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Department of Health

Division of Life Safety and Construction
04-2020

Documentation for Review
Life Safety Code – Basic Care

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Fire Emergency Plan: A written plan must be provided for the protection of all patients and residents and for their evacuation in an emergency. The plan must include use of the alarm system, transmission of the alarm to the fire department, emergency phone call to the fire department, response to the alarm, isolation of the fire, evacuation of the area, evacuation of the smoke compartment, preparation for evacuation, and fire extinguishment.

Fire Watch and Notification: Where a fire alarm system is out of service for more than 4 hours in a 24-hour period, or an automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the Health Department must be notified, and the building must be evacuated or an approved fire watch provided for all areas left unprotected by the shutdown until the system has been returned to service. The fire watch must be conducted by dedicated personnel and the individuals cannot be assigned additional duties.

Smoking Policy: A written smoking policy must be developed and enforced. Staff, patients, residents, and the general public that frequent the building must be taken into consideration when developing the smoking policy. Smoking policies should be posted in conspicuous locations.

Records

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Automatic Sprinkler System Inspection & Testing: The automatic fire sprinkler system must be inspected and tested in accordance with NFPA 25. A supply of spare sprinklers must be maintained on the premises (never fewer than six). The stock of spare sprinklers must correspond to all types and temperature ratings installed in the building. A sprinkler wrench must be kept on hand in a cabinet. The clearance between the sprinkler deflector and the top of storage cannot be less than 18 inches. This would include materials placed on shelves in closets, storage rooms, etc.

Automatic Sprinkler System Valves & Gauges: All valves shall be inspected weekly. Valves electrically supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.
After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and electrically supervised.
The valve inspection shall verify that the valves are in the following condition:
1) In the normal open or closed position
2) Sealed, locked, or supervised
3) Accessible
4) Provided with correct wrenches
5) Free from external leaks
6) Provided with applicable identification

Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.

Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.

Battery Pack Exit Signs and Emergency Lighting: Battery pack exit signs and emergency lighting must to be tested for 30 seconds at least monthly and annually for a 90-minute period. Equipment must be fully operational for the duration of the test. In exit signs with two bulbs, both bulbs must be functional. Battery pack emergency lighting is required at the generator and anesthetizing locations.

Fire Alarm System: The automatic dialer portion of the fire alarm system must be tested monthly, and a complete fire alarm system test and servicing must be performed on an annual basis. The monthly testing may be done in conjunction with the fire drill. Note that activation of the fire alarm is not required during the drill on the night shift. However, the fire alarm system must still be tested each month. The fire alarm can be tested by activating a manual pull station or smoke detector. Upon activation of the alarm, determine that smoke and fire doors close properly, the fire department notification device functions, smoke dampers close, etc. Annual test documentation must itemize initiation devices and notification devices individually and list device type, address, location, and test results.

Fire Alarm Circuit Location Identified: The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. For fire alarm systems, the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT" and shall have a red marking. The circuit disconnecting means shall be accessible only to authorized personnel.
The dedicated branch circuit(s) and connections shall be protected against physical damage.

Fire Alarm Devices: Device test results (alarm initiating, supervisory alarm initiating, and notification) shall provide an itemized list with the device type, address, location, and test result as required.

Smoke Detectors: The sensitivity of the smoke detectors must be determined during the first year after installation and every alternate year thereafter. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests can be extended, not to exceed 5 years.

Fire Dampers: Fire dampers need to be continuously maintained in a reliable operating condition as required by NFPA 90A. Maintenance for fire dampers is to be performed at least every 4 years. Maintenance of fire dampers includes: fusible links removed; dampers operated to verify that they close fully; latch, if provided, checked; and moving parts lubricated as necessary.

Fire Door Inspections: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually.

Fire Drills: Each resident shall receive an individual fire drill walk-through within five days of admission. Residents and staff, as a group, must evacuate the building or relocate to an assembly point identified in the fire evacuation plan. One drill per year for total building evacuation by all staff and residents is required. Drills must be conducted monthly (a minimum of 12 per year) alternating with all work shifts.

Written records of fire drills must be maintained. Written documentation must include the dates and times of drills, duration, staff and residents participating, residents absent and why, description of the drill, including escape path used, and evidence of a simulated call to the fire department.

Floor Finish: Interior floor finish must be Class I or Class II floor finishes (such as carpet) in corridors and exits. Facilities must have documentation as to the floor finish rating of the material.

Furnishings, Mattresses and Decorations: In areas not protected by automatic fire sprinklers, newly introduced upholstered furniture owned by the facility must meet NFPA 260 and ASTM E 1537, upholstered furniture belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. In areas not protected by automatic fire sprinklers, newly introduced mattresses owned by the facility must meet ASTM E 1590, mattresses belonging to residents in sleeping rooms shall not be required to be tested, provided that a smoke alarm is installed in such rooms; battery-powered single-station smoke alarms shall be permitted in such rooms. New draperies, curtains, and other similar loosely hanging furnishings and decorations in board and care facilities shall meet the NFPA 701, In other than common areas, new draperies, curtains, and other similar loosely hanging furnishings and decorations shall not be required to comply where the building is protected throughout by an approved automatic sprinkler system.

Generator Inspection & Testing: Generator sets (used for emergency lighting) shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.

Generator 3 Year 4 Hour Load Test: Generator sets (used for emergency lighting) shall be exercised under load once every 36 months for 4 continuous hours.

Generator (Diesel) 30% Load Testing: Diesel generator sets (used for emergency lighting) in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:

(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating.

Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.

Generator Transfer Switch: Generator automatic transfer switches (used for emergency lighting) must be operated monthly, consisting of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends an annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch.

Interior Finish: Interior finish documentation is required for wall and ceiling materials that are required to have a Class A or Class B interior finish rating.

Portable Fire Extinguishers: Monthly and annual maintenance of the portable fire extinguishers must be conducted. The 6 year chemical change for dry chemical fire extinguishers and the 12 year hydrostatic vessel test must be performed. CO_2 portable fire extinguisher vessels must be hydrostatically tested every 5 years.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. On a monthly basis an inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.

At a minimum, this quick check or inspection shall include verification of the following:

1) The extinguishing system is in its proper location.
2) The manual actuators are unobstructed.
3) The tamper indicators and seals are intact.
4) The maintenance tag or certificate is in place.
5) No obvious physical damage or condition exists that might prevent operation.
6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
7) The nozzle blowoff caps, where provided, are intact and undamaged.
8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.

If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.

A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.

North Dakota Department of Health
Division of Life Safety and Construction
04-2020

Documentation for Review
Life Safety Code – Health Care

Policies/Procedures

_____ Alcohol Based Hand Rub Solutions
_____ Emergency Preparedness
_____ Fire Emergency Plan
_____ Fire Watch and Notification
_____ Risk Assessments - In new or remodeled construction
_____ Smoking Policy

Alcohol Based Hand Rub Solutions: The dispensers must be installed in a manner that minimizes leaks and spills that could lead to falls and protects against access by vulnerable populations, such as residents in dementia units. Where dispensers are installed in a corridor, the corridor must be at least 6 feet wide. The maximum individual dispenser fluid capacity is limited to 0.32 gallons in rooms, corridors, and areas open to corridors. The maximum individual dispenser fluid capacity is limited to 0.53 gallons in suites of rooms. The dispensers must be installed at least 4 feet apart. Not more than a total of 10 gallons of solution can be in use in a single smoke compartment outside of a storage cabinet, excluding one individual dispenser per room. Storage of more than 5 gallons of solution in a single smoke compartment must meet the requirements of NFPA 30. The dispensers cannot be installed over or directly adjacent to an ignition source. Dispensers installed directly over carpeted floor surfaces are permitted only in smoke compartments protected by automatic sprinkler systems.

Emergency Preparedness: The facility must comply with all applicable Federal, State and local emergency preparedness requirements. The facility must establish and maintain a comprehensive emergency preparedness program.

Fire Emergency Plan: A written plan must be provided for the protection of all patients and residents and for their evacuation in an emergency. The plan must include use of the alarm system, transmission of the alarm to the fire department, emergency phone call to the fire department, response to the alarm, isolation of the fire, evacuation of the area, evacuation of the smoke compartment, preparation for evacuation, and fire extinguishment.

Fire Watch and Notification: Where a fire alarm system is out of service for more than 4 hours in a 24-hour period, or an automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the Health Department must be notified, and the building must be evacuated or an approved fire watch provided for all areas left unprotected by the shutdown until the system has been returned to service. The fire watch must be conducted by dedicated personnel and the individuals cannot be assigned additional duties.

Risk Assessments: Risk Assessments shall be conducted on systems in new or remodeled construction that are included in the following chapters of NFPA 99, *Health Care Facilities Code*, 2012 edition: Chapter 5 – Gas and Vacuum Systems; Chapter 6 – Electrical Systems; Chapter 9 – Heating, Ventilation, and Air Conditioning; Chapter 10 – Electrical Equipment; and Chapter 11 – Gas Equipment. The records where the facility has documented its risk assessments should be kept up to date and available on site for inspectors to be able to understand the appropriate category of systems that should be installed in the facility.

Smoking Policy: A written smoking policy must be developed and enforced. Staff, patients, residents, and the general public that frequent the building must be taken into consideration when developing the smoking policy. Smoking policies should be posted in conspicuous locations.

Records

_____ Automatic Sprinkler System Inspection & Testing
_____ Automatic Sprinkler System Valves & Gauges
_____ Battery Pack Exit Signs and Emergency Lighting
_____ Cubicle Curtains and Draperies
_____ Fire Alarm System
_____ Fire Alarm Circuit Location Identified
_____ Fire Alarm Devices
_____ Smoke Detectors
_____ Fire Dampers
_____ Fire Door Inspections
_____ Fire Drills – 1 per shift per quarter
_____ Floor Finish – New only
_____ Furnishings and Mattresses
_____ Generator Inspection & Testing
_____ Generator 3 Year 4 Hour Load Test
_____ Generator (Diesel) 30% Load Testing
_____ Generator Transfer Switch
_____ Interior Finish
_____ Portable Fire Extinguishers
_____ Range Hood System Semi-annual & Monthly

Automatic Sprinkler System Inspection & Testing: The automatic fire sprinkler system must be inspected and tested in accordance with NFPA 25. A supply of spare sprinklers must be maintained on the premises (never fewer than six). The stock of spare sprinklers must correspond to all types and temperature ratings installed in the building. A sprinkler wrench must be kept on hand in a cabinet. The clearance between the sprinkler deflector and the top of storage cannot be less than 18 inches. This would include materials placed on shelves in closets, storage rooms, etc.

Automatic Sprinkler System Valves & Gauges: All valves shall be inspected weekly. Valves electrically supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.
After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and electrically supervised.
The valve inspection shall verify that the valves are in the following condition:
1) In the normal open or closed position
2) Sealed, locked, or supervised
3) Accessible
4) Provided with correct wrenches
5) Free from external leaks
6) Provided with applicable identification

Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.

Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.

Battery Pack Exit Signs and Emergency Lighting: Battery pack exit signs and emergency lighting must to be tested for 30 seconds at least monthly and annually for a 90-minute period. Equipment must be fully operational for the duration of the test. In exit signs with two bulbs, both bulbs must be functional. Battery pack emergency lighting is required at the generator and anesthetizing locations.

Cubicle Curtains and Draperies: Draperies, curtains, decorations, wall hangings, theatre curtains, and other similar furnishings must be flame resistant. Where laundering will remove the flame-retardant application, documentation is required to verify that these materials have been re-treated.

Fire Alarm System: The automatic dialer portion of the fire alarm system must be tested monthly, and a complete fire alarm system test and servicing must be performed on an annual basis. The monthly testing may be done in conjunction with the fire drill. Note that activation of the fire alarm is not required during the drill on the night shift. However, the fire alarm system must still be tested each month. The fire alarm can be tested by activating a manual pull station or smoke detector. Upon activation of the alarm, determine that smoke and fire doors close properly, the fire department notification device functions, smoke dampers close, etc. Annual test documentation must itemize initiation devices and notification devices individually and list device type, address, location, and test results.

Fire Alarm Circuit Location Identified: The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. For fire alarm systems, the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT" and shall have a red marking. The circuit disconnecting means shall be accessible only to authorized personnel.
The dedicated branch circuit(s) and connections shall be protected against physical damage.

Fire Alarm Devices: Device test results (alarm initiating, supervisory alarm initiating, and notification) shall provide an itemized list with the device type, address, location, and test result as required.

Smoke Detectors: The sensitivity of the smoke detectors must be determined during the first year after installation and every alternate year thereafter. After the second required calibration test, if the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests can be extended, not to exceed 5 years.

Fire Dampers: Fire dampers need to be continuously maintained in a reliable operating condition as required by NFPA 90A. Maintenance for fire dampers is to be performed at least every 4 years (6 years in hospitals). Maintenance of fire dampers includes: fusible links removed; dampers operated to verify that they close fully; latch, if provided, checked; and moving parts lubricated as necessary.

Fire Door Inspections: Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.

Fire Drills: Fire exit drills must include the transmission of a fire alarm signal and the simulation of emergency fire conditions, except that the movement of patients or residents to safe areas or to the exterior of the building is not required. Drills must be conducted quarterly on each shift to familiarize staff with signals and emergency actions required under varied conditions. Drills must be held at unexpected times and under varying conditions to simulate an actual fire. When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of

audible alarms. The purpose of a fire drill is to test the efficiency, knowledge, and response of staff. Its purpose is not to disturb or excite patients or residents. Documentation must include the date and time of the drill.

Floor Finish: All newly installed floor finishes (such as carpet) in corridors and exits must have documentation as to the floor finish rating of the material.

Furnishings and Mattresses: In areas not protected by automatic fire sprinklers, newly introduced upholstered furniture owned by the facility must meet NFPA 261 and ASTM E 1537. In areas not protected by automatic fire sprinklers, newly introduced mattresses owned by the facility must meet Part 1632 of the Code of Federal Regulations 16 and ASTM E 1590.

Generator Inspection & Testing: Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.

Generator 3 Year 4 Hour Load Test: Generator sets shall be exercised under load once every 36 months for 4 continuous hours.

Generator (Diesel) 30% Load Testing: Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:

(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating.

Diesel-powered EPS installations that do not meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.

Generator Transfer Switch: Automatic transfer switches must be operated monthly, consisting of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. Maintenance programs for transfer switches include checking of connections, inspection or testing for evidence of overheating and excessive contact erosion, removal of dust and dirt, and replacement of contacts when required. The maintenance procedure and frequency should follow those recommended by the manufacturer. NFPA 110 suggests visual inspection and cleaning annually and recommends an annual maintenance program including one major maintenance and three quarterly inspections. The major maintenance includes a thermographic or temperature scan of the automatic transfer switch.

Interior Finish: Interior finish documentation is required for wall and ceiling materials that are required to have a Class A, Class B, or Class C interior finish rating.

Portable Fire Extinguishers: Monthly and annual maintenance of the portable fire extinguishers must be conducted. The 6 year chemical change for dry chemical fire extinguishers and the 12 year hydrostatic vessel test must be performed. CO_2 portable fire extinguisher vessels must be hydrostatically tested every 5 years.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. On a monthly basis an inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual.

At a minimum, this quick check or inspection shall include verification of the following:

1) The extinguishing system is in its proper location.
2) The manual actuators are unobstructed.
3) The tamper indicators and seals are intact.
4) The maintenance tag or certificate is in place.
5) No obvious physical damage or condition exists that might prevent operation.
6) The pressure gauge, if provided, shall be inspected physically or electronically to ensure it is in the operable range.
7) The nozzle blowoff caps, where provided, are intact and undamaged.
8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated.

If any deficiencies are found, appropriate corrective action shall be taken immediately. At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. The records shall be retained for the period between the semiannual maintenance inspections.

A K-type fire extinguisher is required in kitchens that are equipped with a UL 300 hood system. A sign must be installed instructing on the use of the extinguisher.

Alcohol Based Hand Rub Dispenser (ABHR)

ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:

* Corridor is at least 6 feet wide

* Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols

* Dispensers shall have a minimum of 4-foot horizontal spacing

* Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room

* Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30

* Dispensers are not installed within 1 inch of an ignition source

* Dispensers over carpeted floors are in sprinklered smoke compartments

* ABHR does not exceed 95 percent alcohol

* Operation of the dispenser shall comply with the following criteria:

(a) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.

(b) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device.

(c) An object placed within the activation zone and left in place shall not cause more than one activation.

(d) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions.

(e) The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized.

(f) The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed.

* ABHR is protected against inappropriate access

Special consideration should be given to the following:

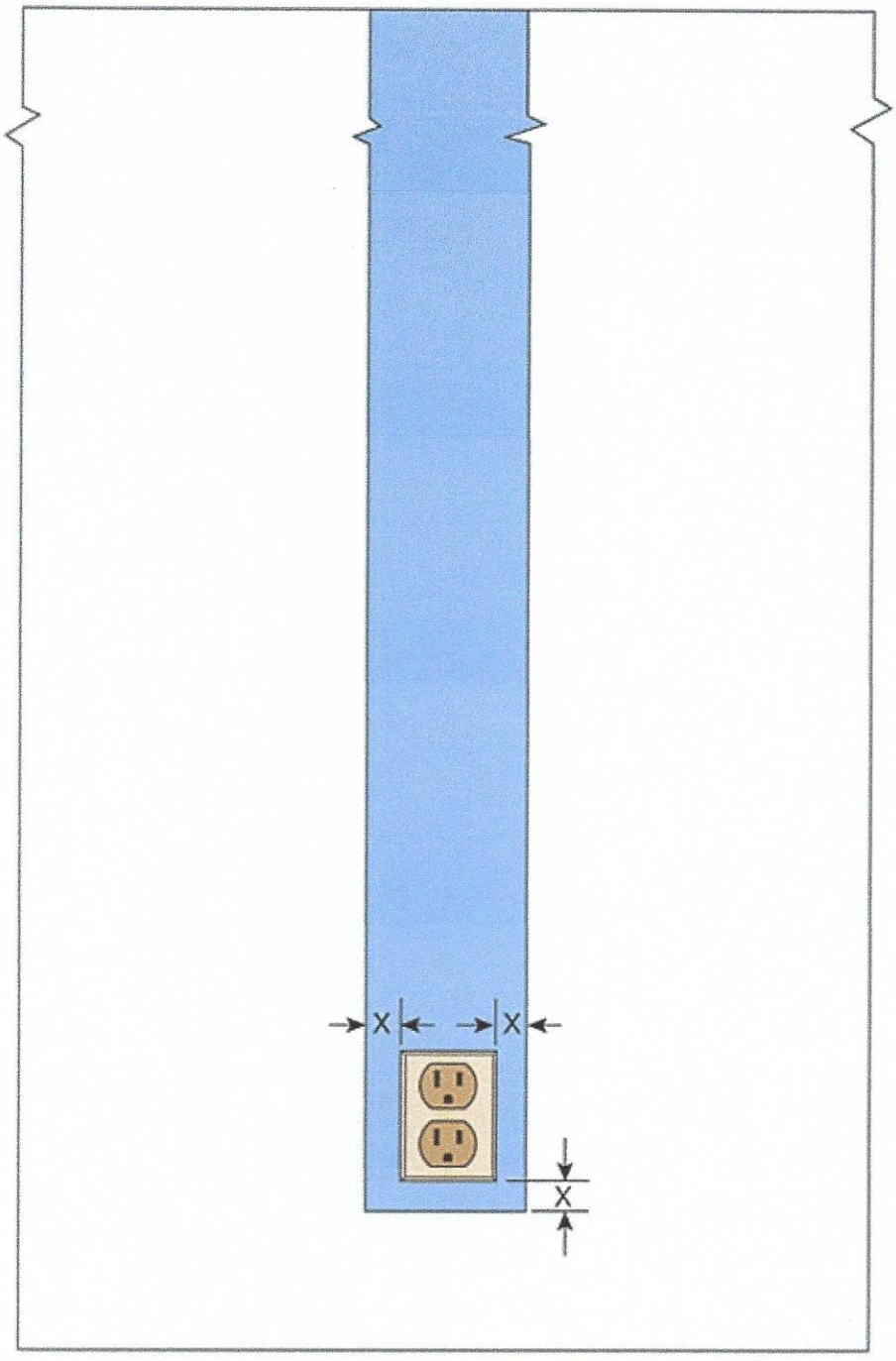
(1) Obstructions created by the installation of hand-rub solution dispensers

(2) Location of dispensers with regard to adjacent combustible materials and potential sources of ignition, especially where dispensers are mounted on walls of combustible construction

(3) Requirements for other fire protection features, including complete automatic sprinkler protection, to be installed throughout the compartment

(4) Amount and location of the flammable solutions, both in use and in storage, particularly with respect to potential for leakage or failure of the dispenser

Prohibited location for alcohol-based hand-rub dispenser with respect to ignition source.



X = 1 in. (25 mm)

Ignition source

Dispenser prohibited from this area

Emergency Preparedness Plan and Training Records

(Located in separate binder in the Safety/Training Director Office.)

Fire Plan

Fire Plan

GENERAL DIRECTIVES

1. All employees are instructed on the fire plan during their initial orientation and through monthly drills. An annual review & update of the Fire Plan is also held.

2. Department supervisors are responsible for on-going instructions as needed for their department.

3. Each employee is responsible for knowing and following the Fire Plan.

4. The primary objective of the Fire Plan is to know what to do if a fire occurs and to prevent fires, injuries, and to save lives.

5. Fire alarms are pulled:

   a. If you smell smoke

   b. If you see smoke and/or flames

6. Know location and use of fire alarms and fire extinguishers.

Fire Plan

GENERAL RESPONSIBILITIES FOR ALL EMPLOYEES DURING "RED EVENT"

1. Remain calm. Do not shout "Fire".
2. Move residents to the safest area, if they are in danger.
3. Pull alarm if you are the one discovering the fire.
4. Fight Fire with proper equipment if needed and safe to do so.
5. Keep visitors with residents, offer reassurance. Stay with residents as assigned.
6. Close doors (fire doors close automatically). Turn off oxygen at bedside. Clear halls and exits, (carts and equipment should be moved to empty rooms.)
7. Report to supervisor, and follow directive given.
8. Walk – Do not Run. Keep to the right in halls. Do not cross fire area.
9. One person from each department needs to respond to the fire with an extinguisher, if safe to do so.

Remember to R.A.C.E.

R – **Rescue** – Rescue anyone near area

A – **Alarm** – Pull fire alarm, report exact location to nurse's station. Announce Red Event and exact location. Report to nurse's station.

C – **Contain** – Close off area by fire

E – **Extinguish** – If possible put out fire with fire extinguisher

Fire Plan

GENERAL RESPONSIBILITIES FOR NURSE IN CHARGE

See Chain of Command

1. **Locate Fire** (may ask another to help locate fire) Check closed doors before opening. IF door is HOT, Do Not Open. Check boards at nurse's station to report exact location Charge nurse checks board when fire alarm goes off *(if actual fire, also give nature of fire,) Nurse in charge will report to scene of fire with an extinguisher.

2. **Person at Nurse's Station:**
   a. Announce "Red Event" & fire location three times

   b. *Call fire department (911) and inform exact location of fire, nature of fire & which door to enter (fire department will call [redacted] to confirm any alarms.) Designate someone to direct the fire department personnel when they arrive. (Housekeeping and maintenance)
   c. *Call to inform Administrator, Maintenance Manager and DON and others as listed in this manual's call list as necessary.

3. Assign staff members to stay with residents and visitors in the areas designated until instructed otherwise.

   6:00 AM-6:30 PM Shift

   All Nurses, CNA's and RN's report to Nurse's Station.
   Staff report to nurse's station.

   6:00 PM – 6:00 AM Shift

   *Assign staff member, if available to stay by the phone
   *Obtain assistance from off duty employees reporting to the facility to assist as needed.
. *Evaluate need to evacuate and initiate if needed.

1. Announce all Clear. *If actual fire, obtain Administrative designee's approval. *Only if actual fire OR Fire Department responds to an alarm.

2. After "ALL CLEAR" silence alarm.

   Insert the Hudson Key on the nurse's key ring and turn.
   Push silence on alarm panel.

3. To Reset the Alarm:

   If pull station has been pulled: Reset the pull station with the Hudson Key on the nurse's key ring.
   Insert the Hudson Key and turn,
   Push: Reset Alarm.

4. Complete fire report form. Maintenance completes fire report and drill reports or person in charge if maintenance not present.

OTHER SPECIFIC DEPARTMENTAL RESPONSIBILITIES

1. **Dietary**
   a. Shut off all electrical equipment and close doors.
   b. Cook reports to the scene of the fire with an extinguisher
   c. Diet Aide reports to the nurses' station, if the fire is not in immediate area.
   d. Assist with evacuation if needed

2. **Maintenance**
   a. Report to scene of fire with a fire extinguisher.
   b. Remain at scene of fire and assist as needed.

3. **Housekeeping/Laundry**
   a. Housekeeper working closest to the fire zone goes to location of fire with fire extinguisher.
   b. Clear hallways of carts and other equipment (put in a non-resident room).
   c. Assist with closing windows and doors.
   d. Secure main entrance of CARE CENTER
   e. If other Housekeepers are on duty they report to nurse's station if fire is not immediate area.

4. **Activities**
    a. If residents are in the Activity Department: remain in the department with them. If fire is in immediate area, ask for assistance in moving residents.
    b. If Activity Department is unoccupied, Activity Director/Activity Aide reports to scene of fire with an extinguisher, additional Activity Aides report to Nurses station.

EVACUATION
Evacuation Plan in Case of Fire

Evacuated Zone where fire is to another Zone

1. Evacuation of an area is necessary in the presence of visible smoke/flame
2. Person in Charge gives order for evacuation of building if needed.
3. Residents are moved to a safe area as designated by the Person in Charge
4. Begin by moving residents to opposite side of fire doors, using most efficient means available.
5. When evacuating residents, go to safest zone as determined by person in charge
6. Personnel from the employee pool at the Nurses Station will be assigned to assist in evacuating residents
7. The Person in Charge shall leave the building only after a thorough inspection of the resident area, to ensure that all residents and staff members have been evacuated; also secured the safety of the resident's records
8. The Person in Charge will ensure that all staff members have been accounted for and/or evacuated, and is responsible for counting residents, according to midnight census sheet and staff.

NOTE: If building evacuation is necessary, refer to Disaster Plan

Fire Watch Policy

Fire Alarm System Out of Service

In the event that the fire alarm system is out of service for more than 4 hours in a 24-hour period, the facility will do the following until the alarm system has been returned to service.

1. Notify Administrator/Administrative Person on Call and Maintenance immediately. They will notify the Fire Safety Division of the State Health Department at first working hours. Telephone Number 701-328-4873

2. Assign personnel without other duties to monitor the facility for any fire that may occur.

3. Complete the form for the fire watch

    a. Document the time of the round
    b. Initial each round

4. Make rounds hourly, checking all areas noted on the Fire Watch Form

5. If a fire is found, follow steps in the Fire Plan.

Automatic Sprinkler System Out of Service

In the event that the automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the facility will do the following until the system has been returned to service.

1. Notify Administrator/Administrative Person on Call and Maintenance immediately. They will notify the Fire Safety Division of the State Health Department at first working hours. Telephone Number 701-328-4873

2. Assign personnel without other duties to monitor the facility for any fire that may occur.

3. Complete the form for the fire watch

    a. Document the time of the round
    b. Initial each round

4. Make rounds hourly, checking all areas noted on the Fire Watch Form

5. If a fire is found, follow steps in the Fire Plan.

Risk Assessments

(For new or remodeled construction only)

[redacted]

[redacted]

Smoking Policy

Purpose:

[redacted] Care Center shall establish and maintain safe resident smoking practices.

Guidelines:

1. Designated smoking area: Main area out front of building, 20 feet away from entrance, by smoking receptacle but not in the parking lot. The resident must be there before they light up.
2. Smoking hours will be 9am to 8 pm with 2hr intervals between outings. This goes for when on outings.
3. All residents that smoke will be assessed for safe smoking practices by Social Services and be educated on the smoking assessment/agreement and guidelines of smoking policy for the facility.
4. The weather guidelines must be observed by all residents and staff assisting residents for their safety. The following are the weather-related guidelines:
   a. 15 degrees and above with moderate wind is allowable for normal outdoor smoking (maximum of 2 cigarettes).
   b. 1-15 degrees is allowable for **ONE** cigarette only.
   c. When 0 degrees and below, there will be **NO SMOKING OUTDOORS** due to the safety risks associated with hypothermia and frost bite.
5. All residents must be dressed appropriately for weather and an easy read thermometer at the Nurse's station will determine the outdoor temperature or the nurse's cell phone weather app. If there is any dispute or malfunction of the thermometer or the weather conditions are other than stated above and there is *reasonable cause to not allow* outdoor smoking, the charge nurse must use discretion and reason to determine risk and allow/not allow outdoor smoking and document the reason in the resident chart.
6. Residents must "check-out and check-in" for smoking materials with designated staff and the designated staff must follow up with the resident if they have not been checked back in 15 minutes after checking out.
7. Residents who needs a smoking apron per their assessment/agreement, must have it on.
8. Residents are encouraged to have a cell phone with [redacted] Care Center number preprogrammed into the phone when outside and be able to demonstrate ability to call with phone. An door bell alarm has been installed on the bench for residents use in case of an emergency when our smoking. There is also a camera installed to view the front entry way at the nurses station.
9. Resident's room may be subject to room searches if reasonable suspicion that a resident has been smoking in facility.
10. There may be warnings and the possibility of losing smoking privileges for non-compliance with the policy.

11. Smoking materials found in the resident's room will be removed immediately.
12. Doors lock at 10 pm. All smoking for the day will be done at that time.
13. Residents are not to share smoking materials with others.
14. If resident breaks the rules (smoking around oxygen; giving smoking materials to other residents; throwing butts on the ground; lighting cigarettes prior to reaching the designated area; or other assessment or policy guidelines, etc.) they will be reassessed. If it was a violation that put others at risk (smoking in bathroom or resident room; smoking around oxygen; not properly disposing of materials; etc) they lose privileges to smoke and are given option to use ND Quit (like gum, medications, patches to cease smoking).
15. Non-compliance will result in being asked to find another long-term care facility.
    a. Resident will be consulted on smoking policy if caught smoking.
    b. Smoking materials found in resident's room will be removed immediately and "smoking" policy reviewed. Smoking cessation will be offered again.
    c. Resident who continues to smoke will be given 30-day notice to find a replacement facility.
16. New admissions with not be allowed to smoke and will not be evaluated for smoking privileges.
17. If for any reason the resident leaves the facility and does not do a bed hold and then returns for admission, the resident would be considered as a new admission and would not qualify for grandfathering into the evaluation/agreement smoking policy.

Date Implemented:	Date Reviewed/Revised:	Reviewed/Revised By:

Automatic Sprinkler System Records

As-built system installation drawings, hydraulic calculations, original acceptance test records, and device manufacturer's data sheets shall be retained for the life of the system.

Subsequent records shall be retained for a period of 1 year after the next inspection, test, or maintenance of that type required by the standard.

Monthly Visual Inspection of Gauges and Control Valves

Monthly Assessment

YEAR: 2020

Control Valves	Gauges for automatic sprinkler system	Date	Signature
✓	✓	1-5-20	JD
✓	✓	2-4-20	JD
✓	✓	3-7-20	JD
✓	✓	4-3-20	JD
✓	✓	5-8-20	JD
✓	✓	6-9-20	JD
✓	✓	7-2-20	JD

AUTOMATIC SPRINKLER SYSTEMS
QUARTERLY INSPECTION AND TESTING FORM

Owner's Name: [redacted]
Building Address: [redacted]
Owner's Phone #: [redacted] **Emergency Contact #:** [redacted]
Person Doing Inspection: [redacted]

Brand Name of System: Tyco
Location of Main Valve: Basement
Date of Most Recent Annual Test: 7-14-19
Alarm System: (YES) NO **Monitored:** (YES) NO **Standpipe:** (WET) DRY N/A

Y = Satisfactory N = Unsatisfactory (explain below) N/A = Not Applicable

Quarterly Inspections	INSPECTION YEAR: 2020			
Date	1-5-20	4-3-20		
Inspector initials	JD	JD		
Main drain test				
- Record the static water supply pressure in psi as indicated on the lower pressure gauge	54	55		
- Open the main drain and allow water flow to stabilize				
- Record the residual water supply pressure while water is flowing from the main drain in psi	41	41		
- Close the main drain slowly				
Fire department connections (FDC)				
- Verify connection is visible and accessible, not damaged, caps in place, identification sign is in place and automatic drain is working properly	Y	Y		
Wet pipe system flow alarm – notify alarm company **before** proceeding				
- Test water flow alarms by opening the Inspectors test valve	Y	Y		
Dry pipe priming level				
- Check dry priming water level by opening the test valve and checking for water discharge	NA	NA		
Dry pipe system low air pressure alarm				
- Close the water supply valve and *carefully* open Inspectors test valve to reduce air pressure *slowly*				
- Confirm operation of low air alarm, and record air pressure at activation	NA	NA		
- Close Inspectors test, allow air pressure to rise to normal, and open water supply valve				
Dry pipe system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Quick opening device				
- Test in accordance with manufacturer's instructions	NA	NA		
Preaction system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Deluge system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA		
Control valves				
- Close valves and reopen until spring or tension is felt – back valve ¼ turn	Y	Y		
Hydraulic nameplate				
- If system was hydraulically calculated, assure nameplate is legible and securely attached to riser	Y	Y		

This form covers a 1-year period

Notes

REV. 3/03

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...*continued*

Inspecting Firm: RFS LLC — Inspection Contract#

Name of Inspected Property: [redacted]

Inspector Name: [redacted] — Date: 7/9/20

Inspection Frequency: ☐ Monthly ☐ Quarterly ☑ Annually ☐ Other

Annual Inspection for Wet Pipe Sprinkler Systems

		Y	N/A	N
E.1.0	System in service on inspection	✓		
E.2.0	Hangers and seismic bracing appears undamaged and tightly attached	✓		
E.3.0	Piping appears free of mechanical damage	✓		
E.3.1	Piping appears free of leakage	✓		
E.3.2	Piping appears free of corrosion	✓		
E.3.3	Piping appears properly aligned	✓		
E.3.4	Piping appears free of external loading	✓		
E.4.0	Sprinklers appear free of leakage	✓		
E.4.1	Sprinklers appear free of corrosion	✓		
E.4.2	Sprinklers appear free of foreign materials	✓		
E.4.3	Sprinklers appear free of paint	✓		
E.4.4	Sprinklers appear free of physical damage	✓		
E.4.5	Sprinklers appear properly oriented	✓		
E.4.6	Sprinkler spray patterns appear free of unacceptable obstructions	✓		
E.4.7	Glass bulbs appear full of liquid	✓		
E.4.8	Spare sprinklers are of proper number (at least 6), type and temperature rating	✓		
E.4.9	Spare sprinklers stored where temperature maximum is 100°F	✓		
E.4.10	Wrench available for each type of sprinkler			
	PRIOR TO FREEZING WEATHER:			
E.5.0	Building is secure such as not to expose piping to freezing conditions	✓		
E.5.1	Adequate heat is provided maintaining temperatures at 40°F or higher	✓		
E.6.0	**ALARM PANEL CLEAR**	✓		
E.7.0	**COMMENTS:**			

Annual Testing for Wet Pipe Sprinkler Systems

F.1.0	System in service before testing	✓		
F.1.1	Pertinent parties notified before testing	✓		
F.1.2	Adequate drainage provided before flow testing	✓		
F.2.0	Main drain test conducted	✓		
F.2.1	Supply water gauge reading before flow (static)	55 psi		
F.2.2	Gauge reading during stable flow (residual)	41 psi		
F.2.3	Time for supply pressure to return to normal	1 sec		
F.3.0	Antifreeze solution tested and freezing point determined		✓	
F.3.1	Antifreeze solution freezing point	°F		
F.3.2	Antifreeze solution freezing point after adjustment	°F		
F.4.0	Control valves (including backflow and PIVs) operated through full range and returned to normal position	✓		
F.4.1	PIVs opened until spring or torsion felt in rod		✓	
F.4.2	PIVs and OS&Ys backed 1/4 turn from full open		✓	
F.4.3	Main drain test conducted (see F.2.0)	✓		
F.5.0	Backflow prevention assembly forward flow test conducted	✓		
F.5.1	System demand flow was achieved through the device	✓		
F.5.2	Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	✓		
F.5.3	Forward flow test conducted without measuring flow (device</=2" and outlet sized to flow system demand)	✓		
F.5.4	Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	✓		
F.5.5	Forward flow test satisfied by annual fire pump flow test	✓		
F.5.6	Backflow preventer performance test conducted as required by the AHJ	✓		
F.6.0	PRV control valves partial flow test conducted and adequate to unseat valve		✓	
F.7.0	Pertinent parties notified of test conclusion	✓		
F.8.0	**ALARM PANEL CLEAR**	✓		
F.9.0	**SYSTEM RETURNED TO SERVICE**	✓		
F.10.0	**COMMENTS:**			

Annual Maintenance for Wet Pipe Sprinkler Systems

G.1.0	System in service before conducting maintenance	✓		
G.2.0	Pertinent parties notified before conducting maintenance	✓		
G.3.0	Operating stems of OS&Y (including backflow) valves lubricated	✓		
G.3.1	Valve completely closed and reopened	✓		
G.4.0	Adequate drainage provided before flow testing	✓		
G.4.1	Main drain test conducted	✓		
G.4.2	Supply water gauge reading before flow (static)	55 psi		
G.4.3	Gauge reading during stable flow (residual)	41 psi		
G.4.4	Time for supply pressure to return to normal	1 sec		
G.5.0	Pertinent parties notified after conclusion of maintenance	✓		
G.6.0	**ALARM PANEL CLEAR**	✓		
G.7.0	**SYSTEM RETURNED TO SERVICE**	✓		
G.8.0	**COMMENTS:**			

INSPECTOR'S INITIAL [redacted] (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 7/9/20

Monthly Visual Inspection of Gauges and Control Valves

Monthly Assessment

YEAR: 2019

Control Valves	Gauges for automatic sprinkler system	Date	Signature
✓	✓	1-7-19	JD
✓	✓	2-10-19	JD
✓	✓	3-15-19	JD
✓	✓	4-6-19	JD
✓	✓	5-4-19	JD
✓	✓	6-8-19	JD
✓	✓	7-2-19	JD
✓	✓	8-3-19	JD
✓	✓	9-8-19	JD
✓	✓	10-12-19	JD
✓	✓	11-4-19	JD
✓	✓	12-6-19	JD

AUTOMATIC SPRINKLER SYSTEMS
QUARTERLY INSPECTION AND TESTING FORM

Owner's Name: [redacted]
Building Address: [redacted]
Owner's Phone #: [redacted] **Emergency Contact #:** [redacted]
Person Doing Inspection: [redacted]

Brand Name of System: Tyco
Location of Main Valve: Basement
Date of Most Recent Annual Test: 7-12-18
Alarm System: (YES) NO **Monitored:** (YES) NO **Standpipe:** (WET) DRY N/A

Y = Satisfactory N = Unsatisfactory (explain below) N/A = Not Applicable

Quarterly Inspections	INSPECTION YEAR: 2019			
Date	1-7-19	4-6-19	7-2-19	10-12-19
Inspector initials	JD	JD	JD	JD
Main drain test				
- Record the static water supply pressure in psi as indicated on the lower pressure gauge	55	54	56	55
- Open the main drain and allow water flow to stabilize				
- Record the residual water supply pressure while water is flowing from the main drain in psi	41	40	42	41
- Close the main drain slowly				
Fire department connections (FDC)				
- Verify connection is visible and accessible, not damaged, caps in place, identification sign is in place and automatic drain is working properly	Y	Y	Y	Y
Wet pipe system flow alarm – notify alarm company **before** proceeding				
- Test water flow alarms by opening the Inspectors test valve	Y	Y	Y	Y
Dry pipe priming level				
- Check dry priming water level by opening the test valve and checking for water discharge	NA	NA	NA	NA
Dry pipe system low air pressure alarm				
- Close the water supply valve and *carefully* open Inspectors test valve to reduce air pressure *slowly*				
- Confirm operation of low air alarm, and record air pressure at activation	NA	NA	NA	NA
- Close Inspectors test, allow air pressure to rise to normal, and open water supply valve				
Dry pipe system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Quick opening device				
- Test in accordance with manufacturer's instructions	NA	NA	NA	NA
Preaction system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Deluge system flow alarm – notify alarm company **before** proceeding				
- Open the alarm bypass valve	NA	NA	NA	NA
Control valves				
- Close valves and reopen until spring or tension is felt – back valve ¼ turn	Y	Y	Y	Y
Hydraulic nameplate				
- If system was hydraulically calculated, assure nameplate is legible and securely attached to riser	Y	Y	Y	Y

This form covers a 1-year period

Notes

NOVA
FIRE PROTECTION, INC.

304 41st Street SW
Fargo, ND 58103
P: 877-282-0268 F: 701-282-0702
www.novafire.com

5-Year Inspection

Building: [redacted]

Customer #: [redacted]
Work Order #: [redacted]
Job #: [redacted]
Zone: I
Sec: SC

Contact: [redacted]

System(s): (3) Wet Zone(s) (0) Dry Zone(s) (0) Preaction Zone(s) (0) Standpipe(s) (0) Tank(s)
(0) Deluge Zone(s) (0) Fire Pump(s) (0) Antifreeze Zone(s) (0) Foam Zone(s) (0) PRV(s)

Water Supply Source: ☑ City ☐ Tank & Fire Pump

Inspector Name: [redacted] (print)

Date of Inspection: 11-12-19

Questions and tests below are from the 2011 edition of NFPA 25

General:	Y	N/A	N
A. Hydraulic design information attached and is legible?	✓		
B. All gauges in good condition and showing proper water/air pressures?	✓		
C. Are all gauges less than 5 years old or calibrated within last 5 years? Date: ~~1/1/2016~~ 2019	✓		
D. All valve enclosures protected from freezing?	✓		

Control Valves and Check Valves:	Y	N/A	N
A. Are all main control valves accessible, in appropriate open or closed position, and free of leaks?	✓		
B. Are all control valves identified and sealed or supervised?	✓		
C. Control valves operated through full range and left in appropriate open or closed position?	✓		
D. Operating stems of OS&Ys lubricated?	✓		
E. Check valve internally inspected within last 5 years and results satisfactory? Date: 2019	✓		

Sprinkler Heads:	Y	N/A	N
A. Do sprinklers generally appear to be in good external condition?	✓		
B. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?	✓		
C. Does there appear to be proper clearance between top of all storage and the sprinkler deflector?	✓		
D. Are extra sprinklers and appropriate sprinkler wrenchs available on premises?	✓		
E. Extra high temperature solder-type heads replaced or tested within last 5 years? Date:		✓	
F. Heads exposed to harsh environments replaced or tested within last 5 years? Date:		✓	
G. Fast response heads 20 or more years old replaced or tested within last 10 years? Date:		✓	
H. Heads in service 50 or more years replaced or tested within last 10 years? Date:		✓	
I. Heads 75 or more years old replaced or tested within in last 5 years? Date:		✓	
J. Dry-type sprinklers replaced or successfully sample tested within last 10 years? Date:		✓	

Piping and Fire Department Connection:	Y	N/A	N
A. Do exposed exterior condition of piping, fittings, and hangers appear to be in satisfactory condition?	✓		
B. Does the exterior condition of the fire sprinkler system appear to be satisfactory?	✓		
C. Has piping in all systems been internally inspected within last 5 years for obstructive materials? Date: 2019	✓		
D. FDC is visible and accessible?	✓		
E. FDC is in satisfactory condition, couplings/swivels rotate, and check valve not leaking?	✓		
F. FDC plugs/caps and automatic drain valve in place and operating?	✓		

Alarms:

	Y	N/A	N
A. Is the system monitored?	✓		
B. Alarm and supervisory devices appear in good external condition?	✓		
C. Did electric alarms including outside horn/strobe operate during test?	✓		
D. Did the supervisory alarms operate during test?	✓		
E. Was the alarm panel free of alarm and trouble signals upon arrival?	✓		
F. Was the alarm panel free of alarm and trouble signals upon departure?	✓		

Base Controls - Locations:

Base #	Size (in)	Location of Controls	Backflow Device	5-year Check Valve Inspection
1	6	[redacted] BASEMENT	Backflow Preventer	N/A

Wet-Pipe Zone(s):

WT - Inspections:

	Y	N/A	N
A. Alarm valves appear in good external condition, free of leaks, and trim valves in correct position?		✓	
B. If installed, did alarm valves, retard chambers, and water-motor gongs test satisfactory?		✓	
C. Waterflow switches tested and operate correctly?	✓		
D. Main drain test results comparable to previous test results?	✓		

WT - Main Drain & Waterflow Switch Testing:

Zone	Size (in)	Main Drain Test			Test Valve Location	Alarm Time	Test Result
		Static PSI	Residual PSI	Drain Size (in)			
1	6	59 PSI	51 PSI	2	AT CONTROLS	25 Sec	✓ Passed ☐ Failed
2	1-5	59 PSI	51 PSI		AT CONTROLS	30 Sec	✓ Passed ☐ Failed

Tamper Switch Device(s):

TS - Inspections:

	Y	N/A	N
A. Tamper and supervisory switches free of damage?	✓		

TS Devices - Testing:

Device #	Switch Location/Valve	Test Result
1	AT CONTROLS	☐ Failed ☐ N/A ✓ Passed
2	AT CONTROLS	☐ Failed ☐ N/A ✓ Passed

Explanation of "No" answers & deficiencies:

Customer/Customer Representative:

A. Has the occupancy and hazard of contents remained the same since last inspection?	Yes ☐	No ☐
B. Has the system remained in service without modification since the last inspection?	Yes ☐	No ☐
C. Was the system free of actuation of devices or alarms since the last inspection?	Yes ☐	No ☐

Furnishings and Mattresses Documentation

Documentation shall be retained for the duration of the item in the facility.