 people living in the facility. Many of the patients were bedridden or wheelchair bound.

Nearly 40 ambulances were called to the scene to help transport the residents to other facilities. Ten of the patients were taken to area hospital because they were on ventilators. According to officials, most of the others were either sent home with family or relocated to other nursing centers.

The fire destroyed much of the front of the building. The fire chief said although the investigation continues, a preliminary damage estimate has been set at $150,000.

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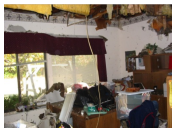
Surviving Through a Disaster….



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State Operations Manual Appendix I K Tags

Part I - Survey Procedures for Life Safety Code Surveys

I. Introduction

II. The Survey Tasks
- Task 1 – Offsite Survey Preparation
- Task 2 - Entrance Conference/Onsite Preparatory Activities
- Task 3 - Orientation Tour
- Task 4 - Information Gathering
- Task 5 - Information Analysis and Decision Making
- Task 6 - Exit Conference

III. Complaint Investigations

IV. Post Survey Revisits

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North Dakota Leading K Tags (FFY25)

K Tag	Citation
K 712	Fire Drills
K 353	Sprinkler System - Maintenance and Testing
K 918	Electrical Systems - Essential Electric System
K 271	Discharge from Exits
K 324	Cooking Facilities
K 914	Electrical Systems - Maintenance and Testing
K 511	Utilities - Gas and Electric
K 291	Emergency Lighting
K 293	Exit Signage
K 341	Fire Alarm System - Installation
K 345	Fire Alarm System - Testing and Maintenance
K 321	Hazardous Areas - Enclosure
K 761	Maintenance, Inspection and Testing - Doors

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Increasing Deficiency Numbers

Electrical Issues

- K 912 Circuit breakers
- K 913 GFCI
- K 914 Receptable ITM
- K 918 Generator ITM
- K 511 Electrical
- K 920 Power Strips
- K 921 PCREE Testing
- K 916 Annunciator

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Survey Readiness

It is best to not frustrate a surveyor during a survey!

You can avoid frustrating a surveyor if you have all your documentation prepared in advance and ready to go when the surveyor requests to review it.

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Survey Preparation

- LSC Binder– everything in one place
- Current survey cycle only
- Only retain test and inspection documents: Do not retain invoices; purchase orders; and other documents that are not ITM
- Archive older records
- Review past surveys and ensure that prior deficiencies are corrected
- Evacuation plans – correct, posted and staff familiar

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Inspection, Testing & Maintenance (ITM)

- Look for items in each report that did not pass the test or inspection.
- Look for any item that was not tested due to inaccessibility. This is never acceptable.
- If a devices fails, then needs to be repaired or replaced then retested!
- Retain documents that support a repair or a replacement of a failed device, proving it was repaired and retested; (staple the corrective document to the original test document)

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Talking To a Surveyor

- "It's always been like that."
- "The last surveyor didn't have a problem with that."
- "The local fire department (or fire marshal) said it's okay."
- "We can get you that documentation"—when it doesn't exist.
- "Is that a new requirement? We've never done that before."

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Survey Documentation

1. **Life Safety Facility Layout**
2. **LSC Waivers/ FSES**
3. **Building Occupancy Permit**
4. **State/ Local Fire Inspection(s)**
5. **Policies –** Fire-Evacuation**,** Fire Watch, smoking, space heater (K 711, K346, K354, K781, K741)
6. **In-services (K923, K711)** - Fire/disaster, O_2 safety, Fire Marshal
7. **Certificates for boilers and elevators**
8. **Emergency Lighting w/ Battery Function (K291)**
   - Monthly 30 sec. test
   - Annual 90 min. test
9. **Exit signs (K281)**
   - Monthly
10. **Exit Lighting (K281)**
    - Monthly
11. **Interior Finish** K331

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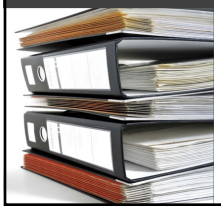
Survey Documentation



13. **Magnetic Door Hold-Open Locking Devices (K222)**
    - Quarterly
14. **Delayed Egress Doors (K222)**
    - Monthly
15. **Locking Doors (K222)**
    - Monthly
16. **Corridor - Smoke doors (K363)**
    - Annual
17. **Fire Door testing (K761)**
    - Annual
18. **Elevator ITM (K531)**
    - Monthly
19. **HVAC ITM (K511, K521)**
    - Manufacturer recommendations
20. **HVAC Filter Replacement**
    - Per manufacturer
21. **Fire and Smoke Damper Inspections K521**
    - ITM every 4-years

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Survey Documentation

22. **Sprinkler System (K353)**
    - Quarterly/ Annual
23. **Sprinkler System (Wet) Pressure Gauge Reading (K353)**
    - Monthly
24. **Sprinkler System (Dry) Pressure Gauge Reading (K353)**
    - Weekly
25. **Sprinkler System Inventory (K353)**
26. **Spare Sprinkler Heads (K353)**
    - Quarterly
27. **Sprinkler System Head Inspection (K353)**
    - Annual
28. **Sprinkler System Internal Inspection (K353)**
    - Every 5-years
29. **Check Valve Test (K353)**
    - Every 5-years
30. **Sprinkler System Dry System Pressure Testing (K353)**
    - Every 3-years
31. **Dry System Pitch Test (K 353)**
    - Every 3-years
32. **Sprinkler System Backflow Testing (K353)**
    - Annual
33. **Sprinkler System Anti-freeze Testing (K353)**
    - Annual
34. **Standpipe System -FDC (K353)**
    - Every 5-years
35. **Fire Hydrants (K353)**
    - Annual

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Survey Documentation

36. Fire Pump (K 353)
- Annual ITM

37. Fire Pump- Diesel - Testing (K353)
- Weekly

38. Fire Pump- Electric - Testing (K353)
- Monthly

39. Kitchen Range Hood system Suppression System (K324)
- Semi-annual ITM

40. Kitchen Range Hood system Suppression System (K324)
- Monthly

41. Kitchen Range Hood System Cleaning (K324)
- At least semi-annual

42. Fire Alarm ITM (K345)
- Semi-annual and annual inspection/ testing

43. Smoke detectors (K347)
- At 1 year & every 2 years thereafter

44. Battery Operated Smoke Detectors
- Weekly

45. Fire extinguishers (K355)
- Monthly/ Annual

46. Fire Drills (K712)
- Monthly (one/month, per shift/per quarter)

47. Smoke/fire Barrier (K271) Inspection
- Quarterly

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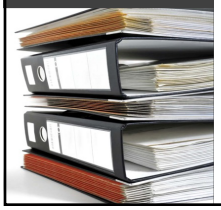
Survey Documentation



48. NFPA 99 Risk Assessment (K901)

49. Ground Fault Receptacles (K913)
- Recommended quarterly

50. Non-hospital Grade Receptacles (K914)
- Annual

51. PCREE Electrical Equipment (K921)
- Annual

52. Circuit Breaker ITM
- Annual

53. Generator Annual Maintenance (K918)
- Annual

54. Generator (K918)
- Weekly
- Monthly

55. Generator 36-month Loaded Exercise (K918)

56. Generator Diesel Fuel Testing (K918)
- Annual

57. Lp Fuel Reliability Letter (K918)

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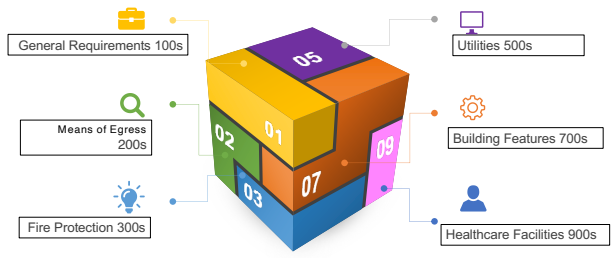
LSC Compliance



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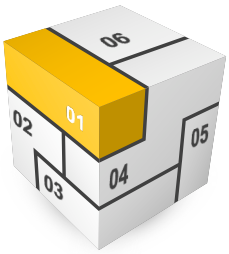
LSC Outline – 100s



General Requirements

Focus here is construction, building and renovation

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NFPA 101 43.7 Change of Use

Healthcare specific for existing, fully-sprinklered facilities: A Change in Use of a space not exceeding 250 sq. ft. results in a hazardous room (> 50 sq. ft.) the requirements for new construction shall not apply. The room must have a door with a closer and may have a proper protective plate.

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SNF Resident K 131/ K 133

- Focus is frequently on the expected 2-hour fire barrier between nursing center and non-conforming building.
- Remember too FRR door in this assembly
- The fire barrier also can be separating new from existing portions of a nursing center
- Fire barriers are complete without penetrations.
- Ensure all penetrations are fire-stopped

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K161 Building Construction Type

- NFPA 101 Tables 18.1.6.2 and 19.1.6.2 list acceptable construction types (there are 5 types)
  - Type I and II – built with noncombustible materials
  - Type III, IV and V built with a combination of materials
- Remember that in Type I and II wood should not be used as a construction material in noncombustible facility

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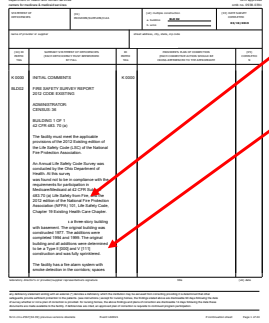

Survey Conducted using NFPA 101, Chapter 19 Existing Health Care Chapter

Construction Type

"The facility is a 3 story building with basement constructed in 1977. The additions were completed in 1994 and 1999. The original building and all additions were determined to be a Type II (000) and V (111) construction and was fully sprinklered."

"The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridor."

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CONSTRUCTION TYPES

- Pertains to the combustibility and fire resistance rating on certain structural components

Type II (222)

- The **first** number refers to the fire rating of the load bearing walls (interior and exterior)
- The **second** number refers to the fire rating of the columns, beams, girders, trusses
- The **third** number refers to the fire rating of the floor assembly

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IBC Construction = NFPA Construction Type

TYPES OF CONSTRUCTION
Comparisons of Various Classification Sources

IBC/IFC:	UBC/UFC:	NFPA:	NFIRS:	BOCA:	SBC:	COMMON TERMINOLOGY:
-----	-----	I (443)	1	1-A	I	Fire Resistive, Non-combustible
Type I-A	Type I-FR	I (332)	1	1-B	II	Fire Resistive, Non-combustible
Type I-B	Type II-FR	II (222)	1	2-A	-----	Fire Resistive, Non-combustible
Type II-A	Type II-1 Hr.	II (111)	3	2-B	IV-1 Hr.	Protected Non-combustible
Type II-B	Type II-N	II (000)	4	2-C	IV-unp.	Unprotected Non-combustible
Type III-A	Type III-1 Hr	III (211)	5	3-A	V-1 Hr.	Protected Ordinary
Type III-B	Type III-N	III (200)	6	3-B	V-unp.	Unprotected Ordinary
Type IV	Type IV (H.T.)	IV (2HH)	2	4	III	Heavy Timber
Type V-A	Type V-1 Hr	V (111)	7	5-A	VI-1 Hr.	Protected Combustible
Type V-B	Type V-N	V (000)	8	5-B	VI-unp.	Unprotected Combustible

IBC/IFC – International Building Code / International Fire Code
UBC/UFC – Uniform Building Code / Uniform Fire Code
NFPA – National Fire Protection Association
NFIRS – National Fire Incident Reporting System
BOCA – BOCA / National Building Code
SBC – Standard / Southern Building Code

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Health Care Construction Type

STORIES

TYPE	1	2	3	4+
I(443)	X	X	X	X
I(332)	X	X	X	X
II(222)	X	X	X	X
II(111)	X	X	X	NP
II(000)	X	X	NP	NP
III(211)	X	X	NP	NP
III(200)	X	NP	NP	NP
IV(2HH)	X	X	NP	NP
V(111)	X	X	NP	NP
V(000)	X	NP	NP	NP

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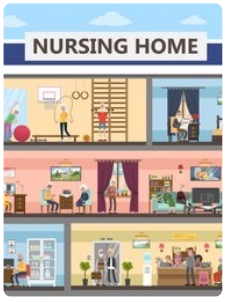

Building Construction

- If the building has a common wall with a nonconforming building, the common wall should be a fire barrier having at least a two-hour fire resistance rating constructed.
  - Dose the separations extend from the floor slab below to the floor or roof slab above?
  - Does each section extend from exterior wall to exterior wall?
  - Are doors in 2-hr. fire wall
    - > 1 ½ Hr. fire door and
    - Positive latching, and
    - Self-closing or automatic closing, and
    - Door < 1/8 in. gaps between meeting edges of door pairs, and
    - provided with < 3⁄4 in. undercuts?

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Windows

- CMS requires windows with the adoption of the life safety code in 2016, however they DO NOT have to operate or open.
- Some fire department do require operating windows for fire safety

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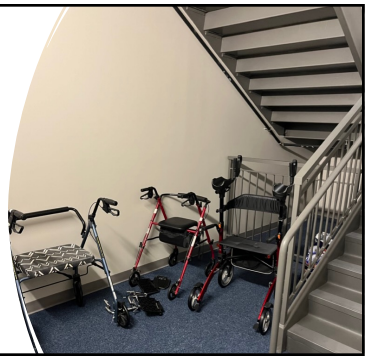
Prohibition of Storage in Stair Towers

- Per NFPA 101 – 7.2.2..3 Usable Space. Enclosed, usable spaces within exit enclosures shall be prohibited, including under stairs
- Section 7.2.2.5.3 Open space within the exit enclosure shall not be used for any purpose that has the potential to interfere with egress
  - An interior exit stairway or ramp shall not be used for any purpose other than as a means of egress and a circulation path



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Fire and Smoke Barriers

- Fire barriers are the fire rated walls that separate or compartmentalize the nursing home
- When there is a nonconforming occupancy like assisted living or offices the wall separation must be at least 2hr
- The wall will be inspected for proper construction and to ensure that all penetrations are properly fire stopped.

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Fire Barriers K 372

- Fire barriers are fire rated assemblies that separate or compartmentalize the nursing home
- When there is a nonconforming occupancy like assisted living or office adjacent the wall separation must be at least 2hr
- The wall will be inspected for proper construction and to ensure that all penetrations are properly fire stopped.

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Smoke and Fire Wall Sealing Products

- One-part sealants (caulks)
- Putty
- Cementitious mortars and grouts
- Sprays (coatings)
- Intumescent wraps, pillows, bags, blocks, etc.

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Problem?

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Never Use Spray Foam Products

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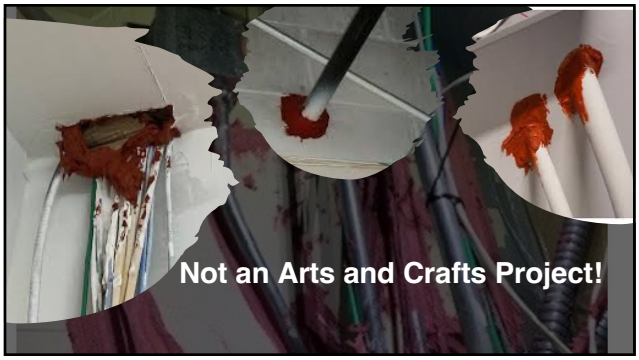

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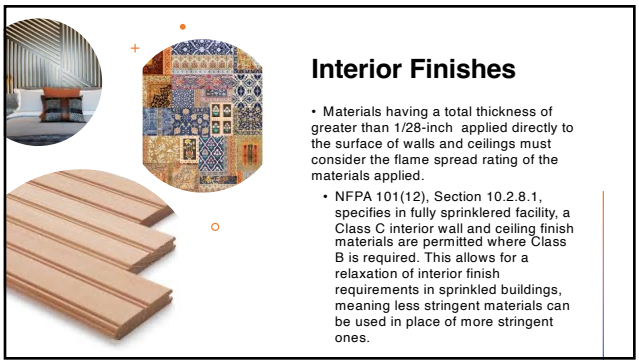

Interior Finishes

- Materials having a total thickness of greater than 1/28-inch applied directly to the surface of walls and ceilings must consider the flame spread rating of the materials applied.
  - NFPA 101(12), Section 10.2.8.1, specifies in fully sprinklered facility, a Class C interior wall and ceiling finish materials are permitted where Class B is required. This allows for a relaxation of interior finish requirements in sprinkled buildings, meaning less stringent materials can be used in place of more stringent ones.

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Life Safety Policies & Procedures

Provide current copies of the following policies

a. Fire Safety Plan (K711)
b. Fire Watch Plan(s)(K346,K354)
c. Facility Smoking
d. Fire Drill (K712)
e. Generator Failure (K918)
f. Elevator Failure (K531)

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Evacuation and Relocation Plan & Fire Drills

The administration of every health care occupancy shall 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 when necessary. (19.7.1.1)

All employees shall be periodically instructed and kept informed with respect to their duties under the plan required by 19.7.1.1.

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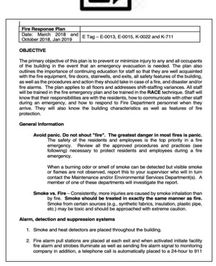
Fire Safety Plan K 711

A written health care occupancy fire safety plan shall provide for all the following:

1. Use of alarms
2. Transmission of alarms to fire dept.
3. Emergency phone call to fire dept.
4. Response to alarms
5. Isolation of fire
6. Evacuation of immediate area
7. Evacuation of smoke compartment
8. Preparation of floors/building for evacuation
9. Extinguishment of fire



Fire Response Plan	
Date: March 2018 and October 2018, Jan 2019	E Tag – E-0013, E-0015, K-0022 and K-711

OBJECTIVE

The primary objective of this plan is to prevent or minimize injury to any and all occupants of the building in the event that an emergency evacuation is needed. The plan also outlines the importance of continuing education for staff so that they are well acquainted with the fire equipment, fire doors, stairwells, and exits, all safety features of the building, as well as the procedures and action they should take in case of a fire, and disaster and/or fire alarms. The plan applies to all floors and addresses shift-staffing variances. All staff will be trained in the fire emergency plan and be trained in the **RACE** technique. Staff will know that their responsibilities are with the residents, how to communicate with other staff during an emergency, and how to respond to Fire Department personnel when they arrive. They will also know the building characteristics as well as features of fire protection.

General Information

Avoid panic. Do not shout "fire". The greatest danger in most fires is panic. The safety of the residents and employees is the top priority in a fire emergency. Review all the approved procedures and practices (see following) necessary to protect residents and employees during a fire emergency.

When a burning odor or smell of smoke can be detected but visible smoke or flames are not observed, report this to your supervisor who will in turn contact the Maintenance and/or Environmental Services Department(s). A member of one of these departments will investigate the report.

Smoke vs. Fire – Consistently, more injuries are caused by smoke inhalation than by fire. **Smoke should be treated in exactly the same manner as fire.** Smoke from certain sources (e.g., synthetic fabrics, insulation, plastic pipe, etc.) may be toxic and should be approached with extreme caution.

Alarm, detection and suppression systems

1. Smoke and heat detectors are placed throughout the building.
2. Fire alarm pull stations are placed at each exit and when activated initiate facility fire alarm and strobes illuminate as well as sending fire alarm signal to monitoring company in addition, a telephone call is automatically placed to a 24-hour to 911

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NFPA 101
19.7.2.2 Fire Safety Plan

- **Use of alarms**
  - Pull stations
  - Smoke detection
- **Transmission of signal**
  - Alarm connected
  - Contact 911
- **Response to alarm**
  - Defend in Place
  - RACE
  - Responsibilities of staff
- **Isolation of fire**
  - Compartmentalization
  - Close doors and windows
  - Use of sprinklers
- **Extinguishment of fire**
  - Sprinklers
  - Fire extinguishers (PASS)
- **Evacuation of area**
  - Immediate removal direct threat (R)
- **Evacuation of compartment**
  - Recuse through horizontal exit
  - Move to area of refuse
- **Evacuation floor/ building**
  - Horizontal/vertical
  - Transportation
- **Individual responsible to call emergency services (911)**

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Duties of Personnel

- Exact duties of various personnel or staff members should be defined in your facility's Emergency Plan.
- Is your facility using Incident Command?
  - Specific assignments may include notifying the Fire Department; notifying the Administrator; keeping a roster of all residents in case evacuation is necessary; someone to meet the fire department; or someone to answer the phones

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Fire Drills K712

- Simulation of emergency fire conditions.
- Fire drills include a fire alarm signal and confirming of the signal to the monitoring company
- Conducted monthly per shift for 4 drills on each shift per year.
  - One drill per shift per quarter.
  - Different locations in the facility
  - Differing time of drills on each shift (varied by an HOUR)
  - Differing days of the week including weekends.
  - All departments are involved.
  - Documented observations of staff response.
  - Equipment functioning, doors released, alarms sounding, staff monitor exits, etc.
  - Residents are not evacuated during the drill.
- Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.
- Should use a coded announcement such as "CODE RED" then plain language "fire"

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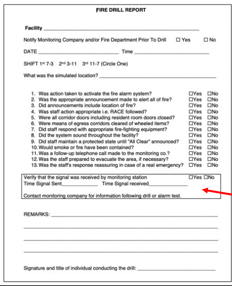
Fire Drill Report



FIRE DRILL REPORT

Facility ______________________

Notify Monitoring Company and/or Fire Department Prior To Drill ☐ Yes ☐ No

DATE ______________ Time ______________

SHIFT 1st 7-3 2nd 3-11 3rd 11-7 (Circle One)

What was the simulated location? ______________

1. Was action taken to activate the fire alarm system? ☐Yes ☐No
2. Was the appropriate announcement made to alert all of fire? ☐Yes ☐No
3. Did announcements include location of fire? ☐Yes ☐No
4. Was staff action appropriate i.e. RACE followed? ☐Yes ☐No
5. Were all corridor doors including resident room doors closed? ☐Yes ☐No
6. Were means of egress corridors cleared of wheeled items? ☐Yes ☐No
7. Did staff respond with appropriate fire-fighting equipment? ☐Yes ☐No
8. Did the system sound throughout the facility? ☐Yes ☐No
9. Did staff maintain a protected state until "All Clear" announced? ☐Yes ☐No
10. Would smoke or fire have been contained? ☐Yes ☐No
11. Was a follow-up telephone call made to the monitoring co.? ☐Yes ☐No
12. Was the staff prepared to evacuate the area, if necessary? ☐Yes ☐No
13. Was the staff's response reassuring in case of a real emergency? ☐Yes ☐No

Verify that the signal was received by monitoring station ☐Yes ☐No
Time Signal Sent__________ Time Signal received__________

Contact monitoring company for information following drill or alarm test.

REMARKS: ______________________

Signature and title of individual conducting the drill: ______________

- Key to vary by at least 1- hour month to month/ quarter to quarter
- Vary by day of the week, time of day and day within the month
- Verify the time signal initiated and time received - no less than 90 seconds
  - 1:15:42 pulled
  - 1:15:52 received

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Fire Watch

- When the sprinkler system fails to work properly for more than 10 hours in a 24-hour period and does not provide continuous protection a fire watch will be initiated. A sprinkler system includes but is not limited to sprinkler heads, branch lines, water mains, water supply, etc.
- When the fire alarm system fails to work properly for more than 4 hours in a 24-hour period and does not provide continuous protection a fire watch will be initiated. A fire alarm system includes but is not limited to smoke detectors, heat detectors, alarms, annunciators, etc.

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Fire Watch

- Every fire watch tour needs to be documented with the findings which will include the date, time, and staff initials of person(s) performing the watch. A fire watch tour is a continuous activity performed by having one or more assigned/trained staff walking the entire affected area of the system outage every 15 minutes. The tour monitors the facility through direct observation for possible signs of fire.
- This is often done when a fire alarm, fire sprinkler, standpipe, or other fire protection system is out of service due to damage or scheduled maintenance.
- The assignment of a person or persons for the express purpose of notifying the fire department, the building occupants; preventing a fire from occurring; extinguishing small fires; or protecting the public from fire or life safety dangers.

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Fire Watch Orientation

- Review facility's current fire watch policy and procedure
- Understand R-A-C-E
- Be able to identify possible hazards including fire
- Be capable of documenting each tour of duty
- Be capable of carrying a cell phone and contracting 9-1-1 as necessary
- Sign off this training

Fire Watch Orientation Checklist
Date: September 2017, March 2019, March 2020, April 2024 — K Tag - K346 & K354

Task	Initials
1. Review the facility's current fire watch policy and procedures	
2. Understand the R.A.C.E. (remove, alarm, contain and extinguish/evacuate) procedures	
3. Be able to identify possible fire hazards as well as signs of an active fire	
4. Review responsibility to complete the facility tour forms completely and accurately	
5. Carry mobile phone and know and understand that if fire discovered to immediately call 911	
6. Sign off at the bottom of the checklist sheet stating received and understand policy & proceedures for a fire watch	

I _____ have read and understood the facility's policies and procedures outlined in the fire watch plan notebook and feel that I am capable of conducting a fire watch as instructed therein.

Signature _____ Date _____

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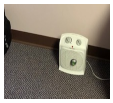
Space Heaters K 781

- NFPA generally prohibits the use of portable space heaters in healthcare occupancies
- According to the NFPA 101 portable space heaters are not allowed in any resident sleeping room or compartments.



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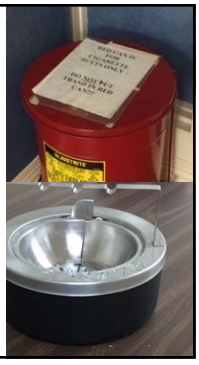
Smoking Requirements K 741

- In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required
- Facility should have a smoking policy that includes:
  - Where prohibited and posting with signs that read NO SMOKING
  - In health care occupancies where smoking is prohibited, and signs are prominently placed at all major entrances
  - Smoking by patients classified as not responsible shall be prohibited unless the patient is under direct supervision.
  - Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.
  - Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.
- Smoking by patients classified as not responsible shall be prohibited unless there is direct supervision.



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Common Smoking Citations

- Dozens of cigarette butts on the ground
- Smoking by residents on O2
- Use of unacceptable ashtrays such as coffee cans, pop cans, various cups, the ground, etc.
- Smoking in unauthorized areas
- Individuals assessed as unsafe not being supervised
- Ashtrays emptied into trashcans or trash in the ashcan

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Thermal Fuse Cannula

This advanced thermal fuse features a high-performance heat-resistant shield and flame-retardant construction, engineered to deliver superior protection for the airway in fire-prone environments. Designed to withstand extreme temperatures, it effectively prevents heat damage and reduces fire-related risks, ensuring optimal safety and reliability in critical conditions.

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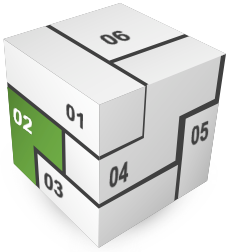
SECTION 2 – MEANS OF EGRESS K 200s



Means of Egress

Components
- Corridor walls (exit passage)
- Corridor doors
- Horizontal exits
- Stairs (as appropriate)
- Ramps

Corridor width
Number of exits
Arrangement of exits
Travel distance to exit
Exit discharge
Exit Illumination
Exit Identification

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Means of Egress K211

General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency.

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Corridor Walls/ Doors

- Corridors are separated from use areas by walls constructed to resist the passage of smoke.
- Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.
- Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to corridor under certain conditions specified in the Code.
- Ensure ceiling tiles are clipped when the ceiling is a fire rated assembly
- Ensure no holes, penetrations or non-approved openings in corridor walls and ceilings.

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Corridor Walls/ Doors

- Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. There are no restrictions in the area and fire resistance of glass and frames.
- Exits
  - Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants.
- No exit
  - Any door, passage or stairway that is neither an exit not a way of exit access that is located so that it is likely to be mistaken for an exit shall be identified by a sing that reads " No Exit"
    - The No Exit sign shall have the No in letter 2" high and the word Exit in letters 1" high.

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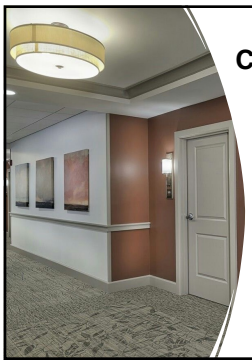

Corridor Doors K363

- Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 ¾ inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware.

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Positive Latching Hardware

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Exits

Monitor facility to ensure that:

- Exit are readily accessible at all times and that the means of egress is continuously maintained free of all obstructions or impediments.
- Exit and directional signs display the correct egress pathway or direction of travel with continuous illumination and are also served by the emergency lighting system.
- Exit discharges outside the building have a hard surface to the public way and that the exit discharge is usable during inclement weather and without impediments.
- Exit discharges outside of the building are illuminated along the path to the public way. Illumination must be a minimum of one foot candle at floor level by any source.

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Means of Egress

- Exit discharge is arranged and provides a level walking surface with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface
- Walking surface must be level, clear, and unobstructed at all times and useable under all weather conditions
  - Abrupt changes in elevations shall not exceed 1/4in
    - Under 1/2in can be beveled
    - Over 1/2in must be corrected by other means

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Corridor Width Requirements

Certain wheeled equipment are permitted in the corridor provided the following:

- The clear width of the corridor is never reduced to less than 5 feet (60")
- There is a written fire safety plan and training program that address the relocation of the wheeled equipment during a fire

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Wheeled Items in the Corridor

Permitted

- Food service carts in use
- Housekeeping carts in use
- Medication carts in use
- Isolation carts in use
- Crash carts
- Portable lift equipment
- Transport equipment

Not Permitted

- Beds
- Trash containers greater than 32 gals
- Desks
- Chairs
- Tables
- Computers on wheels
- Linen Carts
- Bird cages

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