

The Life Safety Connection



Emergency Preparedness Requirements

Affects: All facilities except Basic Care

On November 16, 2016, the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* regulation took effect. Health care providers and suppliers affected by this rule were required to comply and implement all regulations one year after the effective date, on November 15, 2017.

The purpose is to establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters.

The facility’s emergency preparedness (EP) training program must include training in EP policies and procedures for all new and existing staff.

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Hood Filters

Affects: All facilities with a hood suppression system.

Something a lot of people never think about is the filters inside the exhaust hood in the kitchen. Section 18/19.3.2.5.1 of the 2012 Life Safety Code states cooking facilities shall be protected in accordance with Section 9.2.3 of the LSC. 9.2.3 states cooking equipment shall be in accordance with NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*. Below is from NFPA 96 concerning the filters and drip trays.

6.2.5 Grease Filter Orientation. Grease filters that require a specific orientation to drain grease shall be clearly so designated, or the hood shall be constructed so that filters cannot be installed in the wrong orientation.

Be aware of this code when removing the filters to clean and when replacing them. Some systems have square filters which would allow them to be installed horizontally, preventing grease from running to the drip pan.

See Chapter 6 of NFPA 96 for more information on grease removal devices in hoods.

Emergency Preparedness Requirements (cont'd)

There are four core elements:

1. Emergency Planning and Risk Assessment
2. Policies and Procedures
3. Communication Plan
4. Training and Testing

Facilities must develop and maintain an emergency preparedness plan that is reviewed and updated annually and includes all required elements of the standard.

Facilities must perform one full-scale exercise and one additional exercise, either full-scale or tabletop, annually to test their emergency preparedness program. If a facility activates their emergency plan due to a disaster, the facility is exempt from one full-scale exercise for that year. However, the secondary requirement for a tabletop exercise or exercise of choice still applies.

The following resources are available to health care providers for assistance in developing and implementing effective emergency plans and responses:

1. The CMS website
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
2. The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE)
<https://asprtracie.hhs.gov/>
3. State Operations Manual (SOM), Appendix Z – Survey Protocol, Regulations, and Interpretive Guidelines for Emergency Preparedness
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

Fire Emergency Plan

Affects: Health Care Occupancies

In hospitals and nursing facilities, the protection of patients/residents requires the prompt and effective response of staff. The basic response required of staff includes:

1. Removal of all occupants directly involved in the fire emergency
2. Transmission of a fire alarm signal
3. Confinement of the effects of the fire by closing doors to isolate the fire area
4. Relocation of patients/residents as detailed in the fire safety plan

A written fire safety plan is required and shall provide for all of the following:

1. Use of alarms
2. Transmission of alarms to the 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

Note, item 3, emergency phone call to fire department, was added in the 2012 edition of NFPA 101, *Life Safety Code*. Check your written fire safety plan to ensure this step is included. Also, document on the fire drill report that this step has been simulated with each fire drill.

Emphasis must be placed on training staff to sound an alarm, to rescue patients/residents, and then to close all doors. Evacuation plans should stress that the doors of as many patient/resident rooms as possible be closed to block smoke spreading from a fire and, if possible, to confine the fire in a room. The closing of doors historically has had the most significant impact on limiting the spread of fire and smoke.

Fire-Retardant-Treated Wood

Affects: All facilities

Fire-retardant-treated wood (FRTW) is not classified as noncombustible or limited-combustible unless it meets the standards of NFPA 101, *Life Safety Code*, Section 4.6.13 or 4.6.14.

FRTW shall be permitted within a wall cavity, provided that the walls are enclosed with noncombustible or limited-combustible material. For example: If you wanted to use FRTW as backer inside a wall cavity for handrail, fixtures, or equipment this would be acceptable. Also, FRTW shall be permitted for roof construction under the conditions of

4.3.2.9.2 in NFPA 220, *Standard on Types of Building Construction*.

A material that complies with 4.6.13.1 shall be considered a noncombustible material. A material shall be considered a limited-combustible material where all the conditions of 4.6.14.1 and 4.6.14.2, and the conditions of either 4.6.14.3 or 4.6.14.4, are met. Therefore, if FRTW is used for any reason in a health care occupancy, it must comply with NFPA 101 and NFPA 220.

As stated in 18.3.3 of NFPA 101, FRTW may be used as an interior wall and ceiling finish complying with section 10.2. FRTW shall be permitted throughout if Class A rated, except as indicated in 18.3.3.2.1 or 18.3.3.2.2.

Disguising Exit Doors

Affects: All facilities

In recent years it has become very popular to dissuade exit-seeking residents, particularly in memory care units, by disguising exit doors with decorative laminate coverings to resemble common home furnishings such as bookshelves and fireplaces.

But, before you proceed with this deception, please consider the following code references

your life safety surveyors will be quoting: NFPA 101, *Life Safety Code*, Section 7.1.10.2.1 states “No furnishings, decorations, or other objects shall obstruct exits or their access thereto, egress therefrom, or visibility thereof”. And NFPA 101, *Life Safety Code*, Section 7.5.2.2 states “Exit access and exit doors shall be designed and arranged to be clearly recognizable”.

Failure to arrange exits to be clearly recognizable increases the risk of injury or death due to fire.



Before



After

Damper Testing

Affects: All facilities that have dampers

Section 9.2.1 of the 2012 edition of NFPA 101, *Life Safety Code*, states that air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with the 2012 edition of NFPA 90A, *Standard for the Installation of Air-Conditioning and Ventilating Systems*. The 2012 edition of NFPA 90A states that fire dampers and ceiling dampers shall be maintained in accordance with the 2010 edition of NFPA 80, *Standard for Fire Doors and Other Opening Protectives*. Smoke dampers shall be maintained in accordance with the 2010 edition of NFPA 105, *Standard for Smoke Door Assemblies and Other Opening Protectives*.

Each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. All tests shall be completed in a safe manner by personnel wearing personal protective equipment. Full unobstructed access to the dampers shall be verified and corrected as required. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped.

The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. The damper shall not be blocked from closure in any way.

The fusible link shall be reinstalled after testing is complete. If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating.

All inspections and testing shall be documented, indicating the location of damper, date of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. All documentation shall be maintained and made available for review.

Inspection of Automatic Sprinkler System Valves & Gauges

Affects: All facilities with automatic sprinkler systems

All automatic sprinkler system 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.

In small Residential Board and Care Occupancies with automatic sprinkler systems installed in accordance with NFPA 13D, control valves and gauges shall be inspected monthly.

Newsletter Ideas

If there is a topic you would like to see addressed in future editions of this newsletter, please email us at lsc@nd.gov and we will consider your submission for future publication.