FIRE AWAY!

Frequent Citations & Compliance Solutions

Jerry Rodabaugh, Joe Shelton, Jeff Wortley

Frequent Emergency Preparedness Citations

#1- E0039
EP Testing Requirements

- Facilities must on an annual basis conduct exercises to test the emergency plan, which for LTC facilities also includes unannounced staff drills using the emergency procedures. Specifically, facilities are required to conduct a tabletop exercise and participate in a full-scale community-based exercise or conduct an individual facility exercise if a community-based exercise is not available.
- **Full-scale exercise:** A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) And integration of operational elements involved in the response to a disaster event, i.E. ‘‘Boots on the ground’’ response activities (for example, hospital staff treating mock patients).
- **Table-top exercise (TTX):** a tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. Ttxs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXS can be used to assess plans, policies, and procedures without deploying resources.

#2 - E0015
Subsistence Needs For Staff And Patients

I. (1) the provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:

(i) food, water, medical and pharmaceutical supplies

(ii) alternate sources of energy to maintain the following:

a) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.

b) Emergency lighting

c) Fire detection, extinguishing, and alarm systems.

d) Sewage and waste disposal.

#3 - E0004
Develop EP Plan, Review And Update Annually

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g. Natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements.
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review

#4 - E0036
EP Training And Testing

- Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program.
- Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program. Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement.

#5 - E006

Plan Based On All Hazards Risk Assessment

- An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.
- This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food.

#6 - E0026
Roles Under A Waiver Declared By Secretary

- Requires that facilities have policies and procedures, which address the "role of the facility under a waiver declared by the secretary, in accordance with section 1135 of the act, in the provision of care and treatment at an alternate care site identified by emergency management officials."
- This may include policies and procedures on what a facility would do if they had to provide care at an approved alternate site as well as processes on how would they let the community know they are operating at a different care site and any reporting they may need to do if they were under an approved 1135 waiver.

#7- E0029
Development Of Communication Plan

- Facilities must have a written emergency communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments. The communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster.

#8 -E0030
Names And Contact Information

- The communication plan must include all of the following:
- (1) names and contact information for the following:
  - (i) Staff.
  - (ii) Entities providing services under arrangement.
  - (iii) Patients' physicians
  - (iv) Other [facilities].
  - (v) Volunteers.

#9 - E0013
Development Of EP Policies And Procedures

- The written policies and procedures which address the facility's emergency plan and verify the following:
- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

#10 -E0032
Primary/Alternate Means For Communication

- Facilities are required to have primary and alternate means of communicating with staff, federal, state, tribal, regional, and local emergency management agencies. Facilities have the discretion to utilize alternate communication systems that best meets their needs.
- However, it is expected that facilities would consider pagers, cellular telephones, radio transceivers (that is, walkie-talkies), and various other radio devices such as the NOAA weather radio and amateur radio operators' (ham radio) systems, as well as satellite telephone communications systems.

FREQUENT FIRE & LIFE SAFETY CODE CITATIONS

#1 - K-353
Sprinkler System – Maintenance And Testing

- Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, *standard for the inspection, testing, and maintaining of water-based fire protection systems.* Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.
- Date sprinkler system last checked. Acceptance test 10/9/17
- Who provided system test. Dependable fire protection
- Water system supply source. Municipal
- *Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.*
- 9.7.5, 9.7.7, 9.7.8, and NFPA 25

#2 - K-511
Utilities – Gas And Electric

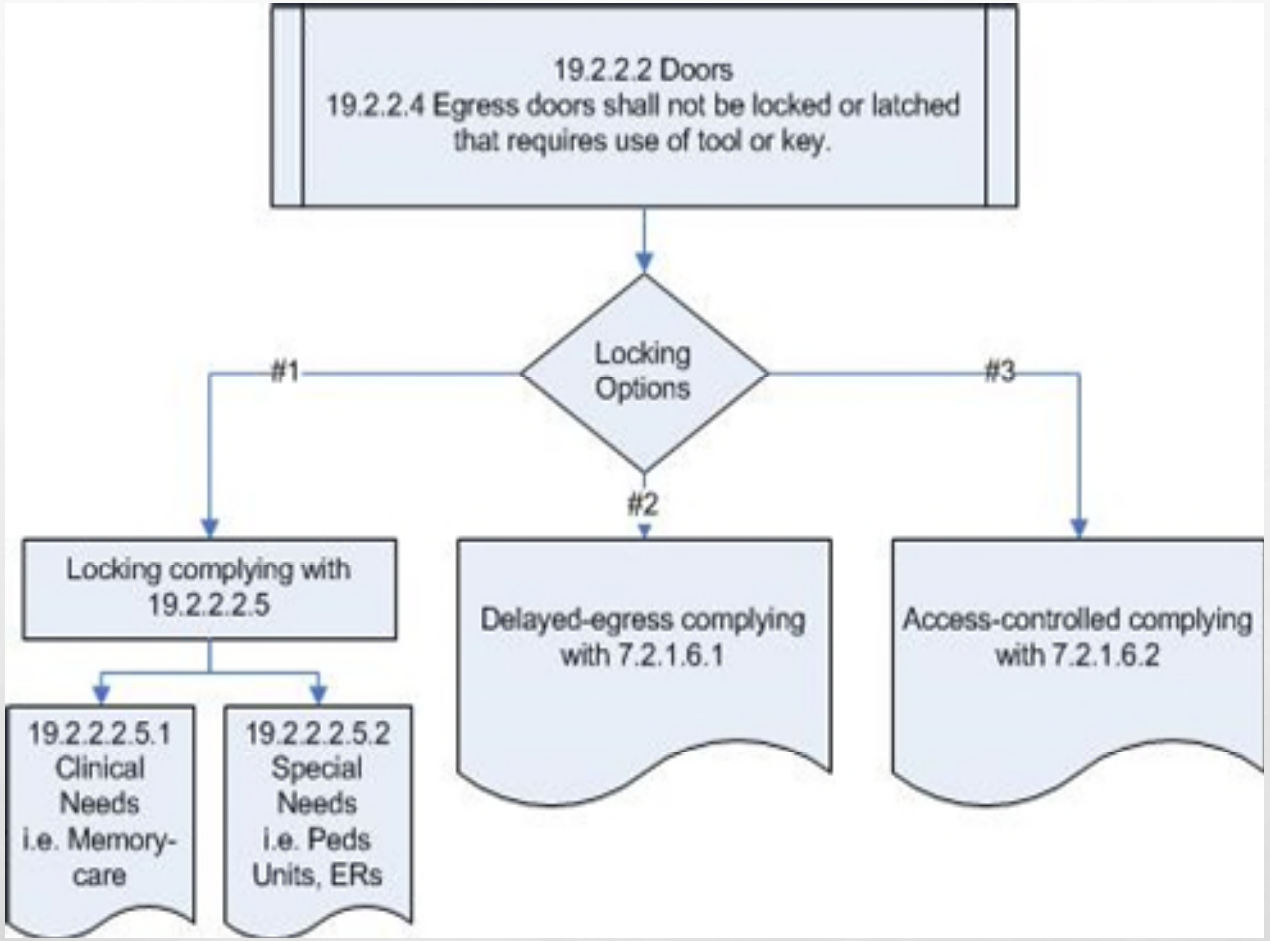
- Equipment using gas or related gas piping complies with NFPA 54, *national fuel gas code*, electrical wiring and equipment complies with NFPA 70, *national electric code*. Existing installations can continue in service provided no hazard to life.
- 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2

#3- K-324
Cooking Facilities

- Cooking equipment is protected in accordance with NFPA 96, *standard for ventilation control and fire protection of commercial cooking operations*, unless:
  - Residential cooking equipment (i.e., Small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2.
  - Cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or
  - Cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.
  - Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas but shall not be open to the corridor.
  - 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2

#4 - K-222
Egress Doors

- Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:
- CLINICAL NEEDS OR SECURITY THREAT LOCKING
- Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.
- 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6
- SPECIAL NEEDS LOCKING ARRANGEMENTS
- Where special locking arrangements for the safety needs of the patient are used, all of the clinical or security locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.
- 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4


19.2.2.2 Doors
19.2.2.4 Egress doors shall not be locked or latched that requires use of tool or key.
Locking Options
#1
#2
#3
Locking complying with 19.2.2.2.5
Delayed-egress complying with 7.2.1.6.1
Access-controlled complying with 7.2.1.6.2
19.2.2.2.5.1 Clinical Needs i.e. Memory-care
19.2.2.2.5.2 Special Needs i.e. Peds Units, ERs

19.2.2.2.5.1 CLINICAL NEEDS

- **18/19.2.2.2.5.1*** door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock doors at all times in accordance with **18/19.**2.2.2.6.
- ***A. 18 / 19.2.2.2.5.1*** *Psychiatric units, Alzheimer units, and dementia units are examples of areas with patients who might have clinical needs that justify door locking. Forensic units and detention units are examples of areas with patients who might pose a security threat. Where alzheimer or dementia patients in nursing homes are not housed in specialized units, the provisions of 18/19.2.2.2.5.1 should not apply. (See 18/19.2.2.2.5.2.)*

19.2.2.2.5.2 SPECIAL NEEDS

- **18/19.2.2.2.5.2*** door-locking arrangements shall be permitted where patient special needs require specialized protective measures for their safety, provided that all of the following criteria are met:
  - (1) staff can readily unlock doors at all times in accordance with 18/19.2.2.2.6.
  - (2) a total (complete) smoke detection system is provided throughout the locked space in accordance with 9.6.2.9, or locked doors can be remotely unlocked at an approved, constantly attended location within the locked space.
  - (3)*the building is protected throughout by an approved, supervised automatic sprinkler system in accordance with 18/19.3.5.1.
  - (4) the locks are electrical locks that fail safely so as to release upon loss of power to the device.
  - (5) the locks release by independent activation of each of the following:
    - (A) activation of the smoke detection system required by 18/19.2.2.2.5.2(2)
    - (B) waterflow in the automatic sprinkler system required by 18/19.2.2.2.5.2(3)
- ***A.18/19.2.2.2.5.2*** *pediatric units, maternity units, and emergency departments are examples of areas where patients might have special needs that justify door locking.*

Delayed-egress locks complying with 7.2.1.6.1 shall be permitted.

- **7.2.1.6.1.1** Approved, listed, delayed-egress locking systems shall be permitted to be installed on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with section 9.6 or an approved, supervised automatic sprinkler system in accordance with section 9.7, and where permitted in chapters 11 through 43, provided that all of the following criteria are met:
- (1) the door leaves shall unlock in the direction of egress upon actuation of one of the following:
  - (A) approved, supervised automatic sprinkler system in accordance with section 9.7
  - (B) not more than one heat detector of an approved, supervised automatic fire detection system in accordance with section 9.6
  - (C) not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with section 9.6
- (2) the door leaves shall unlock in the direction of egress upon loss of power controlling the lock or locking mechanism.
- (3)*an irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions:
  - (A) the force shall not be required to exceed 15 lbf (67 N).
  - (B) the force shall not be required to be continuously applied for more than 3 seconds.
  - (C) the initiation of the release process shall activate an audible signal in the vicinity of the door opening.
  - (D) once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only.
- (4)*A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1⁄8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress:

  Push until alarm sounds
  Door can be opened in 15 seconds
- (5) The egress side of doors equipped with delayed-egress locks shall be provided with emergency lighting in accordance with section 7.9.

#5 - K-918

Electrical Systems -Essential Electric System Maintenance And Testing

- The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.
- Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads and are conducted by competent personnel. Maintenance and testing of stored energy power sources (type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.
- 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

#6 K-211
Means Of Egress – 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 use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11.
- 18.2.1, 19.2.1, 7.1.10.1

#7 - K-761

Maintenance, Inspection & Testing - Doors

#8 K-321
Hazardous Areas – Enclosure

- 2012 existing
- Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with ¾ hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.
- *Describe the floor and zone locations of hazardous areas that are deficient in remarks.*
- 19.3.2.1

#9 K-920

Electrical Equipment – Power Cords And Extension Cords

- Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of
- 10.2.3.6. Power strips in the patient care vicinity may not be used for non- PCREE (e.g., Personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.
- 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA70), TIA 12-5

#10 K-372

Subdivision Of Building Spaces – Smoke Barrier Construction

- 2012 EXISTING
- Smoke barriers shall be constructed to a ½ hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.
- 19.3.7.3, 8.6.7.1(1)
- 2012 NEW
- Smoke barriers shall be constructed to provide at least a 1-hour fire resistance rating and constructed in accordance with 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations of fully ducted HVAC systems.
- 18.3.7.3, 18.3.7.4, 18.3.7.5, 8.3

#11 - K-712
Fire Drills

- Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine.
- Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.
- 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7

#12 - K-345

Fire Alarm System – Testing And Maintenance

- A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, *national electric code,* and NFPA 72, *national fire alarm and signaling code.*
- Records of system acceptance, maintenance and testing are readily available.
- 19.3.4.1, 9.6.1.5, NFPA 70 AND NFPA 72.

FIRE SAFETY AND EVENT REVIEW

FIRE EVENT

- VIDEO PLAYS HERE

19.7.2.2 FIRE SAFETY PLAN

- A written health care occupancy fire
- Safety plan shall provide for all of the following:

  (1) use of alarms

  (2) transmission of alarms to fire department

  (3) emergency phone call to fire department

  (4) response to alarms

  (5) isolation of fire

  (6) evacuation of immediate area

  (7) evacuation of smoke compartment

  (8) preparation of floors and building for evacuation

  (9) extinguishment of fire

19.7.2.3 Staff Response

- **19.7.2.3.**1 All health care occupancy personnel shall be instructed in the use of and response to fire alarms.
- **19.7.2.3.2** All health care occupancy personnel shall be instructed in the use of the code phrase to ensure transmission of an alarm under any of the following conditions:

  (1) When the individual who discovers a fire must immediately go to the aid of an endangered person

  (2) During a malfunction of the building fire alarm system
- **19.7.2.3.3** Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.

19.7.1 Evacuation And Relocation Plan And Fire Drills.

- **19.7.1.1** 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.
- **19.7.1.2** All employees shall be periodically instructed and kept informed with respect to their duties under the plan required by 19.7.1.1.
- **19.7.1.3** A copy of the plan required by 19.7.1.1 shall be readily available at all times in the telephone operator's location or at the security center.
- **19.7.1.4*** Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.

19.7.1 Evacuation And Relocation Plan And Fire Drills. (Cont)

- **19.7.1.5** Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.
- **19.7.1.6** drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency Action required under varied conditions.
- **19.7.1.7** When drills are conducted between 9:00 p.m. and6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.
- **19.7.1.8** Employees of health care occupancies shall be instructed n life safety procedures and devices.

19.7.2.1* Protection Of Patients.

- **19.7.2.1.1** For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel.
- **19.7.2.1.2** The basic response required of staff shall include the following:

  (1) removal of all occupants directly involved with the fire Emergency

  (2) transmission of an appropriate fire alarm signal to warn other building occupants and summon staff

  (3) confinement of the effects of the fire by closing doors to isolate the fire area

  (4) relocation of patients as detailed in the health care occupancy's Fire safety plan

FIRE EVENT 2ND TIME

THANK YOU.