Life Safety Codes for Maintenance Department

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MU Sinclair School of Nursing Long Term Leadership Coach
This Webinar is worth 1 CEU hour for Administrators today.

In order to get the credit you do have to stay on the webinar and take a brief survey that will pop up at the end of the webinar.

FREE
### How Can A Coach Help You?

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**K912 Electrical Systems – Receptacles**
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**K920 Electrical Equipment – Power Cords and Extension Cords**

**K921 Electrical Equipment – Testing and Maintenance Requirements**

**K922 Gas Equipment – Other**

**K923 Gas Equipment – Cylinder and Container Storage**

**K924 Gas Equipment – Testing and Maintenance Requirements**

**K925 Gas Equipment – Respiratory Therapy Sources of Ignition**

**K926 Gas Equipment – Qualifications and Training of Personnel**

**K927 Gas Equipment – Transfilling Cylinders**

**K928 Gas Equipment – Labeling Equipment and Cylinders**

**K929 Gas Equipment – Precautions for Handling Oxygen Cylinders and Manifolds**

**K930 Gas Equipment – Liquid Oxygen Equipment**

**K932 Features of Fire Protection – Other**
YOU ARE A VERY IMPORTANT PERSON

This Photo by Unknown Author is licensed under CC BY-SA
You are the eyes and ears of the home running in good working order.

You endure the main responsibility for monitoring all aspects of the home:

- Regular assessments
  - Informal – simply by making rounds looking for problems or possible issues.
  - Formal – Preventive maintenance program.
- Regular processes
YOUR RESOURCES

• **State Regulations Manual**

• **Federal Regulations Manual – State Operations Manual or SOM Appendix PP**

• **State Operations Manual – Appendix Z**

Focus – is to minimize fire hazards.

- Nonflammable materials
  - Curtains
  - Wall coverings
- Notification Systems
  - Fire Alarms
  - Smoke detectors
  - Sprinkler Systems
- Egress
  - How are we going to get everyone out safely
SIMPLE ROUNDS

- Note any odors – organic or inorganic
- Floor Care
- Potential safety hazards
Preventive Maintenance

- Changing Oil
- Changing Filters
- Lubricating
- Cleaning Coils
- Cleaning Grease Traps
- Maintaining building temperatures
- Maintaining water temperatures
- Maintaining Sprinkler pressure

No Way All Inclusive
Life Safety and Emergency Preparedness Information:

1. Documentation that the automatic fire alarm system has been inspected, tested, and maintained in accordance with the NFPA 101, 2012 edition. Include smoke alarm sensitivity testing records. Annual and semi-annual testing required.
2. Annual fire door inspections
3. Automatic sprinkler system inspection documentation - include facility check logs
4. Fire extinguisher testing and maintenance records
5. Maintenance/Certification of the Range Hood Suppression System
6. Electrical Wiring Certification
7. Logs of the checks on all battery powered smoke detectors.
8. Fire drill records for the past 12 months
9. Documentation that newly installed curtains, drapes, and blinds used in the facility are flame resistant and meet required specifications, including cubicle/privacy curtains.
10. Fire safety and emergency preparedness in-service records.
11. Documentation and logs that the emergency power is inspected and tested in accordance with NFPA 101, 2012 edition.
12. For Battery Backup Emergency Lights
   - Monthly 30-second check logs
   - Annual 90-minute check logs

13. For Generator
   - Weekly logs for automatic rollover
   - All inspection and testing records, including fuel testing if required

14. Documentation of the inspection of elevators (if applicable).

15. Facility Layout

16. Fire watch policy (used when fire alarm or sprinkler system is out of service)

17. Policies and procedures related to the facility’s “Building Maintenance Program” and “Building Inspection Programs”

18. Policies and Procedures related to the facility’s smoking prohibitions and use areas.


20. Maintenance records of any fusible link dampers (if any).

21. Disaster/Emergency Preparedness Plan/Program (All Hazards Approach-As required by Appendix Z)
### MAINTENANCE DEPARTMENT

#### Weekly Checks by Maintenance
- Water Temperature Log (105°~120°)
- Fire Doors
- Door Alarms
- Sprinkler Water and Air PSI
- Sprinkler Valves (Must have 6 extra)
- Eye Wash Stations
- Emergency Generator

#### MONTHLY by Maintenance
- Fire Drill (Each Shift Quarterly)
- Exit Signs
- Fire Extinguishers
- Emergency Lights 30 Sec

#### QUARTERLY by Maintenance (every 3 months)
- Quarterly Flow Test

#### Semi Annual (6 Months)
- Range Hood Suppression System (Unit needs to be Recharged Annually)
- Fire Alarm System (Fire Panel must have new tag on it Annually)
- Generator Prevention Maintenance

### Maintenance Schedule

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<th>Bi Annual (2 years)</th>
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<td>Sprinkler System &amp; Backflow Prevention (Fire Line)</td>
<td>Electric Wiring</td>
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<tr>
<td>LP Gas Pressure Test and Tank Inspection</td>
<td>Boiler and Pressure Vessel (Divison of Fire Safety)</td>
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<td>Fire Extinguisher</td>
<td>Generator Load Test</td>
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<td>Fire Door Inspection</td>
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<td>Emergency Lights 1-1/2 hour</td>
<td>Internal Pipe Inspection</td>
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<tr>
<td>Emergency Preparedness</td>
<td>Other</td>
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<td>Fire Safety Consultation with Fireman</td>
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<td>Backflow Prevention (Boiler)</td>
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<td>Fuel test on Diesel for the Generator</td>
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<td>Outlet Testing for AMPS and Tension</td>
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# Weekly Water Temperatures 105°-120°

## Weekly Water Temperatures

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**Weekly Fire Doors**

- Walk through every Monday and make sure they:
  - Release
  - Close
  - Latch
  - Space

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<tr>
<th>DATE</th>
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**Weekly Door Alarms**

- Take an actual wonder guard bracelet and ensure the doors lock down or however your system works.
Weekly Sprinkler Water & Air PSI

- PSI is Water Pressure
- Measurable, pounds per square inch pressure ... water pressure. Sprinkler systems rely on sufficient water pressure for the heads to pop up and water properly. But what if there's too much of a good thing?
- Sprinkler Valves on hand – 6 extra
Weekly Eye Wash Stations

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**Weekly Generator Test**

**Weekly Generator Test Report**

**Date:***  
**Facility:**

**Test Conducted By:***

Before testing the emergency power system, the following steps should be taken:

2. Notify the Fire Alarm Monitoring Company of the test.
3. Make the following announcement to residents, guests, and staff.

Attesting Residents, guests and staff, we will be conducting a test of the emergency power system, and therefore residents and guests should evacuate from main compartments down as they may face false alarms.

**Pre inspection check parameters:

<table>
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<tr>
<th>Item</th>
<th>Low</th>
<th>Safety Fail Level</th>
<th>Condition Level</th>
<th>No. Level</th>
<th>Battery Specific</th>
<th>Battery Elec. Level</th>
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**Visual inspection generator:

- Engine Type
- Engine Hours
- Radiator Hours
- Fuel Level
- Battery Capacity
- Battery Charger

**Pre inspection, document remote generator panel readings:**

- Socket Status
- Auxiliary Power
- Other List

**During test document remote generator panel readings:**

- Socket Status
- Auxiliary Power
- Generator Fuel
- Generator Elec.
- Other List

**START TEST**

- Move the OWSF Switch that controls utility power to the Automatic Transfer Switch to the OFF position and document the following items:

1. **Actual time in minutes** (power utility disconnect switch to off) How much time required at start?
2. **Engine start and transfer generator power (under 20 seconds max.)**
3. **Time from the OWSF switch back to ON position (time 20 to 60 minutes after time before starting)**
4. **Time to ensure both utility power and OWSF switch are on in ON (minimum 5 to 10 minutes)**
5. **Time for cool down after power is off (minimum 5 to 10 minutes)**
6. **Actual time generator shut off** How much time required @ field?
7. **Final cut time (time to disconnect to view)**

**During This Test, Document readings every 10 minutes:**

<table>
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<tr>
<th>Item</th>
<th>Low</th>
<th>Safety Fail Level</th>
<th>Condition Level</th>
<th>No. Level</th>
<th>Battery Specific</th>
<th>Battery Elec. Level</th>
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</table>

**Last reading during cool down, amperage will indicate 0 amperage**

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<thead>
<tr>
<th>Item</th>
<th>Low</th>
<th>Safety Fail Level</th>
<th>Condition Level</th>
<th>No. Level</th>
<th>Battery Specific</th>
<th>Battery Elec. Level</th>
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</table>

List any problems encountered during test period and corrective measures taken to correct. Document all parts and outside vendors needed to correct the problem.

---

**Did problem include outside telephone technical support?**

- Yes ______ No

**Fire Extinguisher Present?**

- Yes ______ No

**Flashlight Present?**

- Yes ______ No

**Additional Comments:**

---

Page 2 of 2
Monthly Fire Drill

Each Shift Quarterly

Fire Drills: Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between (9:00 PM and 6:00 AM), a coded announcement may be used instead of audible alarms (18/19.7.1.4 through 18/19.7.1.7)

When Drill is run through sleeping hours do not sound the alarm, but you must sound it on the next day shift. Document that you did.
FIRE SIMULATION DRILL GRID

Date  Time  Area  Reported by

Response of Personnel:____________________  Title____________________

Attitude of Personnel:____________________

Number of Personal Present:____________________

Efficiency of Personnel:____________________

Personnel Instructed as follows

<table>
<thead>
<tr>
<th>A. Use of alarms</th>
<th>Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>B. Transmission of alarm to fire department</th>
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<table>
<thead>
<tr>
<th>C. Emergency phone call to 911</th>
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<thead>
<tr>
<th>D. Response to alarms</th>
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<tr>
<th>E. Isolation of fire</th>
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<thead>
<tr>
<th>F. Evacuation of immediate area</th>
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<table>
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<tr>
<th>G. Evacuation of smoke compartment</th>
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<tr>
<th>H. Preparation of floors and building for evacuation</th>
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<table>
<thead>
<tr>
<th>I. Extinguishment of fire</th>
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</table>

Discussion period a-er drill [List the questions asked by personnel]____________________

NAMES OF PEOPLE WHO PARTICIPATED

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<tr>
<th>Name</th>
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Sinclair School of Nursing
University of Illinois at Chicago
## Fire Drill Schedule

<table>
<thead>
<tr>
<th>Shift</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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</table>
**Monthly Exit Signs**

- Marking of Means of Egress
- 6 Inch Letters
- Directional
- Illuminated – Check the Bulbs
- Two ways out wherever you are standing

**CHECK THE BULBS**
Monthly Fire Extinguishers

- Make sure it is in the green.
- Create a diagram of the building so none get skipped.
- When you are making that monthly round go in and physically look at the rangehood.
  - Grease build up
  - Sprinkler nozzles grease free and capped.
MONTHLY EMERGENCY LIGHTS

- 30 Seconds per month hold button

- Also an Annual Check of 1-1/2 hours unplugged
Potential Zones of Entrapment

This guidance describes seven zones in the hospital bed system where there is a potential for patient entrapment. Entrapment may occur in flat or articulated bed positions, with the rail fully raised or in intermediate positions. Descriptions of the seven entrapment zones appear on pages 15-21 in this guidance. Summary drawings of entrapment for all of the zones appear in Appendix E.

The seven areas in the bed system where there is a potential for entrapment are identified in the drawing below.

Zone 1: Within the rail
Zone 2: Under the rail, between the rail and the mattress
Zone 3: Under the rail at the ends of the rail
Zone 4: Between the head or foot board and the mattress

Entrapment at the bed deck or frame:

Many of the entrapment event reports FDA received involved entrapment between the rail and the bed’s “frame.” It is unclear from the event descriptions whether this refers to the mattress deck, the bed frame, or even the hardware attaching the bedrail to the bed system. While this guidance does not recommend dimensional limits on the space at the deck or frame locations, FDA believes that meeting the other recommended dimensional limits would reduce the possibility of entrapment at the deck or frame locations.
# Quarterly Bed Cane Checks

## Observation Details

<table>
<thead>
<tr>
<th>Observation Date</th>
<th>Date Received</th>
<th>Completed Date</th>
<th>Completed By</th>
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## Observation Information

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<tr>
<th>Creator</th>
<th>イラスト/図表</th>
<th>Date Received:</th>
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## Side Rails Assessment & Consent

**Physician Orders**

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<tr>
<th>Type of rail to be used</th>
<th>Decision Date</th>
<th>Decision to use:</th>
</tr>
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<tbody>
<tr>
<td>Right side of bed</td>
<td>No side rails used</td>
<td>No side rails used</td>
</tr>
<tr>
<td>Left side of bed</td>
<td>No side rails used</td>
<td>No side rails used</td>
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</tbody>
</table>

Reason for side rail change:

- [ ] Unable to ambulate
- [ ] Non-weight-bearing
- [ ] Behavior (with side rails in use)

Side rails not used or can’t be used:

- [ ] NAD
- [ ] Unable to ambulate
- [ ] Non-weight-bearing

- [ ] No
- [ ] NAD

- [ ] No
- [ ] NAD

- [ ] No
- [ ] NAD

Reason for can’t use:

- [ ] Transfer
- [ ] Inadequate

Reason for can’t use:

- [ ] Transfer
- [ ] Inadequate

- [ ] NAD
- [ ] No

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Semi-Annual 6 Month Range Hood Suppression System

• Performed by a professional company
• Needs cleaned regularly and as needed
• Put the sprinkler nozzles on sprinkler heads
• Annually Re-Charged
Be sure there is a new tag on this box that says it has been inspected and marked functional.
ANNUAL SPRINKLER SYSTEM & BACKFLOW

- Fire Line – have your water source come test it.
**Annual LP Gas Pressure Test & Tank Inspection**

- LP Company is going to come test for leaks and to ensure that you have an emergency phone number hanging on the fence.
- Missouri Propane out of Jefferson City should come annually also.
Annual Fire Extinguisher

- New tag annually!
- Are they in the green area, showing full?
Fire Door Inspection

Who can do?
ANNUAL FUEL TEST ON DIESEL FOR GENERATOR
**Annual Backflow Prevention**

- Boiler is a steam heating system. The term “boiler” is a carryover from the past when steam boilers were common, which boiled water to make steam. Today’s boilers are water heaters and typically use natural gas. Most can heat water in a range from 145-190 degrees, depending on the radiation system.

  How to Effectively Maintain a Boiler System

  - Examine the Vent and Chimney.
  - Check the Heat Exchanger.
  - Flush out the Boiler.
  - Lubricate the Circulating Pump.
  - **Get Help from an Expert.**
  - Adjust the Boiler to Operate Efficiently.
### Outlet Testing

**Electrical Receptacle Testing**

In Long-Term Care Facilities

- What was the inspection per NFPA 99, 2012 edition?
  - 6.3.3.2 Multiplication Testing for Patient Care Areas
  - 6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection.
  - 6.3.3.2.2 The continuity of the grounding circuit shall be confirmed.
  - 6.3.3.2.3 The current carrying capacity of the branch circuit and actual current shall be confirmed.
  - 6.3.3.2.4 The outlet loads of all electrical receptacle outlet circuits (except hospital grade outlets) shall be no more than 15 percentage.

### RESIDENT ROOMS ELECTRICAL OUTLETS INSPECTIONS / ASSESSMENTS

2012 edition NFPA 99 6.3.3.2 and 10.3 through 10.5.2.3

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date:</th>
<th>Initials:</th>
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</table>

<table>
<thead>
<tr>
<th>ROOM / LOC</th>
<th>Integrity</th>
<th>Circuit</th>
<th>Polarity</th>
<th>Force test</th>
<th>Outlets</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Physical</td>
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</tr>
<tr>
<td>Grounding</td>
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</table>

**Identification of Products Certified for**
- Both Canada and the U.S.
- UL US
- CSA C22.2

This document includes a summary of electrical outlet testing procedures and inspection criteria for Long-Term Care Facilities.
Annual Fire Safety Fireman Consultation

- Mo State Form 580-2830
Annual Emergency Preparedness
Facilities are required to develop and maintain an emergency preparedness plan. The plan must include all of the required elements under the standard. The plan must be reviewed and updated at least annually. The annual review must be documented to include the date of the review and any updates made to the emergency plan based on the review. The format of the emergency preparedness plan that a facility uses is at its discretion.

An emergency plan is one part of a facility's emergency preparedness program. The plan provides the framework, which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing the needs of their patient populations, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials.
Emergency Preparedness

• This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:
  – Natural disasters
  – Man-made disasters,
  – Facility-based disasters that include but are not limited to: Care-related emergencies;
  – Equipment and utility failures, including but not limited to power, water, gas, etc.;
  – Interruptions in communication, including cyber-attacks;
  – Loss of all or portion of a facility; and
  – Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).
EMERGENCY PREPAREDNESS

• What you need to think about
  –ALL HAZARDS APPROACH

  □ Policies and Procedures E-0013
  □ Emergency Plan E-0009-E0028
  (only some apply to LTC)
  □ Communication Plan E-0029
  □ Testing and Training E-0036
  □ Community-Based and/or
  □ Facility Based

• What you need to think about
  –ALL HAZARDS APPROACH

  □ Is your home in a flood zone?
  □ Is your home on a fault line?
  □ Likely hood of a severe weather event.
  □ Likely hood of a gas leak.
  □ Likely hood of a mass shooter event.
  □ Is your home/likely hood of…you fill in the blank?
Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:
1. During employee orientation;
2. At least every six (6) months; and
3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:
1. Prevention of fire ignition, detection of fire, and control of fire development;
2. Confinement of the effects of fire;
3. Procedures for moving residents to an area of refuge, if applicable;
4. Use of alarms;
5. Transmission of alarms to the fire department;
6. Response to alarms;
7. Isolation of fire;
8. Evacuation of the immediate area and building;
9. Preparation of floors and facility for evacuation; and
10. Use of the evacuation plan required by section (33) of this rule. II/III

• Charge Nurses Need to Know
  – How to turn off fire alarm
  – How to shut off the water
  – How to turn off electrical breaker
  – What they need to report to you and when to call.
  – Active Shooter training
  – Leading all the drills
BIENNIAL (2 YEARS) ELECTRIC WIRING

• Mo Form 580-2762
• The “Division of Fire Safety” must inspect any water heater tank
  – Hot water heaters with heat input greater than 200,000 British thermal units per hour (Btu/hr)
  – Hot water heating boilers.
  – Steam heating boilers.
  – Steam process boilers. This includes steam kettles, laundry boilers, all process boilers, hot oil or other liquid type boilers, power boilers, locomotives (including amusement types), etc.
  – Air compressor tanks greater than 10 cubic feet in volume or operating at more than 200 psi.
  – Pool heaters with heat input greater than 200,000 Btu/hr.

https://dfs.dps.mo.gov/programs/bpv/
Division of Fire Safety
Boiler & Pressure Vessel Unit
P.O. Box 844
Jefferson City, MO 65102
Phone: (573) 751-8708
Email: boiler@dfs.dps.mo.gov
BIENNIAL (2 YEARS) GENERATOR LOAD TEST

• A Company will do this test
NFPA 25 requires an internal inspection of fire sprinkler system piping every five years. This is to be conducted to inspect for the “presence of foreign organic and inorganic material.” Foreign materials can cause obstructions to pipe and sprinklers.

There are three levels of internal pipe inspections, according to NFPA 25:

1. Internal Pipe Inspection – this requires the opening of a flushing connection at the end of one main and removal of one sprinkler head near the end of a branch line. These openings are to be inspected for the “presence of foreign organic and inorganic material.”

2. Internal Pipe Examination for ‘At-Risk’ Systems – NFPA 25 lists conditions in which this type of internal pipe exam is to be performed. This inspection requires internal pipe examinations at the following four points of a fire sprinkler system:
   - System valve
   - Riser
   - Cross main
   - Branch line

3. Obstruction Investigation – This is to be performed if “foreign organic or inorganic material” is found during an internal pipe inspection. NFPA 25 provides the requirements to conduct obstruction investigations.
Power Strips

• The only Power Strip that can be used in a nursing facility is **1363**
  – No health equipment can be plugged into one such as
    • Beds
    • Nebulizer
    • O2 Concentrator
**Alcohol-Based Hand Rubs**

- Required to be protected against “inappropriate access”.
- I” around rub
- No outlets or light switches
- Can have one in bathroom and one in bedroom
- Cannot be in kitchen
  - Kitchen staff must use soap and water
Legionnaires disease is a common type of bacterial infection that affects thousands of people across the United States every year. It’s caused by the legionella bacterium and is most often spread through the air – for example, when someone who has the disease coughs close enough to someone without covering their mouths – and if you have Legionnaires disease, you can be hit with a range of symptoms approximately two weeks after you have been exposed to the bacteria, according to the CDC.
The team is to identify areas in the water system where Legionella can grow and spread in order to reduce the risk of Legionnaire’s disease.

The water management team:

a. **Maintenance**
b. Administrator
c. Director of Nursing
d. Infection Prevention Nurse
e. Medical Director
A detailed description and diagram of the water system in the facility will include:

<table>
<thead>
<tr>
<th>Water intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold water delivery</td>
</tr>
<tr>
<td>Heating</td>
</tr>
<tr>
<td>Hot water delivery</td>
</tr>
<tr>
<td>Waste</td>
</tr>
</tbody>
</table>
**Identification of areas in the water system that could encourage the growth and spread of Legionella**

<table>
<thead>
<tr>
<th>Water heaters</th>
<th>Filters</th>
<th>Showerheads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoses</td>
<td>Personal humidifiers</td>
<td>Medical machines such as a CPAP</td>
</tr>
</tbody>
</table>
Situations that could arise and lead to Legionella

- Construction
- Water main breaks
- Changes in water source
- Scale or sediment and stagnation
- Water temperatures
- Water pressure
- Inadequate disinfection
• https://oig.hhs.gov/oas/reports/region7/71803230.pdf
AND ALL OF THE REST

• Be ready to demonstrate generator
• Check that call light cords are in proper condition and functional.
• Check that bathroom call cords are in place.
• Make sure that outdoor lighting is working properly.
• Ensure all window screens fit properly and are clean.
• Check oxygen storage frequently to ensure tanks are individually chained/secured in place.
• Check for extension cords in resident’s rooms.
• Ensure that doors are not propped open.
• Ensure that dumpster lid is closed at all times and the area is clean.
• Do NOT take surveyors to your shop or any area unless they specifically request.
• Make sure that equipment/supplies are not left in resident corridors to block egress.
• Organize and supervise all maintenance of facility.
• Coordinate and schedule extra cleaning of areas (i.e. waxing floors, buffing kitchen, etc.)
• Responsible for cleanliness of all housekeeping and maintenance equipment.
• Responsible for consulting with sales representatives about needed products for the facility.
• Responsible for ordering supplies for maintenance.
• Responsible for inventory and ordering???
• Consult with Administrator on a PRN basis about needed items for maintenance department.
• Schedule preventative maintenance on equipment, air handling units, etc. throughout the facility.
• Have a working knowledge of duties of employees in maintenance departments.
• Keep boiler and boiler room clean and in working order.
• Keep maintenance and all work areas clean.
• Arrange for outside people to make any repairs that facility staff are unable to do. Know when they are in the building and supervise their work, keeping a log at all times of hours worked.
• Responsible for exterior maintenance and appearance.
• Maintain the facility van.
• Attend in-services and meetings as posted.
• Be familiar and comply with all personnel policies.
• Better to be Proactive instead of Reactive
• Observe for any areas where processes are breaking down.
• Have quick focused stand-up meeting with management – helps keep the element of surprise and reactions smoother
Mock Surveys

• When we get the buildings opened back up and your home gets to go to Phase III, we will be more than happy to visit with you and go through this list again or do a Mock Life Safety Code Inspection.

• PHASE III

• We can Zoom or chat on phone.
Resources

  - Lists all the K-tags and explains a little about them.
This Webinar is worth 1 CEU hour for Administrators today.

In order to get the credit you do have to complete the brief survey that will pop up at the end of the webinar.
Nursing Home Help
We can do virtual visits via zoom!

Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the HICPAC

https://www.cdc.gov/hicpac/recommendations/core-practices.html

(Under 5a)

Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.

Refer to “CDC Guideline for Hand Hygiene in Health-Care Settings” or “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007” for additional details.
## Side Rails Assessment & Consent

### Observation

<table>
<thead>
<tr>
<th>Resident Name:</th>
<th>MR#:</th>
<th>U/R/B:</th>
</tr>
</thead>
</table>

### OBSERVATION INFORMATION

<table>
<thead>
<tr>
<th>Creator:</th>
<th>Observation Date:</th>
<th>Date Recorded:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Completed Date:</th>
<th>Completed By:</th>
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</table>

### DESCRIPTION

### OBSERVATION DETAIL

### SIDE RAILS ASSESSMENT AND CONSENT

#### PHYSICIAN ORDERS

Types of rails to be used

- Device Decision tree does not need to completed if side rails are not being used
  - Γ 1/4 rail up X1
  - Γ 1/4 rail up X2
  - Γ No side rails needed

Reason for side rail usage.

- Γ Assist with Transfer
- Γ Bed Mobility (assist with turning side-to-side)
- Γ Boundary Limitations
- Γ N/A

Used as an enabler

- Γ Yes
- Γ No (used as a restraint)
- Γ N/A

Is resident alert and oriented and requests

- Γ Yes
- Γ No
- Γ N/A

Air Mattress

- Γ Yes (Setting:)
- Γ No

Reason for use, if not an enabler (Diagnosis)

- Falls is not an acceptable reason. If this device is a restraint, physician's order must be received prior to use and must include reason for use.

### RISKS AND BENEFITS

Device Decision Guide Reviewed

- Γ Yes
- Γ No

Risks and benefits were explained to resident/family, including the risk of significant injury if a fall occurs.

- Γ No
- Γ Yes

Date the risks/benefits were explained.

- Γ Date:
- Γ Does not Apply
**FULL NAME of person(s) to whom they were explained.**

- [ ] Name:
- [ ] Does not Apply

**SIGNATURES**

Family and Staff sign the consent on paper then put in chart.

**ADDITIONAL OBSERVATION INFO**

- [ ]
- [ ]
- [ ]
- [ ]

Completed By: ___________________________ Date: ____________
