

LIFE SAFETY CODES FOR MAINTENANCE DEPARTMENT

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K-TAGS

K100 General Requirements – Other

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- K112 Sprinkler Requirements for Major Rehabilitation
- K131 Multiple Occupancies – Sections of Health Care Facilities
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K-TAGS

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- K341 Fire Alarm System – Installation
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- **Accumulation Space**
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- K531 Elevators
- K532 Escalators, Dumbwaiters, and Moving Walks
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- K700 Operating Features – Other
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- K741 Smoking Regulations
- K751 Draperies, Curtains, and Loosely Hanging Fabrics
- K752 Upholstered Furniture and Mattresses
- K753 Combustible Decorations



K754 Soiled Linen and Trash Containers

K771 Engineer Smoke Control Systems

K781 Portable Space Heaters

K791 Construction, Repair, and Improvement Operations

K900 Health Care Facilities Code – Other

K901 Fundamentals – Building System Categories

K902 Gas and Vacuum Piped Systems – Other

K903 Gas and Vacuum Piped Systems – Categories

K904 Gas and Vacuum Piped Systems – Warning Systems

K905 Gas and Vacuum Piped Systems – Central Supply System Identification and Labeling

K906 Gas and Vacuum Piped Systems – Central Supply System Operation

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K915 Electrical Systems – Essential Electric System Categories

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K918 Electrical Systems – Essential Electric System Maintenance and Testing



K-TAGS

- **K919 Electrical Equipment – Other**
- K920 Electrical Equipment – Power Cords and Extension Cords
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- K928 Gas Equipment – Labeling Equipment and Cylinders
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- K930 Gas Equipment – Liquid Oxygen Equipment
- K932 Features of Fire Protection – Other



YOU ARE A VERY IMPORTANT PERSON

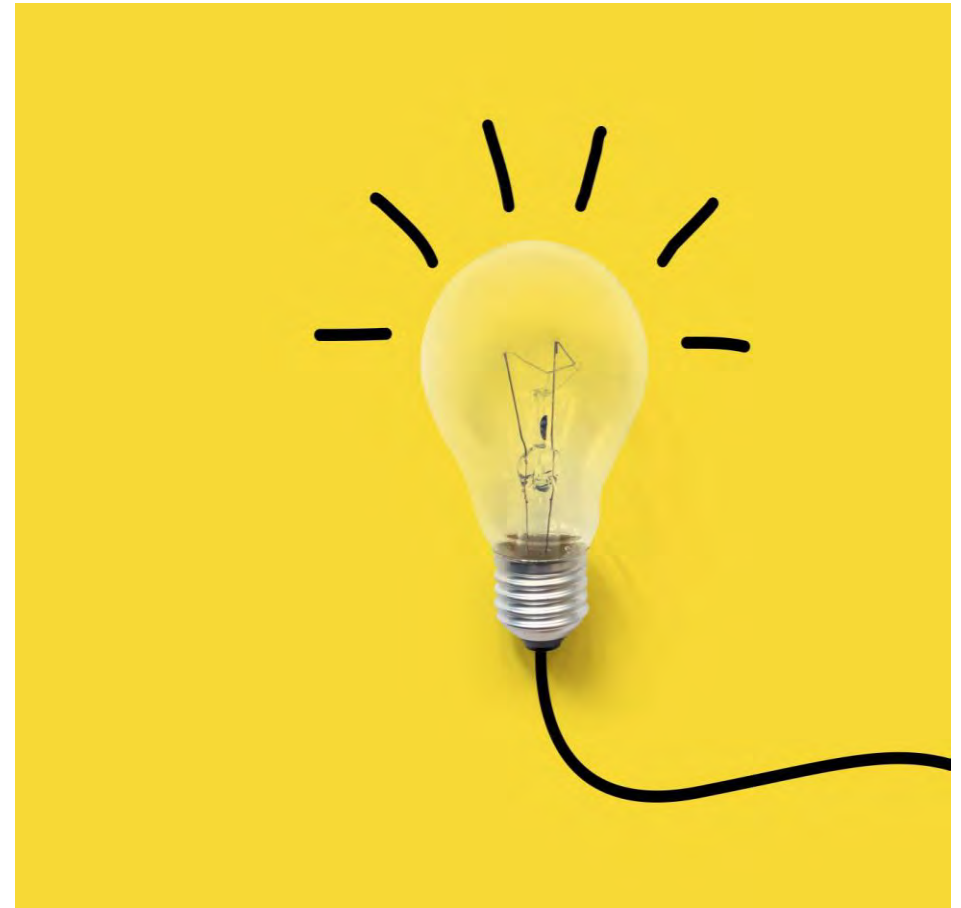


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MAINTENANCE

- 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
 - <https://health.mo.gov/seniors/nursinghomes/lawsregs.php>
- Federal Regulations Manual – State Operations Manual or SOM Appendix PP
 - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf>
- State Operations Manual – Appendix Z
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>



LIFE SAFETY CODES

In 2014 CMS mandated the use of 2012 Edition of Life Safety Code

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



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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.



LIFE SAFETY AND EMERGENCY PREPAREDNESS INFORMATION:

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.

19. Policies and Procedures related to water outages affecting the sprinkler system. Reference the 2012 edition of NFPA 101.

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

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



MY CHEAT SHEET

MAINTENANCE DEPARTMENT	
<u>Weekly Checks by Maintenance</u>	
	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
<u>MONTHLY by Maintenance</u>	
	Fire Drill (Each Shift Quarterly)
F-921	Exit Signs
F-921	Fire Extinguishers
	Emergency Lights 30 Sec
<u>QUARTERLY by Maintenance (every 3 months)</u>	
	Quarterly Flow Test
<u>Semi Annual (6 Months)</u>	
F-921	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

21	<u>Yearly</u>
22	Sprinkler System & Backflow Prevention (Fire Line)
23	LP Gas Pressure Test and Tank Inspection
24	Fire Extinguisher
25	Fire Door Inspection
26	Emergency Lights 1-1/2 hour
27	Emergency Preparedness
28	Fire Safety Consultaion with Fireman
29	Backflow Prevention (Boiler)
30	Fuel test on Diesel for the Generator
31	Outlet Testing for AMPS and Tension
32	<u>Bi Annual (2 years)</u>
33	Electric Wiring
34	Boiler and Pressure Vessel (Divison of Fire Safety)
35	Generator Load Test
36	<u>5 Years</u>
37	Internal Pipe Inspection
38	<u>Other</u>
39	Legionella
40	



WEEKLY FIRE DOORS

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

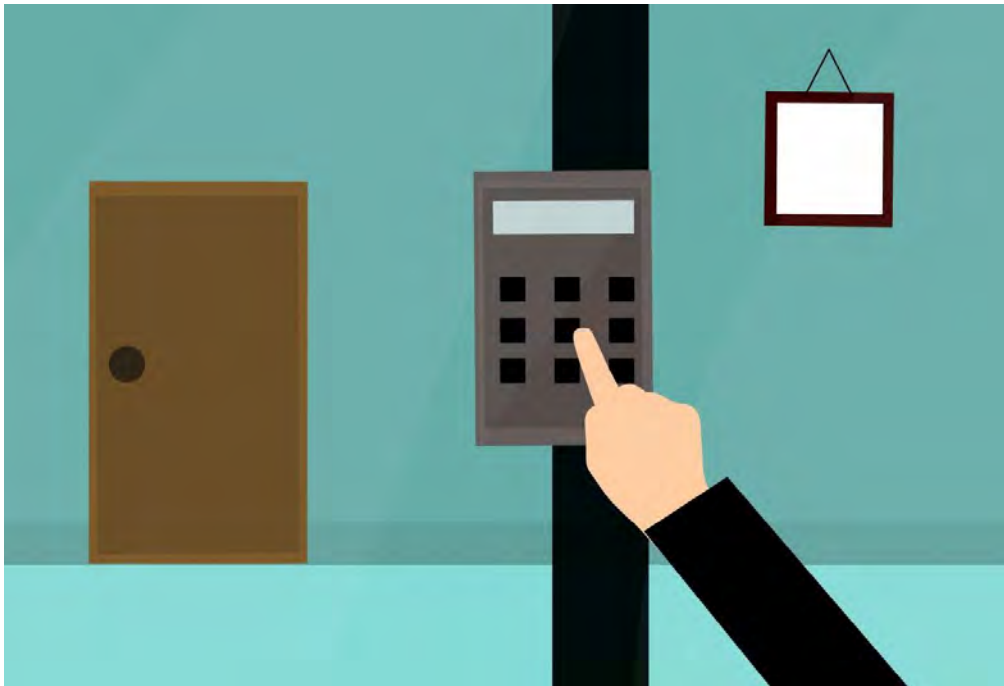
WEEKLY FIRE DOOR INSPECTION LOG

DATE	DOOR #	CONDITION	REPAIRS	DONE BY:
	100 E			
	100 W			
	200 E			
	200 W			
	ASST. N			
	ASST. S			
	300 W-N			
	300 W-S			
	300 E-N			
	300 E-S			
	400 E			
	400 W			
	SR N 1			
	SR N 2			
	SR S 1			
	SR S 2			
	500 S 1			
	500 S 2			
	500 N 1			
	500 N 2			
	KITCHEN			
	LOBBY 1			
	LOBBY 2			



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

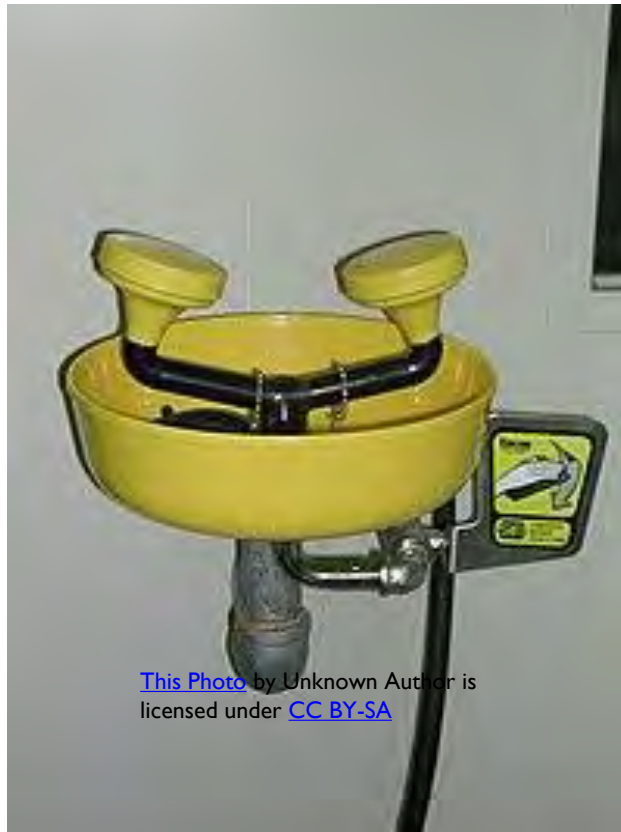


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- PSI is Water Pressure
- Measurable, pounds per square inch pressure ... water pressure. Sprinkler systems rely on sufficient water pressure for the heads to pop up and water properly. But what if there's too much of a good thing?
- Sprinkler Valves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

1. Complete pre test inspections & take hour meter reading & document the results on this form
2. Notify the Fire Alarm Monitoring Company of the test
3. Make the following announcement to residents, guest and staff,

Attention Residents, guest and staff, we will be conducting a test of the emergency power system, staff please assist residents and guest away from smoke compartment doors as they may close during testing. The test will last 45 minutes to an hour. Again this is only a test.

Pre inspection checks generator:

Oil Level	Battery Fluid Level	Coolant Level	Fuel Level	Battery Specific Gravity	Battery Electrolyte level

Visual inspection generator:

Engine Heater	Heater Hose	Radiator Hoses	Fan Belts	Battery Cables	Battery Charger

Pre Inspection, document remote annunciation panel readings:

System Ready		Utility Power		Other/List	
ON	OFF	ON	OFF		

During test document remote annunciation panel readings:

System Ready		Generator Power		Generator Run		Other/List	
ON	OFF	ON	OFF	ON	OFF		

START TEST

Move the ON/OFF switch that connects utility power to the Automatic Transfer Switch to the OFF position and document the following items:

1. _____ Actual time to start test (move utility disconnect switch to off) _____ Hour meter reading at start.
2. _____ Engine start and transfer to generator power (under 10 seconds max.)
3. _____ Time reset the ON/OFF switch back to ON position (allow 25 to 30 minutes form start time before resetting)
4. _____ Time to retransfer back to utility power once ON/OFF switch is reset to ON (minimum 5 to 10 minutes)
5. _____ Time for cool down after retransfer takes place (minimum 5 to 10 minutes)
6. _____ Actual time generator shuts off _____ Hour meter reading @ finish _____
7. _____ Total run time (time 6 - time 1 = time 7)

Page 1 of 2

During This Test, Document readings every 10 minutes...

Oil Pressure	Coolant Temp	Hz	Voltage	Amperage
Oil Pressure	Coolant Temp	Hz	Voltage	Amperage
Oil Pressure	Coolant Temp	Hz	Voltage	Amperage

Last reading during cool down, amperage will indicate 0 amperage

Oil Pressure	Coolant Temp	Hz	Voltage	Amperage
--------------	--------------	----	---------	----------

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:



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 Drill Schedule

Shift	January	February	March	April	May	June	July	August	September	October	November	December
Day												
Evening												
Night												



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



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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



AT LEAST QUARTERLY BED SAFETY

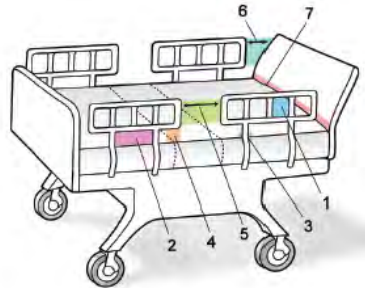
Editor's Note: Pages D-1 through D-10 contain excerpts from the Food and Drug Administration's *Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment*. To view the complete document see <http://www.fda.gov/cdrh/beds/guidance/1537.pdf>.

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 rails 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.

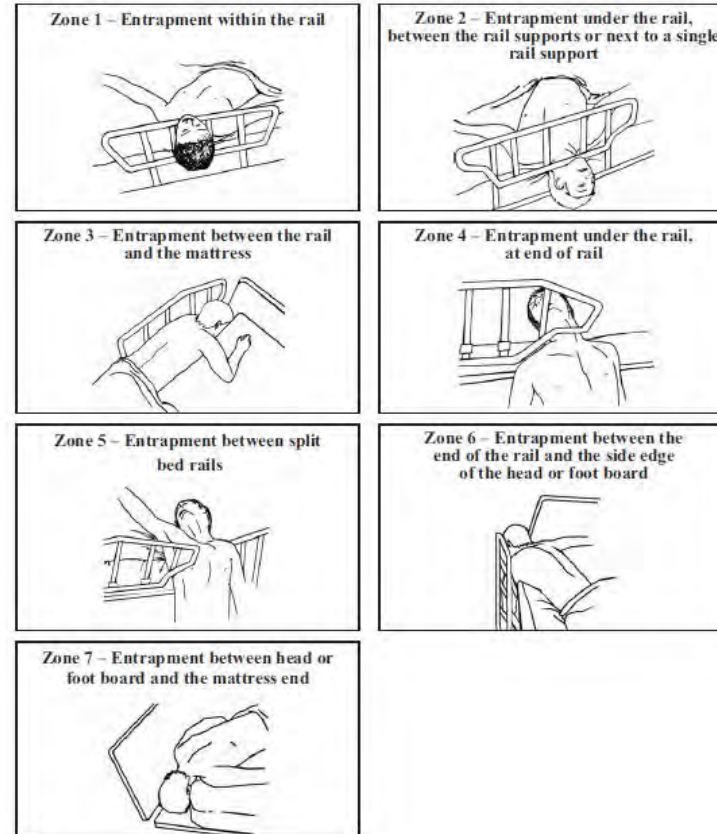
- Zone 1:** Within the Rail
- Zone 2:** Under the Rail, Between the Rail Supports or Next to a Single Rail Support
- Zone 3:** Between the Rail and the Mattress
- Zone 4:** Under the Rail, at the Ends of the Rail
- Zone 5:** Between Split Bed Rails
- Zone 6:** Between the End of the Rail and the Side Edge of the Head or Foot Board
- Zone 7:** Between the Head or Foot Board and the Mattress End



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.

Drawings of Potential Entrapment in Hospital Beds



QUARTERLY BED CANE CHECKS

Side Rails Assessment & Consent

Observation

Resident Name: _____ MR#: _____ U/R/B: _____

OBSERVATION INFORMATION	
Creator:	Date Recorded:
Observation Date:	Completed By:
Completed Date:	
DESCRIPTION	
OBSERVATION DETAIL	
SIDE RAILS ASSESSMENT AND CONSENT	
PHYSICIAN ORDERS	
Types of rails to be used	
Device Decision tree does not need to be completed if side rails are not being used	
<input type="checkbox"/> 1/4 rail up X1	<input type="checkbox"/> No side rails needed
<input type="checkbox"/> 1/4 rail up X2	
Reason for side rail usage.	
<input type="checkbox"/> Assist with Transfer	<input type="checkbox"/> Boundary Limitations
<input type="checkbox"/> Bed Mobility (assist with turning side-to-side)	<input type="checkbox"/> N/A
Used as an enabler	
Fill out informed consent for restraint or enabler, as appropriate	
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> No (used as a restraint)	
Is resident alert and oriented and requests	
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<input type="checkbox"/> No	
Air Mattress	
<input type="checkbox"/> Yes (Setting:)	<input type="checkbox"/> 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	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risks and benefits were explained to resident/family, including the risk of significant injury if a fall occurs.	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Date the risks/benefits were explained.	
<input type="checkbox"/> Date:	<input type="checkbox"/> Does not Apply



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**



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SEMI-ANNUAL 6-MONTH FIRE ALARM SYSTEM

Be sure there is a new tag on this box that says it has been inspected and **marked functional**.



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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.



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ANNUAL FIRE EXTINGUISHER



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



FIRE DOOR INSPECTION

- Who can do?



Annual Inspection and Testing of Fire and Smoke Door Assemblies

Facility _____ Tester Name _____
 Date _____ Door Type: Fire Smoke Rating _____
 Location _____

The 2012 edition of the Life Safety Code (NFPA 101) requires facilities to complete annual fire and smoke door inspection and testing. Section 18.2.2.2.1/18.2.2.2.1 requires compliance with section 7.2.1 and Section 7.2.1.15.2 requires compliance with NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010 edition, Section 5.2.1) and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition, section 5.2). **Inspect and test all rated fire door assemblies for items listed below and identify issues or concerns.** All issues should be corrected immediately. Life Safety Code section 7.2.1.15.2 requires all fire and smoke doors to be inspected and tested annually including doors such as:

- Doors with fire protection rating labels
- Door assemblies in exit enclosures – typically stairwells and exit passageways
- Door assemblies in smoke compartment walls
- Hazardous rooms with rated doors

It is recommended that a facility identify all doors to be inspected on a drawing/layout of the facility to track inspections. Use one form for each door and keep documentation for at least three years.

Operation

- Swings freely
- Closes properly*
- Latches properly*
- Other _____

*In health care occupancies:

- SNF/NF resident rooms do not require closers.
- Smoke barrier doors do not require latches.

Frame

- Label present and legible
- Is secure
- No open holes/breaks
- Frame not rusted through
- Gaskets intact
- Other _____

Door

- Label present and legible
- Correct Clearance (<3/4" bottom, <1/8" other)
- No open holes/ breaks
- Glazing/vision light frames intact
- Not Damaged / delaminated door
- Door not rusted-through
- No non-compliant field modification
- No visible signs of damage
- Other _____

Door Closer

- All hardware installed
- Strike in good shape
- Securely installed
- Other _____

Hinges

- Correct
- Securely installed
- Other _____

Flush Bolts

- Correct
- Securely installed
- Other _____

Lockset / Hardware

- All hardware installed
- Strike in good shape
- Securely installed
- Coordinator working properly
- Other _____

Fire Exit Hardware

- All hardware installed
- Strike in good shape
- Securely installed
- Other _____

Other

- No items that interfere installed
- No non-compliant field modification
- Door has appropriate signage
- Any signage is properly affixed
- Other _____

Comments/Corrections _____

Tester Signature _____

Care Providers of Minnesota – Updated 3/17



ANNUAL FUEL TEST ON DIESEL FOR GENERATOR



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ANNUAL BACKFLOW PREVENTION

- Boiler is a ~~steam heating systems~~. 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.



ANNUAL FIRE SAFETY FIREMAN CONSULTATION

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
ANNUAL FIRE DEPARTMENT CONSULTATION

SNF/ICF – 19 CSR 30-85.022(33)(A) and RCF/ALF – 19 CSR 30-86.022(5)(A)
ALL FACILITIES SHALL REQUEST* CONSULTATION AND ASSISTANCE ANNUALLY FROM A LOCAL FIRE UNIT.

DATE CONSULT REQUESTED	CONTACT PERSON	CONSULT REQUEST FULFILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF OTHER ATTEMPTS
DATE		FACILITY ID NUMBER	
FACILITY NAME		FACILITY TYPE <input type="checkbox"/> RCF <input type="checkbox"/> ALF <input type="checkbox"/> ICF <input type="checkbox"/> SNF	
ADDRESS (STREET, CITY, ZIP CODE)		COUNTY	
CONTACT NAME		TELEPHONE	
OWNER		ADMINISTRATOR/MANAGER	

This is to confirm that I, the undersigned, have consulted with the Administrator/Manager of the above-named facility and find that this facility is in compliance with all applicable city/county fire prevention codes, and the items indicated below were discussed.

	YES	NO
1. Was assistance given with an actual fire evacuation drill? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
2. Was assistance given with fire safety training? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
3. Was fire evacuation planning discussed and facility plans reviewed? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4. Was fire protection equipment inspected for maintenance and operation? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Fire Department aware of special needs resident? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

OTHER REMARKS

FIRE DEPARTMENT REPRESENTATIVE

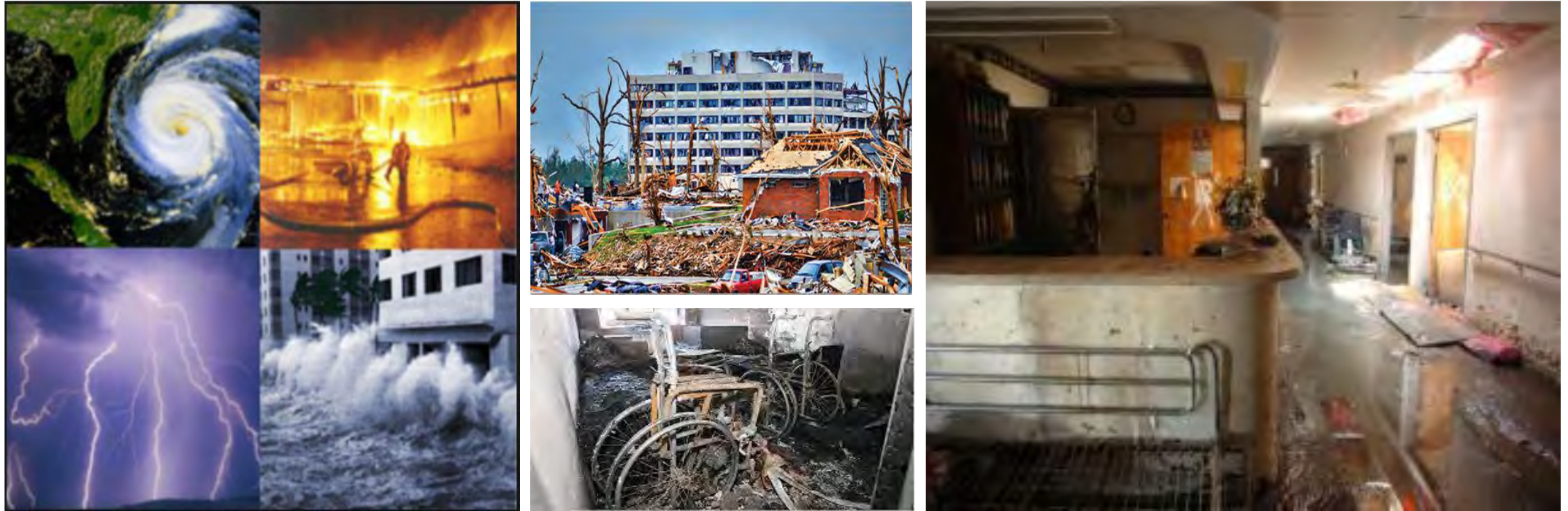
REPRESENTATIVE NAME (PLEASE PRINT)	REPRESENTATIVE TITLE	TELEPHONE NUMBER
DEPARTMENT NAME AND ADDRESS (STREET, CITY, ZIP CODE)		
FIRE DEPARTMENT REPRESENTATIVE SIGNATURE		DATE

MO 580-2830 (2-10)

- Mo State Form 580-2830
- <https://health.mo.gov/seniors/nursinghomes/pdf/580-2830.pdf>



ANNUAL EMERGENCY PREPAREDNESS



EMERGENCY PREPAREDNESS

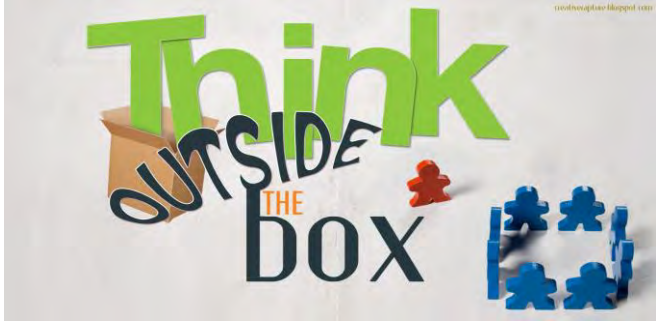
- E-0004 EMERGENCY PLAN ANNUAL REVIEW AND UPDATE
- Facilities are required to develop and maintain an emergency preparedness plan. The plan must include all of the required elements under the standard. The plan must be reviewed and updated at least annually. The annual review must be documented to include 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.
- E-0004 EMERGENCY PLAN ANNUAL REVIEW AND UPDATE
- 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?

ANNUAL STAFF TRAINING

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG TERM CARE REGULATION
CERTIFICATION OF ELECTRIC WIRING

FACILITY NAME		FACILITY ID NUMBER	
ADDRESS (STREET, CITY, ZIP CODE)		FACILITY TYPE <input type="checkbox"/> RCF I <input type="checkbox"/> RCF* (II) <input type="checkbox"/> ALF <input type="checkbox"/> ALF** <input type="checkbox"/> ICF <input type="checkbox"/> SNF	
OWNER	ADMINISTRATOR		
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, HAVE MADE AN INSPECTION OF THE ELECTRIC WIRING IN THE ABOVE-NAMED ESTABLISHMENT, AND FIND THAT THE ELECTRICAL INSTALLATION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ESSENTIALLY IN COMPLIANCE WITH THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE IN SO FAR AS THE INSTALLATION IS CONCERNED, AND IS IN SAFE OPERATING CONDITION.			
REMARKS			
SIGNATURE		PRINT NAME	TITLE
NAME OF COMPANY	TELEPHONE NUMBER	DATE	
ADDRESS (STREET, CITY, ZIP CODE)			
RETURN TO:	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF REGULATION AND LICENSURE SECTION FOR LONG TERM CARE REGULATION REGION		
	ADDRESS		
	CITY, STATE, ZIP CODE		

MO 580-2762 (8-07)

DA-176



Sinclair School of Nursing
 University of Missouri Health Care

Biennial (2 Years) Boiler & Pressure Vessel

These objects require a biennial internal inspection of the water side.



<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



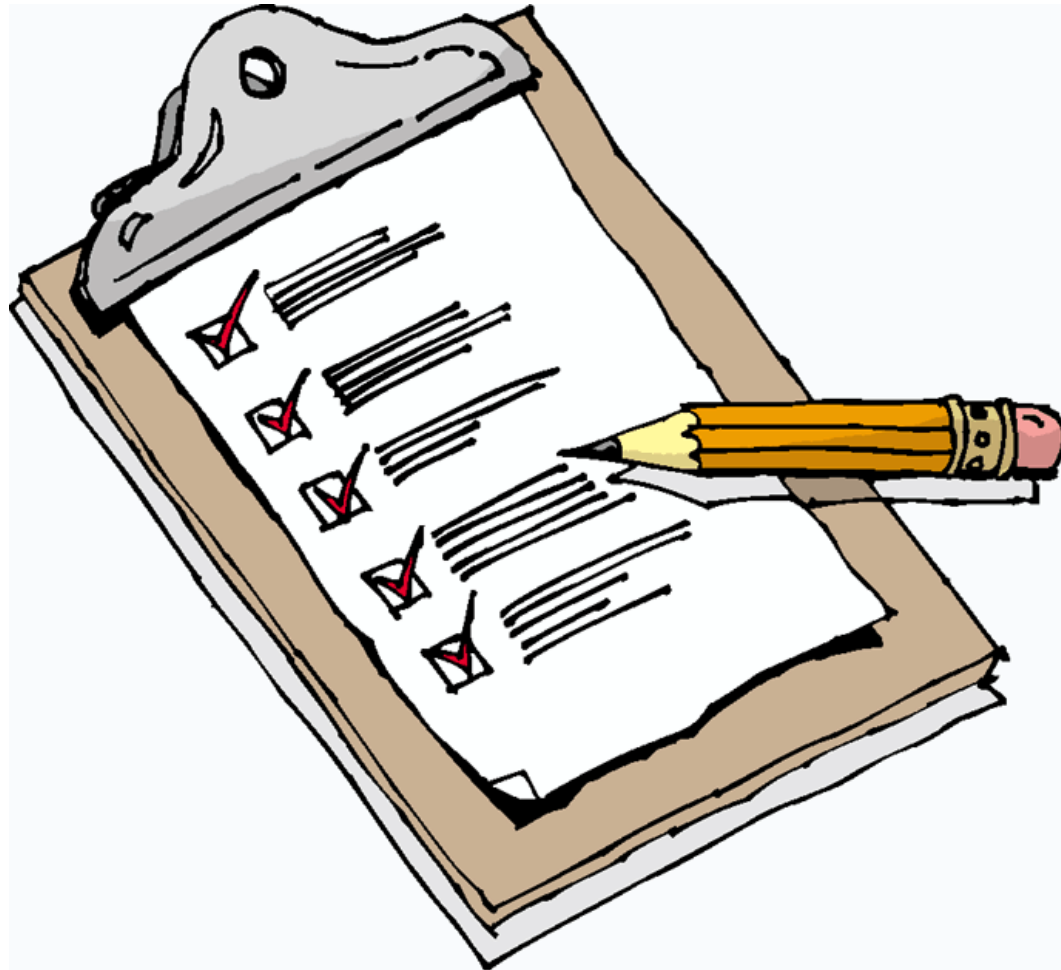
- **The “Division of Fire Safety” must inspect any water heater tank**

- 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.



BIENNIAL (2 YEARS) GENERATOR LOAD TEST

- A Company will do this test



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Sinclair School of Nursing
University of Missouri Health Care

FIVE YEARS SPRINKLER INTERNAL PIPE INSPECTION

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”.
- 1” 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



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LEGIONELLA



- 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.



BE ON THE TEAM

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



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A DETAILED DESCRIPTION AND DIAGRAM OF THE WATER SYSTEM IN THE FACILITY WILL INCLUDE:



Water intake



Cold water delivery



Heating



Hot water delivery



Waste



IDENTIFICATION OF AREAS IN THE WATER SYSTEM THAT COULD ENCOURAGE THE GROWTH AND SPREAD OF LEGIONELLA

Water
heaters

Filters

Showerheads

Hoses

Personal
humidifiers

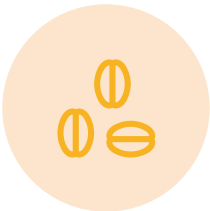
Medical
machines such
as a CPAP



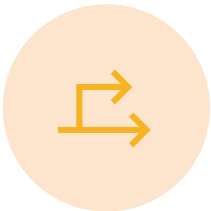
SITUATIONS THAT COULD ARISE AND LEAD TO LEGIONELLA



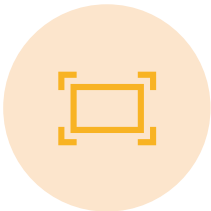
CONSTRUCTION



WATER MAIN
BREAKS



CHANGES IN
WATER SOURCE



SCALE OR
SEDIMENT AND
STAGNATION



WATER
TEMPERATURES



WATER PRESSURE



INADEQUATE
DISINFECTION



OIG REPORT

- <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.



AND ALL OF THE REST

- 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.



BEING PREPARED

- 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



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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

- <https://nursinghomehelp.org/wp-content/uploads/2018/06/SECT-2-Life-Safety-Codes.pdf>
 - Lists all the K-tags and explains a little about them.



QUESTIONS



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CEU's TODAY

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.



American Association of Community Colleges
Advancing the Quality of Community College

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nursinghomehelp.org

<https://nursinghomehelp.org/wp-content/uploads/2018/06/SECT-2-Life-Safety-Codes.pdf>



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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

Resident Name: _____ MR#: _____ U/R/B: _____

OBSERVATION INFORMATION

Creator:

Observation Date:

Date Recorded:

Completed Date:

Completed By:

DESCRIPTION

OBSERVATION DETAIL

SIDE RAILS ASSESSMENT AND CONSENT

PHYSICIAN ORDERS

Types of rails to be used

Device Decision tree does not need to be completed if side rails are not being used

1/4 rail up X1

No side rails needed

1/4 rail up X2

Reason for side rail usage.

Assist with Transfer

Boundary Limitations

Bed Mobility (assist with turning side-to-side)

N/A

Used as an enabler

Fill out informed consent for restraint or enabler, as appropriate

Yes

N/A

No (used as a restraint)

Is resident alert and oriented and requests

Yes

N/A

No

Air Mattress

Yes (Setting:)

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

Yes

No

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

No

Yes

Date the risks/benefits were explained.

Date:

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: _____