



Documentation for Review Life Safety Code – Health Care

Policies/Procedures

- _____ **Fire Emergency Plan**
- _____ **Smoking Policy**
- _____ **Fire Watch and Notification**
- _____ **Alcohol Based Hand Rub Solutions**
- _____ **Risk Assessments**

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.

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.

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.

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.

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.

Records

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| _____ Fire Drills | _____ Interior Finish |
| _____ Fire Alarm System | _____ Cubicle Curtains and Draperies |
| _____ Smoke Detectors | _____ Furnishings and Mattresses |
| _____ Automatic Sprinkler System | _____ Generator |
| _____ Range Hood System | _____ Transfer Switch |
| _____ Portable Fire Extinguishers | _____ Battery Pack Exit Signs and Emergency Lighting |
| _____ Floor Finish | _____ Fire Dampers |

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.

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.

Smoke Detectors: A smoke detector or a rate-of-rise heat detector is required above fire alarm panels that are located in non-occupied rooms or areas. 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.

Automatic Sprinkler System: 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.

Range Hood System: The UL 300 kitchen range hood automatic extinguishing system must be serviced and inspected for cleaning every 6 months. 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.

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. CO₂ portable fire extinguisher vessels must be hydrostatically tested every 5 years.

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.

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.

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.

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: Generators must be inspected weekly and exercised under load at least monthly for a minimum of 30 minutes. Diesel generator monthly load tests must achieve 30% of generator nameplate rating or an annual load bank test must be conducted.

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.

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 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.