



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

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Life Safety Code Updates

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What is currently being cited?



- Most of the citations issued for Life Safety Code are not new.
- This is a combination of both State and Federally cited deficiencies.
- This presentation includes both Life Safety Code and Emergency Preparedness.

Range Hood Fire Suppression System

- LTC kitchens are required to have a range hood fire suppression system if they use “grease laden vapors.”
- The system should activate automatically.
- However, staff must know how it activates, usually a pin-type pull station in the kitchen.
- The system is required to activate the fire alarm system and shut off the gas.
- If the fire is not extinguished, the staff need to use the silver K-type fire extinguisher.
 - Staff should never just use the K-type extinguisher.
 - The UL300 system (Ansul/range hood) chemical combines with the fire extinguisher to create a chemical reaction.
- Grease tray needs to be in place.

Fire Alarm Testing



- This must be done annually and semiannually.
- It must be completed by a qualified person.
- It is important to review the report and ensure nothing failed.
- All components need to be listed in the fire alarm report.
 - Range hood may be on range hood inspection(s) or annual fire alarm or both but must be marked on at least one of the reports.
- Sensitivity testing is typically every two years, and sometimes this can fall off the schedule.
 - Changing inspection company is often the issue.

Sprinkler Inspections



- Must be completed weekly for dry systems.
- Must be completed monthly for wet and dry systems.
- Must be completed by a vendor or in-house quarterly.
 - This should be every three months-ensure the inspections are not spaced out too far apart.
- Must be completed annually by a vendor.
- A fire-year pipe inspection is required.
- Gauges are required to be changed every five years.
- Fast response heads after 20 years and every 10 years after
- 50-year ordinary sprinkler head inspection and every 10 years after
- 75-year ordinary sprinkler head inspection and every 5 years after

Basic Sprinkler Issues



- Gaps between sprinkler head and ceiling
 - Missing escutcheon plates
- Overspray/debris on sprinkler heads
- Corrosion on sprinkler heads
 - Outdoors, shower rooms, kitchens, laundry room, and other moist/high humidity locations
- In sprinkler riser rooms (typically):
 - Must have at least six sprinkler heads, one of every type used in the facility.
 - A specific sprinkler head wrench (a crescent wrench is not acceptable)

Power Strips/Surge Protectors



- Power strips in “patient care areas” are required to meet UL 1363 or UL 1363A.
 - CMS classifies a resident’s room as a patient care area.
- No medical equipment
- Not overloaded
- No adaptors
- Other surge protectors/extension cords... can be plugged into a power strip

Fire Watch



- The policies and procedures must follow NFPA 25, 2011 edition Chapter 15.
 - Impairment coordinator, notify insurance company, plan to reduce hazards...
- Missouri regulation limits the outage to four hours.
- If it is known the outage will last four or more hours, the fire watch must be started.
- One person assigned with no other tasks.
- Rounds must be “continuous” and inspect all parts of the building.
- The policies and procedures must be followed during an actual fire watch.

Bariatric Beds



- These are becoming more prevalent.
- There must be a plan on evacuation during an emergency.
- Most of these beds are wider than regulations require for door frames.
- Elevators cannot be used during an emergency evacuation for a fire.
- Staff must be able to get the resident(s) out at all times/shifts.
- Ensure new, temporarily assigned, and contract staff know the procedures.

Corridor and Smoke Barrier Walls



- Corridor walls must maintain their fire-resistance rating.
- The corridor wall is not just the wall on the corridor side of the room.
- Smoke barrier walls may also look like an ordinary room wall.

Corridor Doors



- Corridor doors may not have penetrations through them unless they meet this standard:
- **18/19.3.6.4.2** Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers or to be undercut.
 - Mechanical/HVAC/IT rooms are not permitted to have louvers.
- Previously drilled knobs can also be an issue.
- Broken/split/warped doors that cannot create a smoke-tight seal are not in compliance.

Fire Drills



- Must be varied times and conditions.
- Once per quarter per shift
- The alarm must be activated and tested monthly.
- Drills from 9:00 p.m. to 6:00 a.m. may be silent drills.
- If a silent drill is completed, the alarm must still be sounded monthly.
 - It is best to document when the test occurred for the silent drills.
 - Verify the signal after the alarm test.

Hazardous Areas



- Doors need to be self-closing.
 - Can be hinge- or arm-closures
- Temporary storage can be hazardous areas.
- Gasoline, propane, fireworks, and similar items should not be stored in the building.
- Gas-fired equipment automatically makes an area hazardous.
 - Kitchens follow slightly different rules, but similar.

Oxygen Storage



- Full and empty cylinders separated.
 - Hospice cylinders follow the same rules.
- No combustibles in the oxygen storage room
- Oxygen cylinders secured.
- Outdoor storage areas have additional requirements.

Emergency Exits



- Do they open instantly?
 - If 15-second delay, does it open in 15 seconds?
 - If controlled- or delayed-egress, do they open with the activation of the fire alarm system?
 - Is this tested during the fire drills?
 - If 30 seconds has been approved, the facility must keep documentation?
- Does the signage match?
- Does the evacuation plan match the facility plan?
 - If you want to change the plan, contact ecu@health.mo.gov.
- Does all the signage match the plan and is the signage in place?
 - Must be able to see signage even when doors are closed.
 - Signs **cannot** read “not an exit” and “emergency exit only” on the same door.

Legionella



- The CDC has good guidance on a water plan.
- How is the facility conducting flushing?
 - Facilities are required to have drinking fountains unless they have an exceptions.
 - Unused fixtures can be a hotspot area.
- How is hot water being used (mixing valves)?
- Spot testing for legionella is not enough.

Emergency Preparedness Drills



- There must be one drill a year that is an actual emergency, a community-based drill, or a facility drill.
 - This should include multiple staff simulating or performing tasks related to an emergency.
- The second drill may be one of the drills listed above or a tabletop.
 - This is a group of staff and/or outside agencies talking about what they would do during an emergency without actually acting it out.
- The annual simulated evacuation required by state regulation can be used, but CMS says this needs to be an all-hazards approach and cannot be used every year.
- The facility is required to do a facility risk assessment, and it is advisable to use the topics with the highest scores from those assessments.

QUESTIONS



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