



# Fire & Life Safety Practices

## Community Based Care (RCF/ ALF/ MC)

2013

## Forward

This manual is designed to assist facilities in meeting minimum code requirements for fire and life safety topics for the benefit of residents and employees. It is intended to provide guidance to facilities, but is not necessarily fully inclusive of all details of state and local requirements.

It is the goal of the Office of State Fire Marshal (OSFM) to partner with the care facilities, working together to maintain a safe facility. We hope to foster an open dialogue with facilities so that questions pertaining to the fire and life safety code requirements are asked and answered prior to any final decisions being made. This should prevent any unnecessary hardships on the facility and ensure compliance with the codes.

## Scope

All licensed care facilities in Oregon are mandated to comply with state fire and life safety requirements as specified in the Oregon Fire Code (OFC), the Oregon Structural Specialty Code (Building Code), & the Oregon Mechanical Specialty Code (Mechanical Code). The objective of this manual is to provide licensed facilities with common recommended practices and suggested procedures to maintain a reasonable level of fire and life safety.

## Enforcement of Regulations

The enforcement of Fire & Life Safety regulations in community based care (CBC) facilities is for the purpose of ensuring occupant safety. Safety of individual occupants is paramount, and the rights of an individual occupant shall not supersede the rights to personal safety of other occupants. For the purposes of this section occupants shall be defined to include residents, staff members, family members, and other persons within the facility.

Compliance with state and local laws and professional standards. The facility must operate and provide services in compliance with all applicable State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.

The following regulations pertain to enforcement actions taken by the Office of State Fire Marshal:

- ORS Ch. 441- Licensing & supervision of facilities & organizations
- ORS 441.015- Licensing of facilities and health maintenance organizations
- ORS 476.030- Authorizes adoption of the Oregon Fire Code
- ORS 476.150- Authorizes entry and inspection of authorized premises
- ORS 479.215- Institutional licensing & compliance with life safety codes
- ORS 479.170- Repair of building & dangerous conditions
- OAR 837, Div. 40- Fire & life safety regulations

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## **INTRODUCTION FIRE & LIFE SAFETY**

Except as otherwise noted, the plans and forms shown in this manual are intended to serve as guides that care facilities can use to help ensure compliance with applicable codes and standards and minimize the risk of being issued deficiencies during an inspection. It is important that the facility's plans and forms include the information necessary to demonstrate full compliance with applicable codes and standards.

### **Applicable Codes**

In order to meet state licensure requirements, care facilities must be in compliance with the 2010 *Oregon Fire Code* (OFC).

NEW vs EXISTING for purposes of state licensure:

- Buildings/facilities constructed or for which plans were reviewed or a permit issued prior to July 1, 2010 are considered EXISTING buildings
- Buildings/facilities constructed or for which plans were reviewed or a permit issued on or after July 1, 2010 are considered NEW (this would include additions to and/or major renovations of existing buildings/facilities)

### **Documentation – The Basics**

The 2010 OFC requires that a fire safety and evacuation plan be prepared and maintained for care facilities. The codes expect that all employees will receive on-going training with respect to their duties under this plan. In addition, a plan must be in place detailing how a facility will handle situations in which the building fire sprinkler system and/or fire alarm system are out of service. The codes also contain requirements relating to the flame resistance of drapes, curtains and decorations, the flame spread rating of interior finishes and, by reference to other NFPA standards, the testing, inspection and maintenance of fire protection systems.

It is important that however the following documents are organized, that they can be produced at the time of the inspection:

- Building information
  - Up-to-date 8½” x 11” floor plan drawings of all levels of the building
  - Date(s) of construction of the original building and any subsequent additions
  - Construction type(s) of the original building and any subsequent additions
- Disaster Manual
- Emergency Preparedness Policies
- Fire Drill Documentation
- Fire Watch (Systems Out of Service) Policy and Documentation
- In-Service Training and Records
- Weekly, Monthly, Quarterly and Annual Fire Alarm System Maintenance (Including Smoke Detector Sensitivity Testing for Non-Addressable Systems)
- Weekly, Monthly, Quarterly and Annual Fire Sprinkler System Maintenance/Fire Pump (Including an annual forward flow test of the system and 5-year maintenance)
- Semi-Annual Kitchen Hood System Maintenance/Hood Cleaning
- Monthly and Annual Portable Fire Extinguisher Maintenance
- Weekly, Monthly and Annual Generator Maintenance (Emergency Power System) (Including the 3-year, four-hour load bank test)
- Documentation verifying competency training for persons performing weekly, monthly and quarterly testing of the sprinkler, alarm and generator systems.
- Smoking Policy

It is important that documentation is kept in one place as it reduces the likelihood of getting lost or misplaced, which can lead to a deficiency.

## CHAPTER 1 EMERGENCY PREPAREDNESS

### **Code Reference:**

Facilities shall have and maintain a plan for the protection of all persons in the event of fire, or other emergency, which would require either relocation or evacuation. Such plans shall be reviewed or updated annually or as necessitated by changes in staff assignments, occupancy, or the physical arrangement of the building. Copies shall be furnished to the fire code official for review upon request. *OFC Chapter 4.*

Facilities are expected to maintain services for residents during disasters. Facilities shall develop and be prepared to implement an emergency preparedness plan that will assess, prepare for, respond to, mitigate and recover from disasters. It is important that facilities have an emergency preparedness plan/disaster manual that addresses required topics and is useful to employees in emergency situations.

### Goals of Emergency Preparedness:

- Prevention of loss of life.
- Prevention or mitigation of trauma to residents and other occupants.
- Maintenance of nursing home/hospice facility services to the greatest extent possible, given the severity of the disaster.
- Prevention or minimization of property loss.

Planning should focus on local emergency situations, such as severe weather topics, hazards related to close proximity of industrial or transportation complexes (HAZMAT release incidents), or earthquake possibilities due to local seismic activity. Planning for these events should include the capacity of the nursing home/hospice facility to provide services during such an emergency. There is no way to plan for all possible emergencies, but by focusing on logical events and operating capacity thresholds, the nursing home/hospice facility can develop a useful plan as well as a guideline for staff to operate within that plan.

The first step in developing an emergency plan is to conduct an analysis of potential local hazards that could create a need to activate the plan. Sometimes referred to as a hazard vulnerability/impact analysis or survey, the following items should be considered when developing a list of possible hazards:

**Natural Disasters**, such as: High Wind Events (Tornados), Severe Thunderstorms, Snow or Ice Storms, Earthquakes, Wildfires, Landslides, Volcanoes, Tsunamis, etc.

**Human Events**, such as: Internal Building Fire, Mass Casualty Incident, External HAZMAT Exposure, Biological or Chemical Terrorism, Hostage Situation, Labor Action, Internal Flood, Internal HAZMAT Exposure, Bomb Threat, etc. (This would be where a facility would include a fire plan).

**Technological Events**, such as: Communications Failure, Electrical Failure, Generator Failure, Water Failure, Fire Alarm Failure, Med Gas Failure, etc.

It is recommended that facility employees responsible for emergency planning and hazard analysis contact their local (city or county) emergency manager for information on local hazards. These agencies are a great resource for information on creating an applicable plan.

Following the hazard analysis, develop a written plan for responding to all identified hazards. Since each nursing home/hospice may not have the same set of problems or resources, each plan will be tailored to each facility's hazard analysis results. A hazard analysis and review of the plan shall occur annually.

To assist facilities with evaluating the compliance of their emergency preparedness plans, a check list has been included in this manual. See Appendix F for a comprehensive check list which covers all requirements state (OSFM/OFC) regulations. For an electronic version of this check list refer to OSFM website.

[http://www.oregon.gov/OSP/SFM/FLSS\\_EPPChecklist.shtml](http://www.oregon.gov/OSP/SFM/FLSS_EPPChecklist.shtml)

### **Specific Topics**

All disaster plans should address issues regarding internal fires, staffing shortages, bomb threats, lost residents, plans for functioning independently for 96 hours, and total evacuation of the facility. The hazard/risk analysis will indicate what shall be included in the required topics of your facility's plan.

### **Plan availability**

*It's extremely important that staff have immediate access to the facility's disaster plan in case of an emergency.* A complete copy of the plan, including floor plan drawings, should be kept at an accessible location, such as each nurse station. The floor plan drawings shall show, at a minimum, the location of emergency exits, smoke barriers and the location of the main utility shut-offs. This book is intended as a quick reference in the event of an emergency. Place items such as fire drill policies and procedures in an employee handbook or other designated book.

## CHAPTER 2 PROCEDURES IN CASE OF FIRE

### **Code Reference:**

For care facilities, the proper protection of residents requires the prompt and effective response of staff and residents as a unit. The basic response required of staff includes; removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of residents. *Reference OFC Section 401.*

The following components shall be included in a facility's fire response plan:

1. Upon discovery of a fire, occupants shall immediately take the following action:
  - a. If any resident becomes directly involved in a fire, the staff member who discovers this situation shall go to the immediate aid of that resident.
  - b. Any person in the area **shall** activate the building fire alarm using the nearest manual fire alarm box.
  - c. Upon hearing the fire alarm signal, staff & residents **shall** immediately evacuate to a point of safety. Staff shall assist residents, as needed, and in accordance with the facility fire safety plan. It is especially important to ensure that staff is trained on a command structure and that someone is always designated as in charge and trained in that role in emergency situations.
  - e. Upon report of a fire within the facility, a designated **staff** member **shall** immediately notify the fire department and alert all facility staff of the fire and its location.
  - f. If the building fire alarm system is out of service, any staff member or person conducting fire watch who discovers a fire **shall** immediately notify the fire department and alert the building occupants (see fire watch procedures Chapter 5).
2. Procedures to protect the lives of all occupants within the facility must be as follows:

***NOTE: These four functions must be accomplished to successfully deal with a fire emergency. The order they are performed will vary according to the circumstances.***

  - a. Rescue persons in immediate danger, if safe to do so. These actions include assessing the fire, as well as moving person(s) to a point of safety away from immediate danger.
  - b. Contain the fire to the room where the fire started or to the smallest area possible, if not within a room. Normally this is accomplished by closing the door to the room of the fire.
  - c. Evacuate all residents from the area of the fire into the nearest smoke compartment, exit enclosure/stairs, or exterior exit.
  - d. If safe to do so, staff may attempt to put the fire out. Assess the fire to determine if it is small enough to be extinguished through the use of one or two portable fire extinguishers.

### 3. Emergency Incident Command

- a. Until the fire department arrives, the facility charge person is responsible to oversee and manage the emergency and make emergency staff assignments, which **may** include the following, depending on the nature of the emergency:
  - (1) Send assistance immediately to the fire area.
  - (2) Assign others to assist in evacuating all residents in the fire area to a point safety.
  - (3) Mark doors of evacuated rooms.
  - (4) Assign person(s) to clear hallways of food carts, housekeeping equipment, etc., so there will be clear access for fire equipment or for evacuation.
  - (5) Send a person outside to meet fire department personnel and direct them to the right location.
  - (6) Assign supervision of those residents requiring special attention or services, such as wandering, confused, non-alert, or mentally disturbed residents.
- b. Upon arrival of the fire department, the senior fire authority (Incident Commander) and the facility charge person **shall** coordinate their actions to ensure resident safety.

**NOTE:** *If it is deemed necessary to evacuate residents to a temporary evacuation site or a long-term location, the Office of State Fire Marshal shall be immediately notified.*

**\*\* Under no circumstances shall a facility cancel a fire department response. An all-clear signal shall only be given after confirmation from the fire department that an alarm signal was false. If the alarm was the result of a system malfunction, the facility shall begin fire watch until the issue is resolved (See Chapter 6 for procedures). If the signal was the result of a resident activating a manual pull station falsely, consult the fire code official for possible solutions.**

## CHAPTER 3 RELOCATION & EVACUATION PLAN

**Code Reference:**

Facilities **shall** have and maintain a plan for the protection of all persons in the event of fire or other emergencies which would require evacuation. *Reference OFC Section 404 & 408.*

1. The administrator of every community based care facility is responsible to have in effect and available to all supervisory staff, written copies of a plan for the protection of all persons in the event of fire for their evacuation to points of safety and from the building when necessary.
  - a. All staff **shall** be instructed at the time of hire and at least annually, thereafter, with respect to their duties under the plan (reference Chapter 6).
  - b. Residents capable of assisting in their own evacuation shall be trained in the proper actions to take in the event of a fire. Residents shall be trained upon admission or a change of condition that would alter their evacuation capability. The training shall include actions to take if the primary escape route is blocked. (Document in accordance with Chapter 9.)
  - c. Copies of the fire safety and evacuation plan **shall** be readily available in the work place for reference and review by supervisors and staff, including at constantly attended locations, such as a nurse's station, a telephone operator's position or at a security center.
  - d. Copies of the plan **shall** be furnished to the fire code official upon request.

***NOTE: Evacuation of CBC facilities during fire emergencies is based upon the definition for evacuation capability. Evacuation capability is defined as follows: the ability of residents and staff, as a group, to evacuate the building or to relocate from a point of occupancy to a point of safety.***

2. **Fire Safety Plan** A written fire safety plan **shall** provide for the following:
  - a. Use of alarms.
  - b. Transmission of alarm to fire department.
  - c. Response to alarms.
  - d. Isolation of fire.
  - e. Evacuation from the immediate fire area to points of safety.
  - f. Evacuation from points of safety to the exterior of the building.
  - g. Extinguishment of fire.

3. **Point of Safety** The evacuation of CBC facilities involves both the residents and staff as a group to evacuate the building or relocate from a point of occupancy to a point of safety. A point of safety is one of the following:
  - a. A point exterior to, and not less than 50 feet away from the building that shall be provided with access to a public way and having a minimum of 3 square feet per person; or
  - b. A public way; or
  - c. A point within a building that is protected throughout (NFPA 13 Only) by an approved automatic sprinkler system and is either:
    - (1) Within a vertical exit enclosure (stairs) constructed as per OSSC Section 1019; or
    - (2) Within another portion of the building that is separated by a smoke barrier\* and that portion of the building has access to a means of escape or exit. *\*NOTE: Evacuation of occupants through either a fire wall or fire barrier with at least a 2-hour or greater fire resistance rating will allow the staff and residents to cease their evacuation of the building.*
4. **Evacuation from the Immediate Fire Area to Points of Safety** Evacuation practices are used to accomplish occupant protection and are based upon built in fire protection and safety features; such as smoke barriers, fire barriers, fire walls, and exits. Where facilities are co-located along with related occupancies within the same structure, facility evacuation must be coordinated with the facility manager of those other occupancies.
  - a. Staff should assist residents from the room of fire origin, if safe to do so. **If this is not possible, CLOSE THE DOOR.**
  - b. Staff should assist all other residents until everyone in the affected fire compartment has been evacuated to a point of safety. *NOTE: When removing residents to a point of safety, no resident shall be evacuated past the room of origin. This may require residents to be evacuated to the exterior of the building. However, they may reenter the building into unaffected fire zone.*
  - c. The facility charge person shall assign personnel to ensure all residents in the affected fire zone have been evacuated and ensure that those residents do not reenter. *NOTE: Residents may need to be closely monitored.*
  - d. Ensure all corridor and fire barrier doors are closed.
  - e. Upon arrival of the fire department, the senior fire authority (incident commander) is in charge. The facility charge person shall coordinate their actions with the incident commander to ensure resident safety. Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other persons who remain within the facility may need to continue.

5. **Evacuation from Points of Safety to the Exterior of the Building** If an emergency continues to escalate into other fire compartments, a complete facility evacuation may become necessary. The facility's person in charge **shall** refer to the facility's disaster plan manual for the appropriate protocols.
- a. The complete evacuation procedure **shall** include (but not be limited to) the following considerations:
- (1) A designated person who has the authority to order evacuation.
  - (2) An outline for triage within the facility, as well as one for outside triage prior to transportation to evacuation center.
  - (3) Designated external staging area(s) where residents will be taken on a short-term basis pending return to facility or further transfers.
  - (4) Designated temporary shelter(s) where residents can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period.
  - (5) If resident records (medical and personal information) are to be moved, how and by whom?
  - (6) What equipment and supplies must accompany the residents?
  - (7) Designated staff to remain with the evacuated residents.
  - (8) Designated long-term relocation site(s) shall be pre-identified to provide on-going resident care.
    - (a) A current signed letter of agreement between facility and relocation site(s) **shall** be on file at the facility. Agreements **shall** be reviewed and updated as necessary, not less than once each year.
    - (b) Facilities which choose to use long-term relocation sites that are within the same campus **shall** have written policies in lieu of signed letters of agreement.
  - (9) Identify means of transportation of residents to the evacuation center(s).

## CHAPTER 4 FIRE/EVACUATION DRILLS

### **Code Reference:**

Emergency evacuation drills **shall** be conducted on each shift to familiarize facility staff and residents with the signals and emergency action required under varied conditions. *Reference OFC Section 408.*

CBC residents have, in large part, varied degrees of disability and their evacuation from the facility may require various levels of staff assistance. Recognizing that there might be operational necessities, fire exit drills may be disturbing or cause anxiety, however they are still required.

1. Fire drills in CBC facilities **shall** include the transmission of a fire alarm signal and simulation of emergency fire conditions.
  - a. Drills **shall** be conducted not less than two times per year on each shift to familiarize facility staff and residents with the signals and emergency action required under varied conditions.
  - b. Fire drills and fire drill critiques **shall not** be considered as employee in-service training.
2. **Resident Participation** Emergency evacuation drills shall involve the actual evacuation of residents to a selected assembly point and shall provide residents with experience exiting through approved required exits. Within each year all required exits shall be used during drills. See 2007 OFC Section 408.12.5 for exceptions. ***NOTE: Prior to implementing exceptions, contact your fire code official.***
3. Records **shall** be maintained of required fire/evacuation drills and include the following information:
  - a. Identity of the person conducting the drill.
  - b. Date and time of the drills.
  - c. Notification method used.
  - d. Staff members on duty and participating.
  - e. Number of occupants relocated/evacuated or simulated.
  - f. Special conditions simulated.
  - g. Problems encountered.
  - h. Weather conditions when occupants were evacuated.
  - i. Time required to accomplish complete relocation/evacuation.

- j. All residents and other building occupants **shall** be accounted for during fire/evacuation drills.
4. Fire drill/evacuation procedures.
- a. The purpose of the fire drill is to test facility staff and residents in the following:
    - (1) Efficiency
    - (2) Knowledge
    - (3) Response to Fire Emergencies
  - b. Fire drill procedures are the same as for a real fire and are outlined in Chapter 1.
  - c. Fire drills **shall** be held at **unexpected times** and on a random basis. Fire drills **shall** be conducted **under varying circumstances**, simulating actual fire conditions.
  - d. The person conducting the fire drill **shall** notify the fire alarm monitoring company **PRIOR** to the fire drill and again at **COMPLETION** of the fire drill.
  - e. A simulated fire (cloth, sign, etc.) with written description of fire problem **shall** be placed at a predetermined location.
  - f. Emphasize orderly action under proper discipline, rather than speed.
  - g. Drills **shall** include transmission of fire alarm signals throughout the facility (unless otherwise approved by the fire code official).
  - h. Written procedures **shall** require that all staff and residents participate during fire drills in accordance with emergency preparedness plan. Testing and fire drills require separate documentation.

## CHAPTER 5 HANDLING OF EMERGENCY OR ABNORMAL CONDITIONS

### **Code Reference:**

Where any required fire protection system is out of service or such system is found to be in an abnormal condition, the fire department and the fire code official **shall** be notified immediately and the building **shall** either be evacuated or an approved fire watch **shall** be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service. *Reference OFC Section 901.7 & Section 401.3.*

CBC facilities, as designed and occupied, rely on multiple fire and life safety features for redundant protection. Whenever conditions within the building do not meet the fundamental fire and life safety requirements specified in state regulations, additional safeguard(s) **shall** be provided in case any **single** safeguard becomes ineffective due to inappropriate human actions or system failure.

**OFC Section 401.3 requires that all unwanted fires be reported.** Unwanted fire is defined as “a fire not used for cooking, heating or recreational purposes or one not incidental to the normal operations of the property”. For the purposes of this regulation, all fire related conditions that require staff action and/or where there are injuries, requires the facility administrator to follow the procedures in case of fire (refer to Chapter 1) and as outlined in 1 below.

For the purposes of this section, a fire protection system that is ***out of service*** means that the system or equipment is incapable of operating as designed and installed or in accordance with standards. Examples of out of service conditions include, but are not limited to: inoperable fire alarm system, automatic sprinkler system water supply turned off, lack of fuel supply for emergency generator, etc.

For the purposes of this section, a fire protection system that is in an ***abnormal condition*** means that the system or equipment, even though it may have some limited operational capability, is not capable of providing all required functions, indications or alarms as designed and installed or in accordance with standards. Examples of abnormal conditions include, but are not limited to: trouble or supervisory signal indicators that have not been responded to and indicate on the fire alarm panel; turning off the water supply to portions of a sprinkler system for normal repair, maintenance, or testing; deactivation of the transmission of alarm signals to a monitoring station, etc.

1. **Emergency Conditions** whenever any fire protection system or equipment is out of service due to hazardous conditions or a fire emergency, the facility administrator or designee **shall immediately** perform the following actions:
  - a. Enact the facility’s emergency response plan and remove all persons from harm’s way.
  - b. Notify the local fire department.
  - c. Implement fire watch and/or *interim life safety measures (ILSM)* as required.

- d. Once items 1. a. through c. have been completed, immediately contact the fire code official for your facility's location. The fire code official may be either a deputy state fire marshal or a local fire inspector/marshal depending upon who is conducting your licensing inspection for the State of Oregon.
2. **Non Emergency Conditions** Whenever there are required fire protection systems that are out of service or in an abnormal condition, the fire code official **shall** be notified and the building **shall** either be evacuated or an approved fire watch **shall** be provided for all occupants left unprotected by the shut down until the fire protection system has been returned to service. In addition, the following **shall** also be required:
- a. The facility's administrator **shall** assign an impairment coordinator to comply with the requirements of this section. In absence of an impairment coordinator, it is the responsibility of the administrator to fill that role.
  - b. A tag **shall** be used to indicate that a system, or portion thereof, has been removed from service.
  - c. The tag **shall** be posted at each fire department connection, system control valve, fire alarm control unit, security office, communication center, and fire command center, indicating which system, or part thereof, has been removed from service.
  - d. **Preplanned impairments shall** be authorized by the impairment coordinator. Before authorization is given, a designated individual **shall** be responsible for verifying that all of the following procedures have been implemented:
    - (1) The extent and expected duration of the impairment have been determined.
    - (2) The areas or buildings involved have been inspected and the risk has been determined.
    - (3) Recommendations have been submitted to facility's administrator or designee.
    - (4) The local fire department has been notified.
    - (5) The supervisors in the areas to be affected have been notified and alerted to all *ILSMs* implemented.
    - (6) A tag impairment system has been implemented.
    - (7) Necessary tools and materials have been assembled on the impairment site.
  - e. When **unplanned impairments** occur, appropriate emergency action **shall** be taken to minimize potential injury and damage. The impairment coordinator **shall** implement the steps outlined under d. above.
  - f. When impaired equipment is restored to normal working order, the impairment coordinator **shall** verify that all of the following procedures have been implemented:

- (1) Necessary inspections and tests have been conducted to verify that affected systems are operational.
- (2) Supervisors have been advised that protection is restored.
- (3) The local fire department has been advised that protection is restored.
- (4) The impairment tag has been removed.

### 3. Fire Watch

- a. Person(s) who are responsible to conduct fire watches:
  - (1) **Shall** be provided with at least one approved means for notification of the local fire department, and
  - (2) Their only duty **shall** be to perform constant patrols of the affected areas of the facility and to keep watch for fires.
- b. When the **fire sprinkler system** is the only inoperable fire protection system, individual(s) assigned fire watch duties **shall** complete a total walk-through of all affected areas not less than once every **30 minutes**.
- c. When the **fire alarm system** is inoperable, individual(s) assigned fire watch duties **shall** complete a total walk-through of all affected areas not less than once every **15 minutes**.
- d. Fire watch rounds **shall** be documented in the facility records, kept on premises and available to the fire marshal upon request. Documentation **shall** be in an approved format.

### 4. Interim Life Safety Measures

Interim life safety measures (ILSMs) are intended to provide alternative fire protection safe guards when built-in fire safety features are either out of service or have become ineffective. **NOTE: ILSM plan shall be documented in writing and approved by the fire code official prior to implementation (Ref. OFC Section 404.1). These plans shall also be maintained at the facility and available for review upon request.**

- a. At a minimum, ILSMs shall include the following:
  - (1) Assessment of associated hazards.
  - (2) Equivalent exiting.
  - (3) Protection of all occupants from fire and smoke.
  - (4) Fire protection systems and equipment maintained affective or an approved alternative.
  - (5) The construction features of the facility shall be maintained or an approved alternative.

- b. Interim life safety measures that facility administrators shall address within ILSM plans include, but are not limited to the following:
  - (1) Providing additional exits.
  - (2) Installing specialized fire protection.
  - (3) Conducting additional staff training.
  - (4) Providing increased staffing.
  - (5) Building temporary construction and/or fire barriers.
  - (6) Providing additional emergency lighting within the means of egress.
  - (7) Revising of the facility's emergency evacuation plans.
- c. *ILSMs* **shall** be documented in writing, maintained at the facility, and available for review upon request by the fire code official.

## CHAPTER 6 SERVICING OF FIRE PROTECTION SYSTEMS & EQUIPMENT

### **Code Reference:**

It is the responsibility of the facility owner and/or facility occupant to have all fire protection systems and equipment inspected, tested, and maintained in accordance with adopted nationally recognized standards and state regulations. Persons that are qualified, based on competence through training and experience, **shall** perform all required inspections, testing, and maintenance. Unless on-site staff are trained and qualified, the facility **shall** have all required inspections, testing, and maintenance performed by a qualified third party service provider. All required maintenance, repairs, and third party services **shall** be documented. *Reference OFC Section 901.*

1. The following criteria **shall** be used when determining qualifications of persons who perform inspections, testing, and maintenance of fire protection systems and equipment.
  - a. **Regulations & Standards** – Persons who perform inspections, testing and maintenance of fire protection systems and equipment **shall** either have copies of or demonstrate their ability to access the regulations and standards specified in this paragraph.
    - (1) The Oregon Fire Code.
    - (2) Copies of NFPA Standards referenced by the Oregon Fire Code are listed below. Examples of referenced standards most commonly used when performing inspections, testing, and maintenance of fire protections systems and equipment are as follows:
      - (a) NFPA 10 *Fire Extinguishers*
      - (b) NFPA 25 *Water Based Fire Protection Systems (Sprinklers, Standpipes, Fire Pumps, etc.)*
      - (c) NFPA 72 *Fire Alarm Systems*
      - (d) NFPA 80 *Fire Doors & Other Opening Protectives*
      - (e) NFPA 96 *Commercial Cooking Systems and Equipment*
      - (f) NFPA 110 *Emergency and Standby Generators*
    - (3) If available, manufacturer’s instructions for all fire protection systems and equipment to be inspected, tested, and maintained.
    - (4) Other nationally recognized standards (i.e., ANSI, ASME, etc.) that apply to inspections, testing, and maintenance requirements.
  - b. **Licenses & Certifications** - Persons who perform inspections, testing, and maintenance of fire protection systems and equipment **shall** possess and maintain current, all licenses and certifications required by the State of Oregon.
    - (1) A copy of required licenses, certifications, etc., **shall** be kept on their person or on site while conducting inspections, testing, and maintenance of fire protection systems and equipment.

(2) If required to be licensed and/or hold a permit by a local jurisdiction, provide evidence and maintain documentation of the current license and/or permit on their person or on site.

(3) All licenses, certifications, etc., **shall** be available to the fire marshal upon request.

- c. **Technician Competence** – Persons conducting inspections, testing and maintenance of fire protection systems and equipment **shall** possess documentation of training in regulations and standards specified in 1. a. **NOTE: Examples include training through fire protection systems and equipment manufacturers, NICET, third party service providers, industry associations, NFPA, ICC, etc.**

Individuals **shall** be required to periodically review all required regulations, standards, manufacturer’s instructions, and any other nationally recognized standards that apply to inspection, testing, and maintenance of fire protection systems. These reviews are for the purpose of ensuring that individuals maintain their knowledge, skills, and abilities regarding technical specifications and procedures. These periodic reviews **shall** be documented and available to the fire marshal upon request.

On a case-by-case basis, the OSFM reserves the right to periodically review an individual’s qualifications and their knowledge, skills, and abilities related to the standards specified in this section.

2. If facility administration determines that staff is qualified to perform inspections, testing, and maintenance procedures, they **shall** comply with the following:
  - a. Maintain a list of facility staff that performs inspections, testing, and maintenance procedures. This list **shall** be available to the fire marshal upon request.
  - b. Maintain an agreement with a third-party service provider. The agreement **shall** be in effect for emergencies that may exceed the knowledge, skills, and abilities of the qualified facility staff. Such agreements **shall** be maintained current and valid at all times.
  - c. These regulations and standards **shall** be readily available while individuals are performing inspections, testing, and maintenance of fire protection systems and equipment.
3. If facility administration determines that inspection, testing, and maintenance procedures are to be performed by a qualified third party service, the following **shall** apply:
  - a. Copies of agreements **shall** be maintained current, valid, and on site. Agreements **shall** be available to the fire marshal upon request.
  - b. It is recommended that third party service provider agreements specify the appropriate regulations and standards that will be used for inspections, testing, and maintenance of fire protection systems and equipment

- c. Facility administration **shall** be responsible for determining if third party service providers and staff meet the qualifications as outlined in section 1 of this chapter.
4. **Documentation** – Inspection, testing, and maintenance procedures of fire protection systems and equipment, whether performed by facility staff or third party service providers, **shall** be documented in writing. Documentation **shall** be available for review to the fire marshal upon request.
    - a. Documentation **shall** be in a format as specified in the regulations and standards as listed in section 1. a. of this chapter.
    - b. Facilities that use documentation programs or other methods **shall** include all required information specified in Appendix A and within the regulations and standards listed in section 1. a. of this chapter.

## CHAPTER 7 MAINTENANCE, CONSTRUCTION, & REPAIR OPERATIONS

### **Code Reference:**

Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance or otherwise installed, such device, equipment, system, condition, arrangement, level of protection, or other feature **shall** be continuously maintained in accordance with the Oregon Fire Code and applicable referenced standards. *Reference OFC Section 107.1.*

The goal of fire & life safety regulations is to provide an environment for the occupants that is reasonably safe from fire and similar emergencies by the following means:

- Protection of occupants not intimate with the initial fire development.
  - Improvement of the survivability of occupants intimate with the initial fire development.
1. **Occupant Protection** A structure **shall** be designed, constructed, and maintained to protect occupants who are not intimate with the initial fire development for the time needed to evacuate.
  2. **Structural Integrity** Structural integrity **shall** be maintained for the time needed to evacuate occupants who are not intimate with the initial fire development.
  3. **Systems Effectiveness** Systems **shall** be effective in mitigating the hazard or condition for which they are being used, **shall** be reliable, **shall** be maintained to the level at which they were designed to operate, and **shall** remain operational at all times.
  4. **Maintenance** All devices, equipment, systems, conditions, arrangements, levels of protection, or other features **shall** be maintained unless regulations exempt such maintenance. No newly constructed or existing building **shall** be occupied in whole or in part in violation of the provisions of fire & life safety regulations unless all of the following conditions exist:
    - a. A plan of correction has been approved.
    - b. The occupancy classification remains the same.
    - c. No serious fire and life safety hazard exists as judged by the fire code official.
  5. **Construction, Repair, and Improvement Operations**
    - a. Buildings or portions of buildings **shall** be permitted to be occupied during construction, repair, alterations, or additions only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the fire code official are in place.

- b. In buildings under construction, adequate escape facilities **shall** be maintained at all times for the use of construction workers. Escape facilities **shall** consist of doors, walkways, stairs, ramps, fire escapes, ladders, or other approved means or devices arranged in accordance with the general principles of fire & life safety regulations insofar as they can reasonably be applied to buildings under construction.
- c. Flammable/explosive substance or equipment for repairs/alterations **shall** be permitted in a building while the building is occupied if the condition of use and safeguards provided do not create any additional danger or impediments to egress beyond the normally permissible conditions in the building.
- d. Equipment requiring periodic testing or operation to ensure its maintenance **shall** be tested and operated as specified in fire & life safety regulations or as directed by the fire code official.
- e. Maintenance and testing **shall** be under the supervision of a responsible person who **shall** ensure that testing and maintenance are provided at specified intervals in accordance with the Oregon Fire Code, applicable NFPA standards, or as directed by the fire code official.
- f. For additions, remodels, and construction related projects also refer to the Construction Project Guide as published by the Department of Human Service.

<http://public.health.oregon.gov/ProviderPartnerResources/HealthcareProvidersFacilities/FacilitiesPlanningSafety/Pages/index.aspx>

**333-675-0000**

### **Submission of Project Plans and Specifications for Review**

Any person proposing to make certain alterations or additions to an existing health care or residential care facility, or to construct new facilities must, before commencing such alteration, addition or new construction, submit plans and specifications to:

Department of Human Services, Public Health Division, Facilities Planning and Safety  
880 Winter St. NE  
Salem, OR 97301  
www.healthoregon.org/fps  
(503) 373-7201

This requirement is for plans approval or recommendations with respect to compliance with rules authorized by ORS 441.055, 443.420

## CHAPTER 8 DOCUMENTATION

### **Code Reference:**

Documentation shall be in an approved format that clearly indicates all information as required by the standards. Documentation shall provide all information as required by the Oregon Fire Code or specific NFPA Standards. *OFC 405/901.6.2; NFPA 101 Sections 9.6.1.7 & 9.7*

### **1. Documentation Retention**

- a. Documentation of facility-performed inspections and tests, third party inspections, testing and maintenance records of fire protection systems and equipment, shall be kept in a permanent file on the premises for the life of the building.
- b. Fire evacuation drills, and staff in-service training reports, and fire watch logs shall be kept in a permanent file on the premises for a minimum of three (3) years.
- c. All documentation shall be available on site for periodic review by the fire code official upon request.

2. **Quality Assurance Review** All required documentation listed in section 1 of this chapter **shall** be reviewed for quality assurance monthly. The purpose of these reviews is to ensure the reliability of fire protection and life safety for the facility.

3. **Forms** Publishers, trade associations, etc., have created forms for documenting inspections, testing, and maintenance of fire protection systems and equipment. If these documents are used, be sure that they meet the correct NFPA code edition. Refer to Appendix A for examples of the minimum required documentation acceptable to the Office of State Fire Marshal.

## **APPENDIX A SAMPLE DOCUMENTATION**

This appendix contains examples of documents for the user's convenience. Alternative documentation that collects equivalent information is acceptable. For fire protection systems and equipment not included on these forms, refer to applicable NFPA standards and manufacturer's guidelines.

1. Fire Protection Systems Inspections Testing and Inspection Logs
3. Fire Drill Records
4. Fire and Life Safety Training/In-service
5. Fire Watch Documentation and Log

## **FIRE PROTECTION SYSTEMS INSPECTION** **(For Inspections Required More Frequently Than Once Each Year)**

The following tests and inspections shall be performed and documented in addition to annual inspection:

### **Fire Alarm System**

1. Inspect the fire alarm in accordance with NFPA 72
  - a. Visual Inspection Frequencies
  - b. Testing Frequencies
2. Recommend testing the fire alarm system **monthly** on emergency power (battery or generator). Not a code requirement, other than during annual test.

### **Fire Sprinkler System**

1. Inspect automatic fire sprinkler system in accordance with NFPA 25.
2. Inspect standpipe and hose systems in accordance with NFPA 25.
3. Inspect fire pumps in accordance with NFPA 25.
4. Inspect water storage tanks in accordance with NFPA 25.
5. Inspect valves, components and trim in accordance with NFPA 25.

### **Fire Extinguishers**

1. Inspect fire extinguishers **monthly** in accordance with NFPA 10, Chapter 4. Date and sign the tag that is affixed to each fire extinguisher.
2. Follow procedures listed in NFPA 10, section 4-3.2

### **Generator**

1. Inspect generator in accordance with manufacturer's recommendations per NFPA 110, Chapter 6, **OR** in accordance with NFPA 110, section A-6-3.1 if the manufacturer's recommendations are not available.

### **Doors**

1. Recommended that all fire **and** smoke doors are tested **monthly** to ensure they close and latch in accordance with NFPA 80. The testing frequency is to be determined by the facility based on the history of door failures within the facility.

### **Kitchen Hood Suppression**

1. Inspect kitchen hood suppression (Ansul, Sprinkler, etc.) every 6 months in accordance with NFPA 96 section 8-2.

### **Battery Powered Emergency Lighting (Generator location, transfer switch location, egress paths)**

1. Test battery powered lighting monthly for 30 seconds and annually for 90 minutes in accordance with NFPA 101 7.9.3.

**Note: Specific testing, inspection results, and deficiencies shall be documented on an inspection and testing log. See example on next page.**



**FIRE DRILL FORM**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Number of Occupants in Building:** \_\_\_\_\_ **Time to Complete Evacuation:** \_\_\_\_\_

**Weather Conditions:** \_\_\_\_\_

**Problems Noted With Building:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Type of Fire Simulated:** \_\_\_\_\_

**Specific Location of "Fire":** \_\_\_\_\_

**Comments on Performance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staff Participating**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Person Conducting Drill*

*Administrator*

**FIRE WATCH DOCUMENTATION**

Date: \_\_\_\_\_ Shift:  Day  Night

Responsible Person(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type & Number of Communication Device(s) Utilized:

- Cell Phone \_\_\_\_\_
- Portable Radio (In communication with whom?) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

Affected Areas of the Facility (Describe) \_\_\_\_\_

**Reason for Fire Watch** \_\_\_\_\_

- Fire watch interval:  15 minute (Fire Alarm System)
- 30 minute (Sprinkler Systems &/or other hazardous conditions)
- Notification Fire Department

**ATTEST STATEMENT**

The above listed responsible person(s) have been designated as a fire watch, due to abnormal fire & life safety conditions and/or fire protection systems and equipment that are out of service. As such, during the fire watch these individuals performed constant patrols of the affected area(s) of the facility to keep watch for fires. In addition, these individuals had no other assigned duties other than performance of required duties for fire watch.

*The person in charge of the facility during this shift shall sign below as an attest that the above listed responsible persons have complied with the requirements for a fire watch.*

Signature/Title: \_\_\_\_\_  
Administrator/Charge Nurse/Other Person in Charge

*See Fire Watch Log Next Page*



## TRAINING & EXERCISING THE EMERGENCY PREPAREDNESS PLAN

Facility: \_\_\_\_\_

Exercise:            Rehearsed             Table Top             Exercise Date: \_\_\_\_\_

**NFPA 99, 1999 Edition, Chapter 11 Section 11-5.3.9 Drills.** Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both.

Drills must be conducted on all portions of the plan. One per year may be a table top exercise and one exercise must be a rehearsal.

### Participants


Exercise Completed	Action	Hazard/Disaster/Emergency
	Code Amber	Missing resident/elopement
	Evacuation-Emergency (partial or full)	Fire, explosions, chemical spills, gas leaks, industrial accidents, plane crash, terrorism, bombs, armed intruder, dam or levee failures, etc.
	Evacuation-Post Emergency (full)	All of the above, as appropriate, plus impaired building integrity, post sheltering-in-place, etc.
	Building Security	Threats of intruders or other acts of violence, bomb threat calls, community/mob threat or incident requiring security of the facility for resident safety, or recommendation of law enforcement to secure the facility.
	Building Ventilation	Volcanic eruption, external chemical spills, or bio-terrorism.
	Understaffing	Community, extreme weather, natural disaster, or infectious incidents affecting ability to secure appropriate staffing.
	Internal Search	Bomb threats, internal chemical events, intruders, theft, missing resident or elopement.
	Infectious Events	Pandemic influenza, Norovirus, bio-terrorism, etc.
	Outages	Loss of electric, heat, air conditioning, gas, water, sewage, pharmacy or food services.
	Armed Intruder	Staff management of armed intruders until law enforcement arrives.
	Weather-Related	Tornado, windstorm, severe cold weather, heat waves, etc.

Comments on Staff Performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX B  
FIRE & LIFE SAFETY REFERENCES**

The following standards and codes are adopted by the state of Oregon

*All codes marked in bold are required to be accessible/on-site for facilities in order to properly maintain fire & life safety systems.*

- |   |   |
|---|---|
| ↪ Oregon Fire Code (2010)                                 | ↪ <b>NFPA 25 Standard for the Inspection, Testing, &amp; Maintenance of Water-based Fire Protection Systems</b>   |
| ↪ Oregon Structural Specialty (Building) Code (2010)      |   |
| ↪ Oregon Mechanical Specialty Code (2010)                 | ↪ NFPA 70 National Electrical Code  |
|   | ↪ <b>NFPA 72 National Fire Alarm Code</b>   |
| ↪ <b>NFPA 10 Standard for Portable Fire Extinguishers</b> |   |
|   | ↪ <b>NFPA 80 Fire Doors &amp; Other Opening Protectives</b>   |
| ↪ NFPA 13 Installation of Sprinkler Systems               |   |
|   | ↪ <b>NFPA 110 Standard for Emergency &amp; Standby Power Systems</b><br><i>NOTE: If facility has a generator.</i> |

The following are locations where the above codes and standards can be purchased:

International Code Council  
4051 W. Flossmoor Rd.  
Country Club Hills, IL 60478-5795  
Phone 1-800-786-4452  
FAX 1-866-891-1695

Oregon Building Officials Association  
PO Box 68  
Silverton, OR 97381  
Phone 503-873-1157  
FAX 503-873-9389

National Fire Protection Association  
1 Batterymarch Park  
PO Box 9101  
Quincy, MA 02269-9101  
Phone 1-800-344-3555

Chemeketa Bookstore  
4000 Lancaster Drive NE  
Salem, OR 97305  
Phone 503-399-5131

Building Tech Bookstore, Inc.  
8020 SW Cirrus Drive  
Beaverton, OR 97008-5986  
Phone 1-800-275-2665  
FAX 503-641-0770

Fire Service Bookstore  
727 Center St NE, Ste 300  
Salem, OR 97301  
Toll Free 1-800-342-2034  
Local 503-365-0700

**APPENDIX C  
TRAINING RESOURCES**

- ◆ Media Resources, Inc.  
2614 Fort Vancouver Way  
Vancouver, WA 98661  
Phone 1-800-666-0106
- ◆ Oregon Occupational Safety  
& Health Division  
350 Winter St NE, Room 430  
Salem, OR 97310  
Phone 1-888-292-5247
- ◆ National Fire Protection Association  
1 Batterymarch Park  
PO Box 9101  
Quincy, MA 02269-9101  
Phone 1-800-344-3555
- ◆ Office of State Fire Marshal  
4760 Portland Road NE  
Salem, OR 97305  
Phone 503-934-8257

The Office of State Fire Marshal offers periodic specialized training workshops. Visit our website at [www.oregon.gov/osp/sfm](http://www.oregon.gov/osp/sfm).

## APPENDIX D SMOKING POLICY

Smoking policies shall be created by all facilities and the policies shall be enforced.

Smoking areas are to be kept clean of all discarded smoking materials, and provided receptacles are to be used.

The Oregon legislature passed a smoke free workplace law in June 2007. The new law will prohibit smoking within 10 feet of entrances, exits, windows that open, and ventilation intakes.

**Smoking and Oxygen Use:** Oxygen is not flammable, it is an accelerator. Oxygen increases the speed at which things burn once a fire starts. Nearly all materials, even metals, will burn vigorously in oxygen enriched environments. The air we breathe contains approximately 21% oxygen and most materials are tested for safety at that concentration. When pure oxygen is flowing near clothing, furniture, hair, and other materials they absorb the oxygen and become more susceptible to burning. "No Smoking" shall be enforced at a facility where oxygen is used. Even if it is not being used at a particular moment, the environment is still oxygen enriched and a fire can develop quickly. Keep open flames and smoking materials away from oxygen therapy equipment to prevent fatal fires.

Oxygen cylinders and other oxygen delivery equipment are not permitted within 20 feet of smoking shelters or smoking areas.

Resident shall be instructed to remove the mask or canula, shut-off the oxygen supply, and wait for oxygen to dissipate for a minimum of five minutes prior to smoking.

Studies have shown oxygen can remain in material and clothing for up to 20 minutes.

"No Smoking, Oxygen in Use" and "No Oxygen Equipment, Smoking Area" signs shall be posted.

Resident and visitors shall be given educational materials regarding the hazards of smoking and using an open flame near oxygen.

Most residents on oxygen use a nasal cannula. Nasal cannula tubing is a polyvinyl chloride product which, when ignited, emits an intense flame. The prongs of a cannula are intended to direct oxygen into the nose; however a significant amount of oxygen exits the nose and constantly leaks out and bathes the lower face. An oxygen-enriched environment facilitates ignition and combustion of any material. The cause of flash burns to residents are related to the inherent flammability of the cannula tubing as the fuel, the flame of the cigarette lighter as the heat source, and oxygen flowing through the cannula as the oxidizer. Residents who smoke while on oxygen expose themselves to a significant and avoidable burn injury risk.

**DANGER:** Oxygen causes rapid burning. Do not smoke within 5 minutes of operating your oxygen concentrator or when you are near a person utilizing oxygen therapy. Do not use oxygen concentrators within 20 feet of hot, sparking objects or sources of flame.

SECTION 310  
SMOKING

**310.1 General.** The smoking or carrying of a lighted pipe, cigar, cigarette or any other type of smoking paraphernalia or material is prohibited in the areas indicated in this section.

**310.2 Prohibited areas.** Smoking shall be prohibited where conditions are such as to make smoking a hazard, and in spaces where flammable or combustible materials are stored or handled.

**310.3 “No Smoking” signs.** The fire code official is authorized to order the posting of “No Smoking” signs in a conspicuous location in each structure or location in which smoking is prohibited. The content, lettering, size, color and location of required “No Smoking” signs shall be approved.

**310.4 Removal of signs prohibited.** A posted “No Smoking” sign shall not be obscured, removed, defaced, mutilated or destroyed.

**310.5 Compliance with “No Smoking” signs.** Smoking shall not be permitted nor shall a person smoke, throw or deposit any lighted or smoldering substance in any place where “No Smoking” signs are posted.

**310.6 Ash trays.** Where smoking is permitted, suitable noncombustible ash trays or match receivers shall be provided on each table and at other appropriate locations.

**310.7 Burning objects.** Lighted matches, cigarettes, cigars or other burning object shall not be discarded in such a manner that could cause ignition of other combustible material.

NFPA 99 1999 Edition

**9.6.1.1 Elimination of Sources of Ignition.**

**9.6.1.1.1** Smoking materials (e.g., matches, cigarettes, lighters, lighter fluid, and tobacco in any form) shall be removed from residents receiving respiratory therapy.

**9.4.2.9** Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.

**9.6.3.2\* Signs.**

**9.6.3.2.1** In health care facilities where smoking is not prohibited, precautionary signs readable from a distance of 1.5 m (5 ft) shall be conspicuously displayed wherever supplemental oxygen is in use and in aisles and walkways leading to that area; they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.

**9.6.3.2.2** In health care facilities where smoking is prohibited and signs are prominently (strategically) placed at all major entrances, secondary signs with no-smoking language shall not be required.

**9.6.3.2.3** The nonsmoking policies shall be strictly enforced.

**APPENDIX E**  
**INTERPRETATIONS AND**  
**TECHNICAL ADVISORIES**

1. Relocatable power tap clarification
2. *Liquid Oxygen Trans-filling Regulations in Health Care Facilities*
3. Technical Advisory No. 08-03 *Holiday Décor and Fire Safety Guidelines*

## ***PROPER USE OF PLUG STRIPS***

**The Oregon Office of State Fire Marshal has clarified the use of approved plug strips. An approved plug strip can be used for the following applications:**

- Computer CPUs/ monitor.
- Audio Visual equipment.
  - Any device that uses a plug-in wall transformer (the small plastic cubes that plug into the building's electrical outlet), such as those used to charge cell phones, scanner, iPods, PDAs, Spectralink and 2-way chargers, other low-power electronic devices.
- Computer audio device, small radio/CD player.
- Small portable fan.
- Calculator.
- Desk lamp 100 watts or less.
- Ink jet printers (not laser printers).
- Pencil sharpener.
- Portable equipment carts.

### **The following applications are not approved uses for a plug strip:**

- More than one plug strip cannot be plugged into a building's electrical outlet.
- You cannot chain plug strips by plugging one plug strip into a second plug strip.
- You cannot connect microwaves, refrigerators or other appliances into a plug strip.
- You cannot connect servers and telephone systems to plug strips.
- You cannot connect laser printers or other large-demand devices into a plug strip.
- You cannot plug desk lamps or lights greater than 100 watts into a plug strip.
- You cannot use a plug strip as an extension cord. Use of extension cords is prohibited.
- Plug strips cannot be used as a convenience in lieu of permanent building wiring.
- Plug strips cannot extend through a doorway, cabinet or other openings that can close.
- Plug strips may not be on the floor.
- Plug strips cannot be attached to the building or structure so that a tool would be required to remove.

**APPENDIX F**  
**EMERGENCY PREPAREDNESS CHECK LIST**

**Development, Implementing, Revising, and Maintaining of Emergency Preparedness Plans**

<input type="checkbox"/>	An emergency preparedness plan has been prepared and is being maintained by the facility administration.	<input type="checkbox"/> Is there a written emergency preparedness plan specifically developed for the facility and its location? (i.e., not a generic corporate plan)
<input type="checkbox"/>	The emergency preparedness plan has been reviewed and/or updated within the last twelve months, or as necessitated by changes in staff assignments, changes of occupancy, or the physical arrangement of the building.	<input type="checkbox"/> Does the plan indicate when it was last reviewed? <input type="checkbox"/> Have there been any changes within the last twelve months that may have necessitated revisions to the plan? <input type="checkbox"/> Is the plan current to all required changes? Staff contact list, current agreements, facility floor plan?
<input type="checkbox"/>	The emergency preparedness plan is immediately and readily available in the workplace for reference purposes by facility staff members during in-service training activities, drills, and during actual emergencies.	<input type="checkbox"/> Have staff been advised where plans are located and how to access the plan? <input type="checkbox"/> Are plans at locations such as nurse's station where staff can access them?
<input type="checkbox"/>	The emergency preparedness committee has written responsibility for overall disaster planning and emergency preparedness within the facility. The committee is under the supervision of an individual specifically designated by facility administration.	<input type="checkbox"/> Is there a written policy to designate the committee responsible for plan over site? <input type="checkbox"/> Is there a written policy that designates the individual responsible for plan over site? <input type="checkbox"/> Is there documentation of committee activities and decisions regarding the plan? (i.e., meeting minutes)
<input type="checkbox"/>	The emergency preparedness committee has conducted an analysis of local hazards including the identification of said hazards, the likelihood that identified hazards might occur, and a risk assessment of the vulnerability of those hazards related to the facility, to its occupants, and to facility staff.	<input type="checkbox"/> Has the committee contacted the local Emergency Manager to coordinate development of the plan? For a list of local emergency management offices, go to: <a href="http://www.oregon.gov/OMD/OEM/docs/plan_train/locals_list.pdf">http://www.oregon.gov/OMD/OEM/docs/plan_train/locals_list.pdf</a> <input type="checkbox"/> Has hazard/risk assessment been conducted and reviewed when necessary or within the last twelve months? <input type="checkbox"/> Does the plan address all identified local hazards that are a potential threat to the facility and occupants such as a pandemic, earthquake, or fire?

**Training and Exercising of Staff on Emergency Preparedness Plans**

<input type="checkbox"/>	<p>The facility administration has implemented a staff educational program to ensure that all staff members understand their specific duties and assignments as outlined in the emergency preparedness plan, and how the emergency preparedness plan will be activated and terminated.</p>	<input type="checkbox"/> Has the emergency preparedness plan been reviewed by all employees during facility in-service training within the last twelve months? <input type="checkbox"/> When asked, does staff know their duties as specified within the plan?
<input type="checkbox"/>	<p>The facility administration has implemented at least semi-annual drills of the emergency preparedness plan to ensure that all staff members have practiced and/or rehearsed their specific duties and assignments, as outlined in the emergency preparedness plan when it is activated and terminated.</p>	<input type="checkbox"/> Have at least two drills of the plan, not including fire drills, been conducted and documented within the last twelve months? <input type="checkbox"/> Have drills been conducted on all portions of the plan including all hazards that are included within the plan OR is there a written schedule to accomplish this task?

**Chain of Command during Emergencies**

<input type="checkbox"/>	<p>The emergency preparedness committee has modeled the emergency preparedness plan based upon the incident command system in coordination with local emergency response agencies.</p>	<input type="checkbox"/> Does the plan follow the Incident Command System as modeled by the federal government (NIMS)? <input type="checkbox"/> Has the facility contacted their local Emergency Manager to establish a working relationship?
<input type="checkbox"/>	<p>The emergency preparedness plan chain of command has been organized in a manner that lists specific positions that are required to perform certain tasks as outlined in the emergency preparedness plan.</p>	<input type="checkbox"/> Does the plan include a chain of command to be followed during any disaster? <input type="checkbox"/> Does the plan indicate, by position, who is in charge of the facility during all times when the facility is occupied?

### Structure and Specific Content of Emergency Preparedness Plans

<input type="checkbox"/>	<p>The emergency preparedness committee has implemented a strategy within the emergency preparedness plan to either eliminate identified hazards or to mitigate the effects of hazards that cannot be eliminated.</p>	<input type="checkbox"/> Does the plan contain strategic procedures to address all local hazards that could likely present a potential threat to the facility and its occupants? <input type="checkbox"/> Do plan sections coincide with the identified local hazards analysis?
<input type="checkbox"/>	<p>The emergency preparedness plan has a procedure for designating activation and deactivation criteria. This includes the events and/or operations thresholds that necessitate activation and deactivation of the emergency preparedness plan, and the designated individual by position to make these decisions.</p>	<input type="checkbox"/> Is there written activation and deactivation procedures included within the plan? <input type="checkbox"/> Does the plan indicate who will make decisions regarding when the plan is initiated and terminated?
<input type="checkbox"/>	<p>The facility has provided a contingency plan for natural disasters, if applicable, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Earthquakes</li> <li>• Tsunamis</li> <li>• Weather related events (snow, wind, lightening, ice/hail, temperature extremes)</li> <li>• Fires external to the facility</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address natural disasters?
<input type="checkbox"/>	<p>The facility has provided a contingency plan for technological and industrial emergencies, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Fire within the facility</li> <li>• Explosions within the facility</li> <li>• Hazardous materials releases</li> <li>• Bomb threats</li> <li>• Contamination of inside/outside air supply</li> <li>• Communications failure</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address technological and industrial emergencies?

**Structure and Specific Content of Emergency Preparedness Plans (cont.)**

<input type="checkbox"/>	<p>The facility has provided a contingency plan for continuity of essential building systems and services, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Water</li> <li>• Electricity</li> <li>• Heating, air conditioning, ventilation</li> <li>• Elevator</li> <li>• Power/utility failure</li> <li>• Fuel/resource shortage</li> <li>• Fire protection systems and equipment failure</li> <li>• Medical gas and vacuum systems</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address continuity of essential building systems and services? <input type="checkbox"/> Does the plan include a map with utility shut-off locations, such as water, electric and gas supplying the building?
<input type="checkbox"/>	<p>The facility has provided a contingency plan for other types of emergencies, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Missing resident</li> <li>• Influx of residents from another facility</li> <li>• Mass casualty</li> <li>• Business interruption</li> <li>• Staffing limitations</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address other types of emergencies?
<input type="checkbox"/>	<p>There is a plan for management of residents with respect to clinical and administrative issues, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Resident modification of care plans and/or discontinuation of nonessential services</li> <li>• Control of resident information</li> <li>• Handling of resident personal property and medical records</li> <li>• Admission/discharge and transfer of residents</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address resident clinical and administrative issues during emergencies?  <p><b>NOTE: This shall be evaluated by health care surveyors (not fire marshals).</b></p>

**Structure and Specific Content of Emergency Preparedness Plans (cont.)**

<input type="checkbox"/>	<p>There is a plan for alerting and managing of facility staff during an emergency that includes considerations for housing and transportation of staff and their families. The plan includes but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• Management of staff space and transportation</li> <li>• Recall and augmentation of staff</li> <li>• Human resource needs</li> <li>• Critical incident stress debriefing</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address facility staffing during emergencies? <input type="checkbox"/> Do all personnel designated or involved in the emergency preparedness plan have access to a means of identification, which is required to be worn at all times? <input type="checkbox"/> Does the plan have relevant policies, procedures, job descriptions and/or bargaining agreements regarding mandatory overtime, changes in shifts, potential to bring dependents and/or pets onsite or to alternate sites, expectations in event of an evacuation, potential use of volunteers, etc. <input type="checkbox"/> Is there a critical incident stress debriefing policy?
<input type="checkbox"/>	<p>There is a plan for the stockpiling or ensuring of immediate or uninterrupted access to critical materials for a minimum of 5 days, unless licensing regulations allow less. This includes food, water, medications, medical supplies, and medical records necessary to obtain care and treatment.</p>	<input type="checkbox"/> Does the plan contain strategic procedures to address stockpiling and/or access to critical materials during emergencies?  <p><b>NOTE: This shall be evaluated by health care surveyors (not fire marshals).</b></p>
<input type="checkbox"/>	<p>The Pandemic section of the plan addresses infection control measures, such as closing the facility to outside visitors, increased usage of barriers (masks, gloves, etc.), and strict hand washing.</p>	<input type="checkbox"/> Does the plan contain strategic procedures to address Pandemic control measures?  <p><b>NOTE: This shall be evaluated by health care surveyors (not fire marshals).</b></p>
<input type="checkbox"/>	<p>There is a plan to address facility internal and external security needs, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Access and egress from the facility</li> <li>• Control of crowds</li> <li>• Needs of security staffing</li> <li>• Control of traffic flow and parking</li> </ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address internal and external security during emergencies?

**Structure and Specific Content of Emergency Preparedness Plans (cont.)**

<input type="checkbox"/>	There is a plan to address public affairs issues, including but not limited to the following: <ul style="list-style-type: none"><li>• Designation of a media spokesperson</li><li>• Designated media area to facilitate control and not interfere with facility operations</li></ul>	<input type="checkbox"/> Does the plan contain strategic procedures to address public affairs issues during emergencies?
<input type="checkbox"/>	There is a plan to address those measures needed to restore the facility and staff members to pre-disaster operational levels.	<input type="checkbox"/> Does the plan contain strategic procedures to address restoration of the facility following cessation of an emergency?

### Evacuation, Relocation, and Sheltering In Place During Emergencies

<input type="checkbox"/>	<p>The emergency preparedness plan includes dated agreements for both short (less than 96 hours) and long term (96 hours or more) alternate care facilities.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are written agreements currently valid?</li> <li><input type="checkbox"/> Is the alternate long-term facility equivalent in licensing and services?</li> <li><input type="checkbox"/> Is one facility at least 50 miles away to account for a regional disaster?</li> </ul> <p><b>NOTE: “Currently valid” means created and/or reviewed within the last 12 months.</b></p>
<input type="checkbox"/>	<p>The emergency preparedness plan includes on-site evaluations and a facility layout of the short and long term alternate care facilities.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has an on-site evaluation of alternate care facilities been conducted?</li> <li><input type="checkbox"/> Does the plan contain diagrams indicating layout for use of alternate care facilities during emergencies?</li> </ul>
<input type="checkbox"/>	<p>The emergency preparedness plan includes a transportation plan for relocation to short and long term alternate care facilities. If the facility serves individuals who use wheelchairs or life-sustaining equipment, the plan indicates how those individuals and their equipment will be transported.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a written transportation plan?</li> <li><input type="checkbox"/> Does the plan reflect availability of transportation during wide-spread (local area or regional) emergencies?</li> <li><input type="checkbox"/> Are there alternate plans if primary transportation services are not available?</li> </ul>
<input type="checkbox"/>	<p>Care records are available during an evacuation, and include each resident's current medical and treatment plans, a list of the current health conditions, a list of allergies, and an indication of any special or unusual support needs, such a special diets, fluid instructions, support for behavior, etc,</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the plan contain how resident medical records will be handled during emergencies?</li> </ul> <p><b>NOTE: This shall be evaluated by health care surveyors (not fire marshals).</b></p>

**Evacuation, Relocation, and Sheltering In Place During Emergencies (cont.)**

<input type="checkbox"/>	<p>Procedures are included for employee and occupant accountability after evacuation and/or relocation has been completed. This includes the method of physically identifying each occupant by name and originating facility and a procedure to track and report the location of each occupant to the Department of Human Services, local office or designee.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are there procedures to account for staff and other occupants including visitors after they are evacuated and/or relocated from within the facility?</li> <li><input type="checkbox"/> Is there a tracking system in place for residents that have been moved to alternate care facilities and/or locations?</li> </ul>
<input type="checkbox"/>	<p>There is a planned manner of identifying residents which allows for the identification of those unable to communicate. There is a method of tracking the physical location of residents.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a means of identifying residents during emergencies, such as plastic ID bracelets, ID on a lanyard around the neck or other form of semi-permanent identification attached to or upon the person?</li> <li><input type="checkbox"/> Is there a means of tracking the physical location of residents, such as a notebook, card index, or other system?</li> </ul>
<input type="checkbox"/>	<p>The plan to shelter in place demonstrates how residents will stay warm during emergency conditions, to avoid life-threatening heat or cold, and how sanitation will be maintained in the event of an extended utility outage.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a plan for sheltering in place within the facility?</li> <li><input type="checkbox"/> Does the plan contain how the facility will be evaluated for safety and livability?</li> <li><input type="checkbox"/> Are the facility fire protection systems and resident services/equipment designed and capable of operating for extended period of time not less than 96 hours?</li> </ul>

### Fire Evacuation and Fire Safety of Licensed Care Facilities

<input type="checkbox"/>	<p>Procedures are included for the preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.</p>	<input type="checkbox"/> Is there an alternate means to notify the fire department of an emergency?
<input type="checkbox"/>	<p>The plan designates emergency egress or escape routes and includes whether evacuation of the building is to be complete, or residents may be relocated to selected floors, smoke compartments or other points of safety within the facility. When all residents must be relocated out of the facility, the plan indicates where they will be taken and kept safe from extremes in weather.</p>	<input type="checkbox"/> Does the plan contain strategic procedures for the relocation and/or evacuation of residents/residents and staff? <input type="checkbox"/> Does the plan include a method for indicating when a room has been checked and evacuated? <input type="checkbox"/> Does the plan include procedures for areas outside of the fire area? <input type="checkbox"/> Are there provisions for protecting resident/residents from weather extremes during emergencies?
<input type="checkbox"/>	<p>Site plans and floor plans included in the Fire Safety Plan include all exits, primary, secondary, and accessible evacuation routes, areas of refuge, manual fire alarm boxes, portable fire extinguishers, fire alarm controls, and fire and smoke barriers and compartments.</p>	<input type="checkbox"/> Are there facility plans that include protection features and controls? <input type="checkbox"/> Are these plans accessible by staff and/or otherwise used during training and drills?
<input type="checkbox"/>	<p>Procedures are included for the preferred and any alternative means of notifying facility occupants of a fire or emergency including designated life safety strategies for relocating or evacuating occupants.</p>	<input type="checkbox"/> Are there an alternate means to alert residents and other occupants of an emergency? If codes are used, are they standardized? <input type="checkbox"/> Are there written evacuation and relocation plans?

<input type="checkbox"/>	<p>There is a list identifying assigned personnel responsible for maintenance of fire protection systems and equipment installed to prevent or control fires.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a written policy designating personnel responsible for fire protection systems and features?</li> <li><input type="checkbox"/> Does the plan designate personnel responsible for maintenance, housekeeping, and controlling of fire hazard sources?</li> <li><input type="checkbox"/> Are there procedures to account for employees, including where they shall remain within the facility to operate critical equipment before evacuating or relocating?</li> </ul>
<input type="checkbox"/>	<p>Plan is organized and easy to navigate.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are procedures easy to locate in the plan? (i.e., table of contents, marked by tabs, flip-chart design?)</li> <li><input type="checkbox"/> Are all maintenance and non-emergency policies kept in a separate from the emergency preparedness plan?</li> </ul>